



**Save the Children**

**Report**

# **Rapid Situational Overview: Flood Impact in the Most Affected Districts of Khyber Pakhtunkhwa, Pakistan**

August 18, 2025

**GL@W**  
CONSULTANTS





***"It was not a flood—it was a monster, unlike anything we had ever seen before. Soulless, huge, fast, destructive, and ugly."***

**A flood survivor from Bunir sharing his experience**



# Acknowledgement

This assessment would not have been possible without the invaluable support and collaboration of a wide range of stakeholders. We extend our sincere gratitude to the District Administrations and line departments in Swat, Buner, Batagram, and Lower Dir for their guidance and facilitation during the fieldwork. Special thanks go to the officials from the Education, Health, WASH and other departments who generously shared their time, insights, and expertise.

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# Disclaimer

The findings, interpretations, and conclusions expressed in this report are those of the assessment team and do not necessarily reflect the views of the supporting organizations, government authorities, or funding partners. While every effort has been made to verify the information contained herein, the assessment relied on data collected under emergency conditions, which may be subject to limitations in scope, accuracy, or timeliness. The report is intended solely for informational and planning purposes and should not be considered a substitute for detailed technical studies by OCHA or official government statistics from PDMA and others.







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## TABLE OF CONTENTS

EXECUTIVE SUMMARY	VI
SECTION 1: BACKGROUND	1
SECTION 2: METHODOLOGY	2
SECTION 3: OVERALL SITUATIONAL ANALYSIS	6
SECTION 4: SITUATIONAL ANALYSIS – BATTAGRAM	8
SECTION 5: SITUATIONAL ANALYSIS – BUNER	13
SECTION 6: SITUATIONAL ANALYSIS – LOWER DIR	17
SECTION 7: SITUATIONAL ANALYSIS - SWAT	21
SECTION 8: CONCLUSIONS AND RECOMMENDATION	25
ANNEX	I

## LIST OF FIGURES

Figure 1: Destructions Caused by Floods in Front of the Tehsil Municipal Office in Swat	5
Figure 2: Damaged roads and public infrastructure	7
Figure 3: Damaged rikshaw, the only source of livelihoods	12
Figure 4: Destroyed crops	16
Figure 5: Damaged Homes	20
Figure 6: Damaged School in Bunir	ii

## LIST OF TABLES

Table 1: Priority Action By Districts .....	vii
Table 2: Number of Schools Damaged/Destroyed .....	1
Table 3: Sample UCs and Villages.....	2
Table 4: 2025 Population by District.....	3
Table 5: Data Collection Events by Districts .....	3
Table 6: General Situation and Priority Actions in Battagram .....	11
Table 7: General Situation and Priority Actions in Buner.....	15
Table 8: General Situation and Priority Actions in Lower Dir .....	19
Table 9: General Situation and Priority Actions in Swat.....	24

## LIST OF ACRONMS

Acronym	Full Form
<b>ADC</b>	Additional Deputy Commissioner
<b>ADEO</b>	Assistant District Education Officer
<b>CFS</b>	Child-Friendly Space
<b>DDMA</b>	District Disaster Management Authority
<b>DRR</b>	Disaster Risk Reduction
<b>DDEO</b>	Deputy District Education Officer
<b>E&amp;SED</b>	Elementary & Secondary Education Department
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender-Based Violence
<b>IYCF</b>	Infant and Young Child Feeding
<b>KII</b>	Key Informant Interview
<b>KP</b>	Khyber Pakhtunkhwa
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NDMA</b>	National Disaster Management Authority
<b>NGO</b>	Non-Governmental Organization
<b>NFI</b>	Non-Food Item
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>PDMA</b>	Provincial Disaster Management Authority
<b>PPE</b>	Personal Protective Equipment
<b>PSS</b>	Psychosocial Support
<b>TLS</b>	Temporary Learning Space
<b>UC</b>	Union Council
<b>WASH</b>	Water, Sanitation and Hygiene

## Executive Summary

In mid-August 2025, unprecedented monsoon floods struck Khyber Pakhtunkhwa (KP), severely impacting the districts of Swat, Buner, Battagram, and Lower Dir. The floods were described by survivors not merely as a natural disaster, but as a “monster”—soulless, fast, destructive, and unlike anything previously experienced. Torrential rains triggered flash floods and landslides, destroying homes, schools, and health facilities, while displacing thousands of families into temporary shelters.

### Key Impacts

- **Human Losses and Displacement:** Over 300 of lives were lost, with many more injured and displaced. Entire communities remain stranded, reliant on limited relief assistance.
- **Education:** Over 60 schools were destroyed and more than 400 damaged across KP, disrupting the education of thousands of children. Many schools are being used as temporary shelters for displaced families, further compounding the crisis by delaying the resumption of classes and limiting safe learning spaces. In addition to schools, a significant proportion of displaced families are staying with host households, often in overcrowded conditions. This is straining limited household resources—such as food, water, and sanitation—and placing an additional burden on already vulnerable families. The dual pressure of schools serving as shelters and households accommodating displaced relatives has created a complex challenge, where education disruption, child protection risks, and household stress are closely intertwined.
- **Health:** Damage to health facilities and blocked roads have restricted access to urgent medical care. Outbreak risks of waterborne diseases remain high due to unsafe water sources and inadequate sanitation.
- **Child Protection:** Disruption of family structures and the absence of safe spaces have exposed children—particularly girls—to heightened risks of abuse, neglect, and trauma.
- **Livelihoods:** Widespread damage to agricultural lands, livestock, and local markets has undermined household income and food security, pushing vulnerable families toward negative coping mechanisms.

### Community Perspectives

Community members expressed deep distress over the devastation, emphasizing both immediate survival needs and long-term fears. Parents reported anxiety among children, with some waking at night fearing renewed floods. Local communities acknowledged the overwhelming scale of the disaster, underscoring gaps in preparedness and the urgent need for coordinated humanitarian support.

### Government & Institutional Response

The District Disaster Management Authorities (DDMAs) have mobilized emergency relief efforts, yet logistical challenges, damaged infrastructure, and resource limitations have hampered timely assistance. Coordination with humanitarian agencies is ongoing but requires significant scaling up to match the magnitude of needs.

**Way Forward:** The situation calls for an immediate scale-up of relief efforts focusing on life-saving health, WASH, food, and protection services. In parallel, medium-term recovery must prioritize rehabilitation of schools, health facilities, and livelihoods, alongside strengthening disaster preparedness and resilience systems in KP.

**Table 1: Priority Action By Districts**

Sector	Immediate Needs			
	Battagram	Buner	Swat	Lower Dir
<b>Child Protection</b>	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces (CFS).</li> <li>- Provide psychosocial support services.</li> <li>- Distribute dignity kits for adolescent girls.</li> <li>- Strengthen community-based protection mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>- Gender-sensitive safe spaces, psychosocial support, awareness on feedback mechanisms, child protection services, and strengthening referral pathways.</li> </ul>	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces (CFS) with psychosocial support.</li> <li>- Distribute dignity/hygiene kits.</li> <li>- Activate community child protection committees and referral pathways.</li> </ul>	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces with psychosocial and recreational activities.</li> <li>- Train teachers in basic PSS.</li> <li>- Provide dignity kits and ensure gender-segregated safe spaces.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>- Establish Temporary Learning Spaces (TLS).</li> <li>- Provide student and teacher kits.</li> <li>- Rehabilitate school WASH.</li> <li>- Provide financial support to prevent dropouts.</li> </ul>	<ul style="list-style-type: none"> <li>- Rehabilitation of damaged schools, WASH facilities in schools, provision of teaching/learning materials, psychosocial support for children, alternative learning spaces where schools are occupied.</li> </ul>	<ul style="list-style-type: none"> <li>- Set up Temporary Learning Spaces (TLS) with kits and fumigation.</li> <li>- Provide back-to-school cash support.</li> <li>- Rehabilitate school WASH facilities.</li> </ul>	<ul style="list-style-type: none"> <li>- Establish Temporary Learning Spaces with learning kits.</li> <li>- Repair/rehabilitate school WASH facilities.</li> <li>- Provide financial support to prevent dropouts.</li> <li>- Include DRR/school safety planning.</li> </ul>
<b>Health &amp; Nutrition</b>	<ul style="list-style-type: none"> <li>- Deploy mobile health teams.</li> <li>- Provide essential medicines and emergency kits.</li> <li>- Nutrition screening &amp; IYCF counselling.</li> <li>- Health and hygiene awareness campaigns.</li> </ul>	<ul style="list-style-type: none"> <li>- Mobile health units, essential medicines, maternal and child health services, vaccination campaigns, disease surveillance, health awareness sessions.</li> </ul>	<ul style="list-style-type: none"> <li>- Launch disease prevention campaigns (chlorination, dengue/malaria awareness).</li> <li>- Provide MHPSS for children/teachers in TLS.</li> <li>- Conduct nutrition screening &amp; IYCF counselling.</li> </ul>	<ul style="list-style-type: none"> <li>- Supply essential medicines and emergency kits.</li> <li>- Provide outreach/mobile health services.</li> <li>- Initiate health and hygiene awareness campaigns.</li> <li>- Integrate nutrition screening and IYCF counselling.</li> </ul>



<b>Food Security &amp; Livelihoods</b>	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>
<b>WASH and Shelter</b>	<ul style="list-style-type: none"> <li>- Emergency water trucking and chlorination.</li> <li>- Rehabilitation of communal/school latrines.</li> <li>- Hygiene and dignity kit distribution.</li> <li>- Hygiene promotion campaigns to prevent outbreaks.</li> <li>- Provide shelter kits/emergency shelter</li> </ul>	<ul style="list-style-type: none"> <li>- Water purification tablets, chlorination of wells, restoration of hand pumps, hygiene kits, construction of temporary latrines, hygiene awareness campaigns.</li> <li>- Provide shelter kits/emergency shelter</li> </ul>	<ul style="list-style-type: none"> <li>- Water trucking and household chlorination.</li> <li>- Cleaning kits and PPE for debris removal.</li> <li>- Rehabilitate school/communal latrines.</li> <li>- Distribute hygiene &amp; dignity kits (with menstrual hygiene materials).</li> <li>- Provide shelter kits/emergency shelter</li> </ul>	<ul style="list-style-type: none"> <li>- Provide emergency water trucking and chlorination.</li> <li>- Distribute hygiene and dignity kits.</li> <li>- Rehabilitate communal and school latrines.</li> <li>- Launch hygiene promotion campaigns to prevent outbreaks.</li> <li>- Provide shelter kits/emergency shelter</li> </ul>

## Section 1: Background

In the aftermath of the mid-August 2025 monsoon floods, Khyber Pakhtunkhwa (KP) has experienced one of the most severe humanitarian crises in recent years. Between 14-18 August 2025, according to National Disaster Management Authority (NDMA), 334 individuals lost their lives, of which 283 were men, 30 were women and 21 were children. In addition, there were 156 injuries (121 males, 23 females, 15 children). This brought the total Cumulative casualties in KP (from 26 June to 18 August) to 392 deaths (289 males, 44 females, 59 children) and 245 injuries (161 males, 39 females, 45 children). According to the Provincial Disaster Management Authorities (PDMA), the districts of Swat, Bunir, Battagram, and Lower Dir were among the hardest hit, with flash floods destroying over schools, health facilities and other public and private infrastructure. For example, with the ongoing due to ongoing adverse weather conditions, KP's Education Ministry also announced that schools in upper districts will remain closed until August 25, 2025. According to the Elementary & Secondary Education Department (E&SED) Khyber Pakhtunkhwa, as of 18th August 2025, 61 government schools destroyed, including 52 primary schools, seven middle schools and two high schools. In addition, 414 government schools are partially damaged of which 319 are primary schools, 36 are middle schools, 43 are high schools and 16 are higher secondary schools. Based on the initial assessment, below are the data on damaged and destroyed schools for the four priority districts for this review:

**Table 2: Number of Schools Damaged/Destroyed**

District	Completely Destroyed	Partially Damaged
Swat	2 primary schools	122 schools (88 P, 13 M, 13 H, 8 HS)
Lower Dir	17 primary schools	69 schools (68 P, 1 M)
Buner	1 school	17 schools (6 P, 4 M, 5 H, 2 HS)
Battagram	5 schools (4 P, 1 M)	9 schools (4 P, 3 M, 2 H)

P = Primary, M = Middle, H = High, HS = Higher Secondary

The widespread damage has severely undermined access to essential services, exacerbating existing vulnerabilities and compounding protection concerns. This situational overview by Save the Children has been undertaken to provide a rapid yet comprehensive understanding of the flood's impact, with a particular focus on children and their families, in order to guide an evidence-based humanitarian response that prioritizes urgent needs and informs longer-term recovery planning.



## Section 2: Methodology

The situational overview adopted a mixed-methods approach to generate rapid, reliable, and actionable evidence on the impact of the mid-August 2025 floods in Khyber Pakhtunkhwa. Given the urgency of the crisis, the methodology was designed to balance depth of analysis with feasibility, ensuring a comprehensive picture of needs, risks, and gaps within a four-day assessment window.

### 1. Primary Data Collection

To capture first-hand insights from affected communities and stakeholders, three complementary tools were employed:

- **Key Informant Interviews (KIs):** Semi-structured interviews were conducted with district-level authorities (including District Disaster Management Authorities, education, health, and WASH departments), community leaders, and representatives of humanitarian agencies. These interviews provided systemic perspectives on the extent of damage, institutional challenges, response mechanisms, and priority gaps in service delivery.
- **Focus Group Discussions (FGDs):** Separate FGDs were organized with men, women, adolescents, and vulnerable groups (including persons with disabilities and displaced families). These discussions aimed to capture community voices on immediate needs, coping mechanisms, child protection concerns, education disruption, and livelihood challenges. Gender-segregated FGDs ensured that women and adolescent girls were able to share perspectives openly, particularly regarding safety, GBV risks, and access to services.
- **Direct Observations:** Field teams conducted site visits to selected Union Councils in Swat, Bunir, Battagram, and Lower Dir to document visible damage to schools, health centers, shelters, water systems, and sanitation facilities. Observation checklists were used to maintain consistency across locations, while photographs and field notes provided qualitative evidence.

These discussions focused on the following areas:

Table 3: Sample UCs and Villages

S N	District	UC	Villages Name
1	Buner	Malik Pur	Batai KALAY, Beshorai, Pacha Kalay, Pirbaba Bazar,
2	Buner	Gokand	Koz Gokand , Bar Gokand.
3	Buner	Ganshal	Koz Shamnal, Barshamnal, Pandair
4	Swat	Madyan	Madyan, terat,
5	Swat	Makan Bagh	Fazagat Charbagh,
6	Swat	Aman Kot	Landy Kas, Aman kot.
7	Lower Dir	Taimargara	Talash, Rabat, Luqman Banda, Mian Banda, Hungai, Manjaee.
8	Lower Dir	Adeenai	Chakdara, Badwan, Bagh durshkhela, Hadakzo
12	Battagram	Shamlai	Nilband, Malkal Gali, etc.

**Table 4: 2025 Population by District**

S.No	District	District Population	Female Population	Total children population	Boys	Girls	Total Number of UCs
1	Buner	1,060,546	530,518	503,760	258,932	244,827	27
2	Battagram	582,345	286,715	273,120	139,018	134,102	20
3	Lower Dir	1,727,730	875,920	815,489	416,715	398,774	37
4	Swat	2,825,590	1,379,409	1,330,853	690,713	640,140	20

## 2. Secondary Data Review

The assessment drew on secondary sources to triangulate findings and fill information gaps. This included reviewing reports from NDMA<sup>1</sup> and PDMA<sup>2</sup>, UN bodies, NGOs<sup>3</sup>, and media outlets (e.g., PDMA's reporting on school destruction and infrastructure damage), as well as early response updates from district administrations and humanitarian clusters.

## 3. Sampling and Geographic Focus

The study focused on severely affected Union Councils in the four hardest-hit districts—Swat, Buner, Battagram, and Lower Dir. Union Councils were selected based on flood impact data provided by district authorities and field coordination mechanisms. The sample included:

- **12 Informant Interviews** with government officials and NGO representatives;
- **18 Focus Group Discussions** ensuring representation from diverse groups, including displaced families.
- **8 Direct Observations** ensuring aspects observed by the field team.

While not statistically representative, this purposive sampling approach enabled rapid yet inclusive coverage, ensuring that findings reflect both systemic issues and lived experiences of flood-affected populations.

**Table 5: Data Collection Events by Districts**

District	KII	FGD		Direct Observation	Total
	Health, Education, DDMA	Male	Female		
Battagram	3	2	-	2	7
Buner	3	4	4	2	13
Lower Dir	3	2	2	2	9
Swat	3	2	2	2	9
<b>Total</b>	<b>12</b>	<b>10</b>	<b>8</b>	<b>8</b>	<b>38</b>

<sup>1</sup> National Disaster Management Authority (NDMA). (2025, August). Situation Reports and Alerts on 2025 KP Floods. NDMA, Islamabad. <https://www.ndma.gov.pk>

<sup>2</sup> Provincial Disaster Management Authority (PDMA), Khyber Pakhtunkhwa. (2025, August). Flood Situation Updates and Damage Assessment Reports. PDMA, Peshawar. <https://pdma.gov.pk>

<sup>3</sup> IDEA Needs Assessment Report, August 2025



#### 4. Data Analysis

Data from KIIs, FGDs, and observations were synthesized thematically around five key focus areas: child protection, education, health and nutrition, Food Security and Livelihoods, and WASH. Triangulation across data sources enhanced validity and reliability, while attention was given to disaggregation by gender, age, and disability status.

#### 5. Data Reporting

The findings from this situational overview are presented thematically to highlight both immediate and medium-term needs of flood-affected communities in Khyber Pakhtunkhwa. To ensure clarity and alignment with child-centered humanitarian priorities, the analysis is divided into the following sections:

1. **Child Protection** – Examining risks of separation, exploitation, GBV, and the availability of safe spaces and psychosocial support for children.
2. **Education** – Assessing the extent of school closures, infrastructure damage, and the need for temporary learning centers and alternative education solutions.
3. **Health and Nutrition** – Analyzing the functionality of health facilities, disease risks, access to maternal and child healthcare, and nutritional challenges.
4. **Food Security and Livelihoods** – Exploring the loss of income sources, food insecurity, negative coping strategies, and recovery needs.
5. **Water, Sanitation, and Hygiene (WASH) and Shelter**– Evaluating access to safe water, sanitation facilities, hygiene practices, and associated health risks, as well as access to appropriate shelter facilities. Assess shelter situation in the affected areas.

Each section combines evidence from key informant interviews, focus group discussions, direct observations, and secondary data, ensuring a holistic understanding of the situation across the four most-affected districts—Swat, Bunir, Battagram, and Lower Dir.

#### 6. Ethical Considerations

The assessment was conducted in adherence to the Save the Children child safeguarding and humanitarian research ethics. All participants were informed of the purpose of the study and provided verbal consent. FGDs and interviews were conducted in safe and culturally appropriate settings, ensuring confidentiality and voluntary participation. Given the involvement of children, field researchers were trained on safeguarding protocols, and a refresher orientation on child protection was provided before deployment. Sensitive topics (e.g., GBV, child labor) were addressed carefully, with referrals to appropriate services when required.

## 7. Limitations

The rapid nature of the assessment, in flood-affected areas, and reliance on purposive sampling limit the generalizability of findings. However, the combination of primary and secondary data sources, triangulation, and engagement with diverse stakeholders ensures that the analysis provides a robust foundation for evidence-based humanitarian planning.



Figure 1: Destructions Caused by Floods in Front of the Tehsil Municipal Office in Swat



## Section 3: Overall Situational Analysis

The mid-August 2025 floods have caused widespread destruction across Battagram, Buner, Lower Dir and Swat, severely disrupting education, health, WASH, shelter, and livelihoods. Thousands of families are without shelters with limited access to safe water, sanitation, and healthcare. Agricultural losses and damaged infrastructure have further deepened food insecurity and economic vulnerability. An urgent, multi-sectoral response is required, with particular attention to the needs of women, children, and other vulnerable groups, to restore essential services and support early recovery.

### 3.1 Child Protection

Child protection has emerged as a critical concern. Displacement and overcrowded shelters, including at relative homes providing shelters, have heightened risks of child neglect, and psychosocial distress. Children are often left unsupervised while parents secure food or income, participate in recovery and relief activities, attend to patients, leaving them vulnerable to exploitation and abuse. The closure and damage of schools have deprived children of safe spaces, and no dedicated child-friendly spaces currently exist. Psychosocial support is largely absent, despite evident trauma among children. Urgent interventions are needed to establish child-friendly spaces, provide psychosocial support, strengthen community-based protection mechanisms, and ensure that humanitarian response efforts are sensitive to the unique needs of children, including unaccompanied and separated children.

### 3.2 Education

The floods have had a devastating impact on education, with schools either fully destroyed or partially damaged across the districts. Many are being used as temporary shelters for displaced families, further delaying the resumption of classes. Teachers and students have lost educational materials, and alternative learning arrangements are limited. Children's education has been severely disrupted, with concerns that prolonged interruptions may lead to permanent dropouts, particularly among girls in remote areas. Urgent interventions are needed to rehabilitate damaged schools, provide temporary learning centers, and distribute school supplies to restore access to safe learning spaces.

### 3.3 Health and Nutrition

The destruction of health facilities, combined with damaged road infrastructure, has restricted access to essential health services. Flood-affected communities reported difficulties in reaching functioning health centers, leading to delays in treatment and increased reliance on informal care. Outbreaks of waterborne diseases such as diarrhea, skin infections, and suspected malaria were noted in camps and host communities. Pregnant and lactating women face heightened risks due to disrupted maternal and neonatal care. There is an urgent need for mobile health units, emergency medical supplies, and restoration of health services to ensure timely and equitable access.

### 3.4 Food Security and Livelihoods

Loss of standing crops, damaged agricultural land, and destruction of food stocks have undermined household food security across the districts. Livestock deaths and lack of fodder have further eroded livelihoods. Market access is limited due to damaged roads, while rising food prices have made basic items unaffordable for poor households. Families are resorting to negative coping strategies such as reducing meal portions or prioritizing

adults over children. Urgent food assistance, alongside early recovery support for agriculture and livestock, is required to stabilize food security and protect livelihoods.

### 3.5 WASH and Shelter

Water, sanitation, and hygiene conditions have deteriorated sharply. Damage to water supply systems has forced families to rely on unsafe surface water sources, increasing the risk of disease outbreaks. Sanitation facilities have been destroyed or rendered unusable, leading to open defecation in some areas. Hygiene practices have been compromised due to lack of soap and safe washing facilities. Overcrowding in schools and shelters has compounded risks, especially for women and children. Priority needs include rehabilitation of water systems, provision of hygiene kits, temporary latrines, and hygiene promotion campaigns to prevent disease outbreaks.



Figure 2: Damaged roads and public infrastructure



## Section 4: Situational Analysis – Battagram

*The section presents key findings for Battagram.*

### 4.1 Child Protection

The floods in Battagram disrupted family and community structures, leaving children vulnerable to separation, exploitation, and trauma. With many schools damaged or converted into shelters, safe spaces for children are limited. Protection risks are compounded by loss of livelihoods, which increases pressure on families to resort to negative coping mechanisms. Many schools are being used as temporary shelters for displaced families, further compounding the crisis by delaying the resumption of classes and limiting safe learning spaces. In addition to schools, a significant proportion of displaced families are staying with host households, often in overcrowded conditions. This is straining limited household resources—such as food, water, and sanitation—and placing an additional burden on already vulnerable families. The dual pressure of schools serving as shelters and households accommodating displaced relatives has created a complex challenge, where education disruption, child protection risks, and household stress are closely intertwined.

Community members expressed deep concern over children's wellbeing. One father shared: *"Our children wake up crying at night, they think the floods will come again."* Mothers highlighted gendered risks: *"Girls are not safe to move outside, there are no private toilets or spaces for them."*

The DDMA official noted: *"Child protection is not integrated into relief... there are no child-friendly spaces or psychosocial services in Battagram at this time."*

The absence of structured child protection interventions is leaving children exposed. There is an urgent need to establish child-friendly spaces, integrate psychosocial support into schools and shelters, and provide dignity kits for adolescent girls.

### 4.2 Education

Several schools in Battagram were damaged, while others are being used as temporary shelters, interrupting learning for hundreds of children. School furniture and materials were washed away, and WASH facilities were badly damaged.

Parents reported: *"Our children are sitting idle, they have lost months of learning."* Girls added: *"We cannot return to school until toilets are cleaned and repaired."*

The Education Officer stated: *"Most schools in flood-hit areas need tents, learning kits, and teacher kits. Without these, dropout—especially for girls—will increase."*

Education in Battagram is at risk of long-term disruption. Temporary Learning Spaces (TLS), student and teacher kits, and rehabilitation of school WASH are immediate needs. Without this support, dropout rates—particularly among adolescent girls—are expected to rise.

### 4.3 Health & Nutrition

Health facilities in Battagram are technically functional but overstretched. The floods increased risks of diarrhoeal disease, malaria, and respiratory infections due to stagnant water, poor sanitation, and overcrowded shelters.

Residents shared: *“Children are already suffering from diarrhoea after drinking unsafe water.”* Women emphasized challenges for pregnant women: *“It is difficult to reach health facilities; transport is costly, and medicines are missing.”*

The Health Official confirmed: *“Facilities are open, but medicine stocks are insufficient. We are already seeing cases of diarrhoea and skin diseases, and fear outbreaks if water and sanitation are not improved.”*

Health risks are acute due to unsafe water and overcrowding. Mobile health teams, emergency medicine supplies, nutrition screening, and maternal care support are urgently required.

### 4.4 Food Security and Livelihoods

Floods destroyed farmland, livestock, and small businesses, leaving households without income. Many families rely on borrowing or support from relatives. Food insecurity is severe, with families reducing meal frequency.

One man said: *“We have lost our crops and animals... there is nothing left to sell or eat.”* Women added: *“We are eating less, sometimes only one meal a day.”*

The DDMA official highlighted: *“People urgently need cash-for-work and livelihood recovery support. Agriculture and livestock losses are huge, and families cannot recover without external aid.”*

Immediate cash-for-work and unconditional cash transfers are essential to stabilize households. Further, unconditional cash for vulnerable families. At the same time, immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities. Livestock feed and emergency veterinary support to prevent further animal deaths. In addition to emergency assistance, medium-term recovery requires agricultural inputs (seeds, feed, and tools) and micro-grants to restore income-generating activities.



#### **4.5 Water, Sanitation & Hygiene and Shelter**

Floodwaters contaminated wells and water sources across Battagram. Many latrines collapsed, forcing families into open defecation. Water scarcity and unsafe sanitation have heightened risks of diarrhoea and other diseases.

Community members reported: *“We are forced to drink dirty water... there is no clean source nearby.”* Women added: *“We feel unsafe at night because there are no functional latrines.”*

The DDMA official stressed: *“Water supply and sanitation facilities are severely damaged. Immediate provision of water tanks and purification tablets is needed.”*

WASH is the most urgent priority in Battagram. Emergency water trucking, household water treatment, rehabilitation of latrines, and distribution of hygiene/dignity kits must be implemented immediately to prevent outbreaks.

#### **4.6 Overall Analysis in Battagram and Priority Actions**

The situation in Battagram demonstrates how overlapping vulnerabilities—education disruption, WASH collapse, and loss of livelihoods—are compounding child protection and health risks. Community voices emphasize fear, loss of dignity, and food scarcity, while officials highlight structural gaps and urgent supply needs. Stabilizing Battagram requires a multi-sectoral response focused on emergency WASH, cash-for-work, psychosocial support, and education continuity.

Table 6: General Situation and Priority Actions in Battagram

Sector	General Situation	Priority Actions
<b>Child Protection</b>	Floods disrupted family and community structures; schools used as shelters; no child-friendly spaces; increased risks of separation and exploitation.	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces (CFS).</li> <li>- Provide psychosocial support services.</li> <li>- Distribute dignity kits for adolescent girls.</li> <li>- Strengthen community-based protection mechanisms.</li> </ul>
<b>Education</b>	Several schools damaged; others used as shelters; loss of classrooms, furniture, and materials; WASH facilities non-functional.	<ul style="list-style-type: none"> <li>- Establish Temporary Learning Spaces (TLS).</li> <li>- Provide student and teacher kits.</li> <li>- Rehabilitate school WASH.</li> <li>- Provide financial support to prevent dropouts.</li> </ul>
<b>Health &amp; Nutrition</b>	Facilities operational but overstretched; high risk of diarrhoea, malaria, and skin diseases; medicine stocks insufficient.	<ul style="list-style-type: none"> <li>- Deploy mobile health teams.</li> <li>- Provide essential medicines and emergency kits.</li> <li>- Nutrition screening &amp; IYCF counselling.</li> <li>- Health and hygiene awareness campaigns.</li> </ul>
<b>Food Security and Livelihoods</b>	Farmland, livestock, and businesses destroyed; families relying on borrowing or relatives; food insecurity severe.	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>
<b>WASH and Shelter</b>	Wells and water sources contaminated; latrines collapsed; widespread open defecation; increased diarrhoea cases.	<ul style="list-style-type: none"> <li>- Emergency water trucking and chlorination.</li> <li>- Rehabilitation of communal/school latrines.</li> <li>- Hygiene and dignity kit distribution.</li> <li>- Hygiene promotion campaigns to prevent outbreaks.</li> <li>- Provide shelter kits/emergency shelter</li> </ul>





Figure 3: Damaged rikshaw, the only source of livelihoods

## Section 5: Situational Analysis – Buner

*The section presents key findings for Buner.*

### 5.1 Child Protection

The floods in Buner disrupted community and family structures, leaving children more exposed to risks of separation, exploitation, and psychosocial distress. Schools and safe community spaces were either damaged or repurposed as shelters, reducing protective environments for children. Adolescent girls, in particular, face heightened risks due to lack of privacy and safe sanitation facilities.

During FGDs, families noted: *“Children are restless and anxious, they still fear the rains will return and wash everything away.”* Women further emphasized: *“Girls cannot go outside freely after the floods, there is no privacy for them in shelters or schools being used as camps.”*

The DDMA focal person admitted: *“There are no specific child-friendly spaces or psychosocial services functioning in Buner. Child protection is overlooked in ongoing relief.”*

Children’s vulnerability is being amplified by the lack of structured protection services. Establishing child-friendly spaces, providing psychosocial support, and ensuring dignity kits for girls are urgent priorities to reduce exploitation risks and restore a sense of safety.

### 5.2 Education

Floods damaged multiple schools in Buner, particularly affecting girls’ schools. Some schools have been used as temporary shelters, further disrupting classes. Many children lost school supplies, and WASH facilities in schools are non-functional. Without intervention, the risk of permanent dropout remains high.

Parents expressed frustration: *“Our children have already lost so much time — they are idle at home.”* Girls highlighted barriers: *“We will not return until there are safe toilets and clean classrooms.”*

The Male EDO stressed: *“Dozens of schools are damaged and require immediate tents, furniture, and learning kits.”*

The Female ADEO added: *“Girls are the most at risk of dropping out. Without proper facilities and financial support, many parents will not send them back.”*

Restoring education in Buner requires a dual approach: providing temporary learning spaces and materials in the short term, while planning for resilient reconstruction of schools in the medium term. Gender-sensitive WASH rehabilitation is essential to ensure girls return to school.



### 5.3 Health & Nutrition

While some health facilities in Buner remain functional, they are overstretched and under-resourced. Floods increased risks of diarrhoeal disease, skin infections, and malaria, while damaged roads restrict access to services. Pregnant and lactating women face particular challenges in reaching healthcare.

Women in FGDs reported: *“Children are falling sick with diarrhoea and fevers after drinking unsafe water.”* Another participant added: *“Pregnant women struggle to reach clinics — transport is costly and medicines are missing.”* A government health official noted: *“Health facilities are open but medicines are in short supply. We are already seeing waterborne diseases and fear outbreaks if sanitation is not addressed.”*

Health risks are acute and linked directly to poor WASH conditions. Immediate provision of essential medicines, mobile health services, and nutrition screening is necessary to prevent large-scale outbreaks and protect maternal and child health.

### 5.4 Food Security and Livelihoods

Flooding destroyed agricultural land, livestock, and small businesses in Buner, cutting off the main sources of household income. Families have resorted to borrowing, reducing meal frequency, and relying on relatives for food. Food insecurity is widespread and recovery prospects are weak without external support.

A farmer explained: *“We lost our crops and cannot plant again without seeds or tools.”* Women added: *“We eat only once or twice a day. Children ask for food but we cannot provide.”* The DDMA focal person observed: *“Cash-for-work and agriculture recovery are the most urgent. People need seeds, feed, and support to restart livelihoods.”*

Immediate interventions should prioritize cash-for-work and unconditional cash for vulnerable households. Agricultural inputs and livestock feed are essential for medium-term recovery. Without livelihood support, food insecurity and negative coping strategies (e.g., child labour, early marriage) will intensify.

### 5.5 Water, Sanitation & Hygiene and Shelter

Wells and water systems in Buner were heavily contaminated by floods, while many sanitation facilities collapsed. Families are resorting to unsafe sources, raising risks of waterborne diseases. Women and girls face dignity and safety concerns due to lack of functional latrines.

Community members said: *“We are drinking dirty water from streams and ponds — there is no clean source nearby.”* Women emphasized: *“We feel unsafe going outside at night because there are no toilets.”* The DDMA focal person confirmed: *“Water supply and sanitation facilities are severely damaged. We need immediate water trucking, purification tablets, and rehabilitation of toilets.”*

The collapse of WASH systems poses both public health and protection crises. Immediate water trucking, chlorination, hygiene kits, and rehabilitation of school and community latrines are critical to prevent disease outbreaks and restore dignity.

## 5.6 Overall Analysis in Buner and Priority Actions

The situation in Buner reflects a combination of disrupted education, acute WASH needs, overstretched health systems, and collapsing livelihoods. Community voices highlight fear, hunger, and loss of dignity, while government officials emphasize the urgent need for cash-for-work, medicines, and WASH services. Stabilizing Buner requires a multi-sectoral response prioritizing child protection, education continuity, emergency health and WASH interventions, and livelihood recovery inputs.

**Table 7: General Situation and Priority Actions in Buner**

Sector	Key Findings	Priority Actions
<b>Child Protection</b>	Women and children exposed to protection risks in overcrowded shelters. Limited awareness or use of complaint and feedback mechanisms. Disruption of routine protective services like child support and GBV case management.	- Gender-sensitive safe spaces, psychosocial support, awareness on feedback mechanisms, child protection services, and strengthening referral pathways.
<b>Education</b>	Several schools damaged; many being used as temporary shelters for displaced families. Loss of school supplies reported. Children's education interrupted; female students particularly affected due to distance and mobility constraints.	- Rehabilitation of damaged schools, WASH facilities in schools, provision of teaching/learning materials, psychosocial support for children, alternative learning spaces where schools are occupied.
<b>Health and Nutrition</b>	Health facilities overstretched. Increased risk of communicable diseases (diarrhea, malaria, respiratory infections) due to stagnant water and poor sanitation. Lack of maternal and child health services in temporary camps.	- Mobile health units, essential medicines, maternal and child health services, vaccination campaigns, disease surveillance, health awareness sessions.
<b>Food Security and Livelihoods</b>	Loss of standing crops and stored food. Livestock deaths reported, impacting income and food supply. Daily wage earners unable to find work.	- Immediate cash-for-work for debris clearance. - Unconditional cash for vulnerable families. - Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities. - Livestock feed and emergency veterinary support to prevent further animal deaths.
<b>WASH and Shelter</b>	Widespread contamination of drinking water sources (hand pumps, dug wells). Lack of safe drinking water and sanitation facilities in affected areas and camps. Women face difficulties in accessing private sanitation.	- Water purification tablets, chlorination of wells, restoration of hand pumps, hygiene kits, construction of temporary latrines, hygiene awareness campaigns. - Provide shelter kits/emergency shelter





Figure 4: Destroyed crops



## Section 6: Situational Analysis – Lower Dir

*The section presents key findings for Lower Dir.*

### 6.1 Child Protection

The floods in Lower Dir disrupted children's protective environments, with schools damaged, homes destroyed, and families displaced. Income losses have heightened risks of child labour and early marriage, while children are showing signs of psychological distress. With few structured safe spaces available, many children remain idle, vulnerable, and unsupported.

FGDs in Anwarabad revealed trauma among children: *"Children are afraid to sleep at night; they think the water will come again."* Mothers stressed concerns around safety and mobility: *"Girls cannot go outside freely after the floods, we feel unsafe."* Families noted that the lack of support services is amplifying distress and leaving children idle and exposed.

An education focal person acknowledged the absence of psychosocial interventions: *"There is no provision of psychosocial support materials for children... the floods have worsened the dropout risk."*

Child protection challenges in Lower Dir are strongly tied to household vulnerability and the absence of psychosocial support systems. Without immediate interventions such as child-friendly spaces, dignity kits for girls, and community-based protection mechanisms, risks of exploitation and school dropout will intensify.

### 6.2 Education

In both UC Koto and UC Munjai, classrooms, school furniture, and learning materials were damaged. Several schools were used as temporary shelters, displacing students and halting learning. The disaster highlighted weak disaster preparedness, as schools lacked contingency or safety plans.

Parents in Munjai expressed their frustration: *"Our children are sitting at home idle, they are forgetting their lessons. 1<sup>st</sup> schools were closed for summer holidays, now we do not know when the schools will be open"* Girls insisted on safe WASH as a precondition for return: *"We will not go back unless toilets are cleaned and repaired."*

The education focal person stressed the urgency of action: *"We need tents, student kits, and teacher kits immediately, otherwise many children — especially girls — will drop out."*

The scale of damage to education facilities combined with economic pressures creates a high risk of permanent dropout, particularly for girls. There is a clear need for temporary learning spaces, educational kits, and financial aid. School safety planning and rehabilitation of WASH facilities are critical to ensure inclusive and gender-sensitive recovery.

### 6.3 Health & Nutrition

While health facilities in Lower Dir remain operational, the floods increased risks of diarrhoea, malaria, and respiratory infections. Damaged infrastructure and debris restrict access to services, especially for pregnant women and young children. Shortages of essential medicines threaten the ability to respond to outbreaks.

Women in Anwarabad voiced concern: *“We cannot afford medicines, and pregnant women find it hard to reach the health centre.”* Parents reported cases of diarrhoea among children due to unsafe drinking water.

The health focal person confirmed: *“Health facilities are operational but stocks are insufficient... we fear outbreaks of waterborne diseases.”*

Access and affordability are the major barriers, despite facilities being technically functional. Without preventive health campaigns, mobile outreach, and integration of nutrition screening, the risk of disease outbreaks and child malnutrition is high.

### 6.4 Food Security and Livelihoods

Livelihoods in Lower Dir were devastated. Floods destroyed agricultural land, crops, livestock, and small businesses. Families are facing food insecurity and are heavily dependent on host families or borrowing. With income sources lost, the risk of negative coping strategies is increasing.

A farmer in Munjai lamented: *“Our crops are gone; without seeds or cash, we cannot start again.”* Women added: *“We are eating less, sometimes only once a day.”* These accounts reflect both immediate food shortages and uncertainty about recovery.

A government official highlighted: *“Livelihood support is the most urgent; people need cash-for-work and agricultural recovery inputs.”*

Immediate priorities are cash-for-work and unconditional cash support for the most vulnerable. Medium-term recovery requires agricultural support — seeds, livestock feed, and tools — to help families restart their livelihoods. Without this, reliance on aid will deepen, and food insecurity will persist.

### 6.5 Water, Sanitation & Hygiene and Shelter

Floodwaters contaminated wells and streams, leaving many families reliant on unsafe water sources. Sanitation facilities collapsed in several villages, leading to increased open defecation. Women and girls face significant risks due to lack of privacy and safety at night.

Residents in Anwarabad said: *“We are drinking water directly from contaminated streams.”* Women in Munjai voiced dignity concerns: *“There are no functional toilets... we feel unsafe at night.”* The office noted: *“Water tanks and purification tablets are urgently needed; sanitation facilities are severely damaged.”* The collapse of WASH systems is both a public health and protection crisis. Immediate interventions are needed to provide emergency water supply, chlorination, hygiene kits, and rehabilitation of latrines. Without these, risks of disease outbreaks and harm to women and girls will escalate.

## 6.6 Overall Analysis for Lower Dir and Priority Actions

The situation in Lower Dir mirrors many of the challenges seen in Swat: livelihoods and WASH collapse are driving immediate hardship, while education and child protection face long-term risks if not addressed urgently. Community voices emphasize fear, loss of dignity, and insecurity, while officials highlight systemic gaps and urgent supply needs. Coordinated interventions — combining cash-for-work, psychosocial support, temporary learning spaces, and emergency WASH — are critical to stabilize families and prevent secondary crises.

**Table 8: General Situation and Priority Actions in Lower Dir**

Sector	General Situation	Priority Actions
<b>Child Protection</b>	Children face disruption of routines and psychosocial stress due to displacement and damaged schools. Limited safe spaces exist, and family income loss increases risks of child labour and early marriage.	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces with psychosocial and recreational activities.</li> <li>- Train teachers in basic PSS.</li> <li>- Provide dignity kits and ensure gender-segregated safe spaces.</li> </ul>
<b>Education</b>	Multiple schools in UC Koto and UC Munjai reported damaged classrooms, furniture, and learning materials. Temporary displacement of schools (used as shelters) has disrupted classes.	<ul style="list-style-type: none"> <li>- Establish Temporary Learning Spaces with learning kits.</li> <li>- Repair/rehabilitate school WASH facilities.</li> <li>- Provide financial support to prevent dropouts.</li> <li>- Include DRR/school safety planning.</li> </ul>
<b>Health &amp; Nutrition</b>	Health services are available but strained; access hampered by damaged roads and debris. Flooding increased risks of diarrhoea, malaria, and respiratory infections.	<ul style="list-style-type: none"> <li>- Supply essential medicines and emergency kits.</li> <li>- Provide outreach/mobile health services.</li> <li>- Initiate health and hygiene awareness campaigns.</li> <li>- Integrate nutrition screening and IYCF counselling.</li> </ul>
<b>Food Security and Livelihoods</b>	Floods destroyed agricultural land, livestock, and small businesses. Families face loss of income, relying on host families and borrowing.	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable families.</li> <li>- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.</li> <li>- Livestock feed and emergency veterinary support to prevent further animal deaths.</li> </ul>
<b>WASH and Shelter</b>	Wells and water sources contaminated; many latrines destroyed. Open defecation increased, raising health and dignity risks.	<ul style="list-style-type: none"> <li>- Provide emergency water trucking and chlorination.</li> <li>- Distribute hygiene and dignity kits.</li> <li>- Rehabilitate communal and school latrines.</li> <li>- Launch hygiene promotion campaigns to prevent outbreaks.</li> <li>- Provide shelter kits/emergency shelter</li> </ul>





Figure 5: Damaged Homes

## Section 7: Situational Analysis - Swat

*The section presents key findings for Swat.*

### 7.1 Child Protection

The floods have disrupted family and community support systems, leaving children particularly vulnerable. With homes destroyed and schools damaged, protective environments for children have been compromised. Displacement to relatives' houses or temporary shelters increases the risk of separation, neglect, and exploitation. The absence of psychosocial services compounds trauma, especially among children who witnessed the destruction of their homes, schools, and familiar surroundings.

FGDs with women in Aman Kot revealed concerns around girls' safety and dignity: *"Girls need dignity kits and privacy in shelters... without these, parents hesitate to send them back to school."* Mothers in Landi Kos highlighted economic pressure: *"Our boys are already being asked to work for money because there is no food at home."* These accounts demonstrate how unmet basic needs can drive negative coping strategies, pushing children into labour, early marriage, or unsafe environments.

The ADC Relief noted: *"First priority is cash for work immediately, then food items and NFIs."* This reflects the direct link between livelihood loss and child protection risks. Education officers also underscored the lack of support: *"Not available"* (Male DDEO) and *"No materials available"* (Female DDEO) when asked about psychosocial support for children.

The intersection of livelihood insecurity and psychosocial gaps creates a dual risk: children are exposed to exploitation while also lacking the emotional support needed for recovery. The absence of structured child-friendly spaces and referral pathways for GBV exacerbates vulnerabilities, especially for adolescent girls.

### 7.2 Education

Education infrastructure in Swat has been significantly damaged, with both boys and girls reported as completely or partially destroyed. This disruption halts learning for thousands of children and jeopardizes long-term educational attainment. The absence of disaster preparedness and school safety measures left facilities unprotected against the floods, highlighting systemic weaknesses.

Parents expressed anxiety over prolonged disruption: *"Our children are sitting idle at home, they have forgotten their lessons... we need temporary classrooms."* Female groups emphasized barriers to girls' return: *"Girls cannot return without safe latrines and hygiene kits."* Communities also fear future dropouts, particularly among adolescent girls, if learning continuity is not restored quickly.

The Male DDEO stated: *"66 boys' schools and 18 girls' schools have been damaged, some completely and some partially. There was no preparedness at school level for floods."* The Female DDEO stressed the economic barrier: *"Financial aid is needed for children to minimize the dropout ratio."*

Education recovery requires both infrastructure rehabilitation and socioeconomic support to prevent dropout. The demand for temporary learning spaces, educational kits, and psychosocial integration is urgent. Without financial support and gender-sensitive facilities, there is a high risk of permanent exclusion of girls and vulnerable children from education.

### **7.3 Health & Nutrition**

Although health facilities remain operational, with doctors, medicines, and staff available, the surrounding environment is highly unsafe. Floodwaters left debris, stagnant pools, and sand deposits, creating fertile conditions for disease outbreaks. Vulnerable populations, particularly children and pregnant women, face difficulty in accessing care due to blocked roads and lack of transport.

A woman in Landi Kos said: *“Pregnant women cannot reach clinics easily, roads are blocked and transport is costly.”* Parents in Aman Kot reported: *“Children are already having diarrhoea because they are drinking dirty water.”* These accounts illustrate both access and quality barriers to essential health and nutrition services.

The ADC Relief observed: *“Health facilities are functional... with doctors, medicines and staff available. But houses are filled with 6 to 7 feet of sand and water.”*

The paradox is that health facilities are technically functional but practically inaccessible for many, especially for maternal and child health. Disease risk is high, and communities lack preventive supplies (e.g., chlorine tablets, mosquito nets). Integrating nutrition screening and IYCF counselling into relief operations will be critical to prevent malnutrition among children under five.

### **7.4 Food Security and Livelihoods**

The floods wiped out household assets, farmlands, and small businesses, plunging families into food insecurity. Many displaced households are staying with relatives, creating ripple effects that strain host families already affected by the disaster. Negative coping strategies are emerging as food scarcity and lack of income push families toward borrowing, reduced meals, or child labour.

Women in Landi Kos reported: *“We are eating only once or twice a day, relying on relatives for meals.”* In Aman Kot, men emphasized the lack of resources for recovery: *“Without tools and cash, we cannot even clear our homes or start working again.”*

The ADC Relief prioritized: *“Cash for work with tools (shovels, carts, etc.) is urgently needed to clear debris.”* He added: *“Many displaced families are living with relatives, which increases the burden on host families.”*

The most pressing need is immediate livelihood recovery through Cash-for-Work schemes linked to debris clearance, school cleaning, and basic rehabilitation. Simultaneously, unconditional cash assistance is needed for highly vulnerable households, particularly female-headed families. Without these, food insecurity will deepen, with negative social consequences, including child labour and exploitation.



## **7.5 Water, Sanitation & Hygiene (WASH) and Shelter**

Floodwaters contaminated wells and water sources, while sanitation facilities collapsed in several areas. Lack of safe drinking water and functional latrines presents both health risks and dignity concerns, especially for women and girls. Open defecation has increased in some communities due to the absence of functional toilets.

Residents in Aman Kot lamented: *“We are drinking unsafe water... the wells are contaminated with flood water.”* Women shared safety concerns: *“There are no functional latrines... we feel unsafe going outside at night.”*

The ADC Relief requested: *“Immediate provision of water tanks and water trucking in different locations.”*

The lack of safe water supply is both a public health emergency and a protection concern. Communities urgently require water trucking, household-level chlorination, and hygiene kits. Rehabilitation of school and community latrines must be prioritized to enable safe return of children to school and reduce risks to women and girls.

## **7.6 Overall Analysis for Swat and Priority Actions**

Across all sectors, a clear pattern emerges:

- Protection and education are compromised by economic hardship (children pushed to labour, risk of dropout).
- Health services exist but are inaccessible, requiring mobile outreach and preventive measures.
- Livelihood loss drives cascading risks across food security, child protection, and education.
- WASH gaps amplify health and dignity risks, particularly for women and adolescent girls.

The voices of the community align with official accounts, highlighting a convergence of urgent needs around cash-for-work, safe water, temporary learning spaces, and psychosocial support.

Table 9: General Situation and Priority Actions in Swat

Sector	General Situation	Priority Actions
<b>Child Protection</b>	Protective structures disrupted; children at risk of separation, exploitation, and trauma; no psychosocial services available.	<ul style="list-style-type: none"> <li>- Establish Child-Friendly Spaces (CFS) with psychosocial support.</li> <li>- Distribute dignity/hygiene kits.</li> <li>- Activate community child protection committees and referral pathways.</li> </ul>
<b>Education</b>	84 schools (66 boys', 18 girls') damaged; no school preparedness for floods; high dropout risk if learning is not restored.	<ul style="list-style-type: none"> <li>- Set up Temporary Learning Spaces (TLS) with kits and fumigation.</li> <li>- Provide back-to-school cash support.</li> <li>- Rehabilitate school WASH facilities.</li> </ul>
<b>Health &amp; Nutrition</b>	Health facilities operational but disease risk high due to debris, stagnant water, and blocked access routes.	<ul style="list-style-type: none"> <li>- Launch disease prevention campaigns (chlorination, dengue/malaria awareness).</li> <li>- Provide MHPSS for children/teachers in TLS.</li> <li>- Conduct nutrition screening &amp; IYCF counselling.</li> </ul>
<b>Food Security and Livelihoods</b>	Floods destroyed assets, crops, and income; families face food insecurity; host families overburdened.	<ul style="list-style-type: none"> <li>- Immediate cash-for-work for debris clearance.</li> <li>- Unconditional cash for vulnerable households.</li> <li>- Food baskets/ready-to-eat meals, then livelihood inputs (grants, agriculture support).</li> </ul>
<b>WASH and Shelter</b>	Water sources contaminated; sanitation facilities collapsed; high disease and protection risks.	<ul style="list-style-type: none"> <li>- Water trucking and household chlorination.</li> <li>- Cleaning kits and PPE for debris removal.</li> <li>- Rehabilitate school/communal latrines.</li> <li>- Distribute hygiene &amp; dignity kits (with menstrual hygiene materials).</li> <li>- Provide shelter kits/emergency shelter</li> </ul>

## Section 8: Conclusions and Recommendation

*The section presents key findings for Swat.*

The mid-August 2025 floods in Khyber Pakhtunkhwa have triggered one of the most devastating humanitarian crises in recent years. The floods destroyed lives, homes, schools, and livelihoods across Swat, Buner, Battagram, and Lower Dir, exposing systemic vulnerabilities in disaster preparedness and response.

Children remain the most severely affected group, facing heightened risks of separation, exploitation, and psychosocial trauma, compounded by the absence of child-friendly spaces and structured protection services. Education has been profoundly disrupted, with destroyed or occupied schools preventing thousands of children—particularly girls—from accessing safe learning environments. Health systems, though partially functional, are overstretched and inaccessible, raising concerns of disease outbreaks and maternal and child health crises. Livelihood losses have deepened food insecurity and forced families into negative coping mechanisms, while the collapse of WASH systems has compounded both public health risks and dignity concerns.

Despite the scale of destruction, affected communities have shown resilience, hosting displaced families, clearing debris, and supporting one another. However, without immediate, multi-sectoral, and gender-sensitive humanitarian interventions, these coping mechanisms will quickly erode. The crisis demands a coordinated response that not only addresses urgent humanitarian needs but also lays the foundation for recovery and resilience-building to mitigate future disasters.

### Key Recommendations

#### 1. Child Protection

- Establish Child-Friendly Spaces (CFS) in all affected districts with integrated psychosocial support and recreational activities.
- Train teachers and community volunteers on basic psychosocial first aid and child safeguarding.
- Provide dignity kits for adolescent girls and activate community-based protection committees.
- Strengthen referral pathways for child protection and GBV case management.

#### 2. Education

- Set up Temporary Learning Spaces (TLS) with learning and teaching kits to restore education continuity.
- Provide back-to-school financial support, especially for girls, to minimize dropout risks.
- Rehabilitate school WASH facilities to ensure safe return, with a focus on gender-sensitive sanitation.
- Integrate school safety and disaster preparedness plans into the education sector for long-term resilience.



### **3. Health and Nutrition**

- Deploy mobile health units with essential medicines and maternal/child health services in inaccessible areas.
- Scale up nutrition screening and Infant & Young Child Feeding (IYCF) counselling in camps and host communities.
- Launch preventive health campaigns targeting malaria, diarrhoea, and respiratory infections.
- Strengthen supply chains for essential medicines and ensure equitable distribution across affected UCs.

### **4. Food Security and Livelihoods**

- Introduce cash-for-work schemes linked to debris clearance, school cleaning, and basic rehabilitation.
- Provide unconditional cash assistance to the most vulnerable households, especially female-headed families.
- Immediate food assistance (food baskets, ready-to-eat meals) for displaced families in shelters and host communities.
- Livestock feed and emergency veterinary support to prevent further animal deaths.
- Supply agricultural inputs (seeds, tools, livestock feed) to restore farming and protect livelihoods.
- Support small businesses with micro-grants to revive local markets and income opportunities.

### **5. Water, Sanitation, and Hygiene (WASH) and Shelter**

- Provide emergency water trucking, chlorination, and purification tablets to ensure access to safe water.
- Rehabilitate latrines in schools, shelters, and communities, ensuring privacy and safety for women and girls.
- Distribute hygiene and dignity kits with menstrual hygiene materials.
- Implement hygiene promotion campaigns to prevent disease outbreaks and support behavior change.

### **6. Cross-Cutting Priorities**

- Ensure gender-sensitive programming, with a focus on women, adolescent girls, and persons with disabilities.
- Strengthen coordination mechanisms between government, humanitarian actors, and local communities to avoid duplication and ensure efficiency.
- Integrate disaster preparedness and resilience-building (school safety, community DRR plans, climate adaptation measures) into recovery interventions.
- Establish accountability and feedback mechanisms for affected populations, including children, to ensure their voices shape the response.
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## Annex

### Study Tools

<b><i>Direct Observation Checklist with FGDs</i></b>	<a href="#"><u>Link to the Tool</u></a>
<b><i>Floods 2024 – Rapid Needs Assessment Tool (FGD Guide)</i></b>	<a href="#"><u>Link to the Tool</u></a>
<b><i>Key Informant Interview (KII) Guide – DDMA/DC Focal Point</i></b>	<a href="#"><u>Link to the Tool</u></a>
<b><i>Key Informant Interview (KII) Guide – Education Focal Point</i></b>	<a href="#"><u>Link to the Tool</u></a>
<b><i>Key Informant Interview (KII) Guide – Health Focal Point</i></b>	<a href="#"><u>Link to the Tool</u></a>







Figure 6: Damaged School in Bunir