



Rapid Response Fund

Approval

Project Code RRF 04/2026
Project Name Emergency Response in Chipursan Valley, GB Pakistan

The ACT Secretariat has approved the use of **USD 141,951** from its Global Rapid Response Fund (GRRF26).

Reporting Deadlines	
SitRep (<i>one month after approval</i>)	16 Mar 2026
Final Reports (narrative and financial)	16 Jul 2026
Audit Report (<i>for projects >USD50,000</i>)	16 Aug 2026

For further information please contact:

National Forum Convenor	Marvin Parvez, marvin@communityworldservice.asia
ACT Regional Representative	Alwynn Javier, Alwynn.javier@actalliance.org
ACT Humanitarian Programme Coordinator	Waqas Muhammad, waqas@actalliance.org

Approved By the RRF review Panel
on **February 11th, 2026**

actalliance

Rapid Response Fund

Project Proposal

Do you have an EPRP	yes
When was the last update?	1 Dec 2025
Assessment for this response?	yes

Please submit this form to the Humanitarian Coordinators in your region

Date submitted to ACT Secretariat

6 Feb 2026

Section 1 Project Data

Project Information

Project Name	Emergency Response in Chipursan Valley, GB Pakistan
Project Code	04/2026
Country Forum	Pakistan
ACT Requesting Member (if there are more than one member, please use ALT+<Enter> to add another member)	Community World Service Asia (CWSA)
Name of person leading the project	Tooba Siddiqi
Job Title	Associate Regional Director
Email	tooba.siddiqi@communityworldservice.asia
Location(s) of project (city / province)	Chipurson Valley, GB Pakistan
Project start date (dd/mm/yyyy)	16 Feb 2026
Project end date (dd/mm/yyyy)	16 May 2026

Which sectors your response activities most relate to

(please indicate number of planned beneficiaries per organisation in each sector where you plan to give assistance)

Sectors	Member 1 (please write the name of your organisation)		Member 2 (please write the name of your organisation)		Member 3 (please write the name of your organisation)	
	Male	Female	Male	Female	Male	Female
Cash/ Vouchers	60% of 300 HHs 180 HHs	40% of 300 HHs 120 HHs				
Food						
Health						
Household items	60% of 200 HHs 120 HHs	40% of 200 HHs 80 HHs				
Livelihood						
Psychosocial						
Shelter						
WASH						

Section 2 Project Description

2.1 Context

1. CHS Commitment 1. Summarize the crisis event and how it is likely to develop over the duration of the project (extend rows 43, 44 and 45 if more space is needed)

On January 19, 2026, at approximately 11:21 AM local time, a shallow earthquake with a magnitude of Mw 5.6–5.8 struck the Gilgit-Baltistan region of northern Pakistan. The epicenter was located near Barishal, primarily impacting the remote Chipurson Valley in Upper Hunza. While the regional magnitude was moderate, the shallow depth (10–35 km) and fragile mountainous terrain resulted in significant localized destruction. Initial reports confirm at least two fatalities and several injuries, with the most severe impact felt across three villages. Approximately 300 houses were totally destroyed leaving 2400 individuals in need of immediate support. The earthquake triggered massive landslides that blocked the Karakoram Highway and critical link roads, temporarily isolating nearly 2,500 individuals (500 households) and cutting off access to essential markets and health facilities.

The crisis is expected to deteriorate in the coming days due to the following factors:

1. Extreme Weather Exposure: With temperatures currently dropping to -10°C to -20°C and heavy snowfall, displaced families sleeping in makeshift tents or cattle sheds face a high risk of hypothermia and severe respiratory infections.

2. Ongoing Seismic Instability: Continuous aftershocks in a region already reporting "abnormal seismic activity" since late 2025 increase the risk of further structural collapses and secondary landslides, potentially re-blocking roads recently cleared by the government.

3. Logistical Bottlenecks: Due to heavy snowfall communities are facing difficulty in accessing food supplies and medical aid.

4. Protection & Health Risks: Overcrowding in collective community spaces and a lack of private, winterized shelter are expected to worsen protection risks for women and children and lead to a spike in cold-related illnesses among the elderly. Chipurson Valley lies in a high-seismic zone where the Indian and Eurasian tectonic plates converge. The valley lies at elevations exceeding 3,000 meters and is home to approximately 3,000 people across more than 500 households, primarily from Wakhi-speaking communities dependent on subsistence agriculture and livestock. Settlements are scattered across steep slopes and narrow valleys, and the majority of houses are constructed using traditional stone, mud, and timber techniques, which offer limited resistance to seismic activity. As a result, even moderate earthquakes often cause significant structural damage. Preliminary assessments indicate that many houses have developed deep cracks in load-bearing walls, collapsed roofs, or weakened foundations, rendering them unsafe for continued occupation.

The earthquake occurred during peak winter conditions, when temperatures in Upper Hunza routinely fall between -10°C and -15°C, with snowfall, icy winds, and limited daylight hours. These conditions have significantly exacerbated the humanitarian situation. Families evacuated damaged homes immediately after the tremors, spending nights outdoors or in makeshift arrangements due to fear of aftershocks. Others have remained inside partially damaged structures, prioritising warmth over safety due to the absence of alternative shelter.

2. CHS Commitment 1,2,3,4. Explain the impact of the crisis specific to the people you want to help. Why did you choose to give aid to them and what makes them vulnerable?

The earthquake has generated urgent, multi-sectoral humanitarian needs in Chipurson Valley and winterisation represent the most immediate life-saving gaps. A large proportion of affected households are living in partially damaged homes or makeshift shelters that offer little protection against extreme cold. There is a critical need for winter kits, including blankets, mattresses, tarpaulins, and safe heating solutions, to prevent cold-related illness and deaths. Many have shifted to nearby and adjacent areas of Gulmit and Sost, but are struggling and in need of immediate aid.

Multipurpose cash assistance is also urgently required. Due to market disruptions, damaged access routes, and limited income opportunities during winter, many households lack the financial means to purchase fuel, food, medicines, and materials for minor repairs. Cash assistance would allow families to prioritise their most urgent needs in a dignified and flexible manner, while also supporting local markets where functional. Based on the needs, CWSA is planning 2 interventions 1. MPCA distribution and 2. Distribution of NFI Kits (that includes 4 blankets, 4 mattresses, 1 stove, 1 tarpaulin) for a family of 8.

The advantage of MPCA is that it will be able to meet basic needs in a humanitarian response. Because it is "multipurpose," it offers the simplest, most direct method of meeting a crisis-affected community's diverse needs, such as food, rent, water and bus fare. MPCA is both unconditional and unrestricted. [Please note MPCA will be given to 300 HHs, in 2 tranches, each tranche will of Rs. 30,000/, with a total amount to Rs. 60,000/.](#)

This calculation is in line with the Cash Working Group (CWG) guidelines to meet their most urgent and diverse needs. This flexible support will allow families to prioritize expenditures such as food, health care, essential household items, rent and winterization needs etc, ensuring assistance is both dignified and relevant. Also in the recent intervention in Ghizer, Gilgit Baltistan (GB) that was undertaken with support of ACT Alliance, the same amount of MPCA was delivered to HHs, that were affected by flash floods, this was in line with Minimum Expenditure Basket (MEB) and CWG guidelines.

NFI's will help reduce vulnerability of people and reduce negative coping strategies for surviving in harsh winters. It will reduce disease and improve health outcomes of people.

CWSA will focus on most affected people. MPCA will be given to most vulnerable 300 HHs with 60% male HHs and 40% female HHs. Criteria for MPCA includes:

- Households whose homes are partially or fully destroyed, that are living in open spaces, temporary shelters or host communities.
- Affected women-headed households, women participants will be a priority, particularly pregnant and lactating mothers,

3. CHS Commitment 9. Explain the availability of funding each of your organisation can access for this crisis.

CWSA will self implement this project. CWSA will continue to raise funds for this crisis with other partners.

2.2 Activity Summary

1. CHS Commitment 1, 2, 4. Explain your proposed project and why you have selected this particular response to the crisis and the length of time needed to respond. *If multiple members are responding, please explain the role of each member in the coordinated response as indicated in your EPRP Contingency Plan.*

CWSA is proposing the provision of multipurpose cash assistance (MPCA) to address urgent needs of people such as food, winterization, shelter etc. and distribution of NFIs to address basic winterization needs of earthquake affected people, for a total of 3 months. These interventions will reduce the immediate humanitarian impact of shocks on vulnerable households in Chipursan Valley, Gilgit-Baltistan.

Under MPCA, CWSA intends to provide assistance to estimated 300 Households (60% male recipients and 40% female recipients, 8 average family size) in two tranches of Rs. 30,000/ each (total of Rs. 60,000/).

This cash assistance can be utilized for multiple purposes such as food, shelter, transport, rent, safety etc. CWSA will conduct cash transfers through easy paisa or cheques. Prior to distribution, CWSA will give training to the communities on the modalities of cash distribution.

In the next intervention, 200 HHS out of the 300 HHS (that received MPCA) will receive NFIs that(include 4 blankets, 4 mattresses, 1 stove, 1 tarpaulin) estimated for a family of size of 8. The household size of 8 is based on the 2023 Population

2. CHS Commitment 2. Explain how you will start your activities promptly. *Project implementation should start within two weeks. The project should be a maximum of 6 months.*

The total project duration is 3 months. CWSA will begin as soon as possible to start the immediate humanitarian response.

CWSA is already coordinating with local district administration, local NGOs (Aga Khan Agency for Habitat (AKAH) and the Karakurum Area Development KADO), local communities and CWSA already has established an office in District Gulmit (1 to 2 hrs away from Chiperson Valley). As soon as the funding starts, CWSA

3. CHS Commitment 6. How are you co-ordinating and with whom? *Coordination ensures complementarity of interventions within forum members and other humanitarian actors to maximise the use of our resources and will address all unmet needs*

CWSA will be closely coordinating with the Gilgit-Baltistan Disaster Management Authority (GBDMA) and the District Administration in Hunza to align with government-led relief efforts & compliance with local protocols.

The local administration will assist in sharing information regarding access to affected villages and help in securing road clearance for blocked routes. CWSA will also coordinate with local NGOs such as Aga Khan Development Network (AKDN), specifically the Aga Khan Agency for Habitat (AKAH) and the Aga Khan Rural Support Programme (AKRSP) and other local volunteer groups and shura, to avoid duplication of assistance, ensuring that the intervention is contextual, culturally appropriate and reaches the

4. CHS Commitment 3, 9. Where are you planning to procure your goods or services? Please tick boxes that apply. *Goods and services procured locally supports and revitalises economic activity either as livelihood for people or income for small businesses.*

Locally or within the affected areas	x	Nationally		Regionally or neighbouring countries		Internationally	
--------------------------------------	---	------------	--	--------------------------------------	--	-----------------	--

Do you have a procurement policy? What factors did you consider when you made this decision?

CWSA has a robust procurement policy. The procurement department of CWSA plays a crucial role in any organization by ensuring that the right goods and services are purchased at the right time, cost, and quality.

Procurement department is responsible for recommending the procurement method to be used and planning the procurement. This should be done in conjunction with the requester, to ensure that it meets their needs. The complexity of a requirement,

procurement category, urgency, market availability and monetary value are all important factors to consider when deciding on the procurement method. CWSA efficient procurement system ensures that the right items are obtained and delivered at the right time, while staying within approved budget limits. CWSA's procurement framework is designed to proactively address and manage potential challenges in the process. The Procurement Department is responsible for establishing and maintaining an effective procurement management process, ensuring timely availability of quality goods and services through professional networks with manufacturers, dealers, wholesalers, and vendors. For all donors and partners, CWSA holds the responsibility of optimizing available resources and ensuring that all goods and services are acquired in an effective, equitable, and economical manner, while fully complying with high standards and specific donor regulations.

In this case, CWSA will conduct local procurement of NFI's from local or main district market. According to our reports and need assessment, local markets are functional and accessible, by procuring through local markets.

Cash Distribution will be done through different measures as feasible such as through cheques or easy paisa etc. The project

2.3 Description of Target Population

1. CHS Commitment 1, 9. How do you calculate the participants of this project? *For example, food and hygiene kits given to 2500 families, and 1 family = x beneficiaries.*

300 households (HH), with an average household size of 8 persons per family.

Calculation Breakdown:

Total Households: 300

Average HH Size: 8

Total Reach: $300 \times 8 = 2,400$ individuals.

The household size of 8 is based on the 2023 Population and Housing Census data for Gilgit-Baltistan and regional indicators from the Planning & Development Department (P&DD) of Gilgit-Baltistan, which reflect the prevalence of joint and extended family systems in the high-altitude, remote valleys of the Hunza District. This also aligns with recent humanitarian assessments conducted in the Gojal subdivision. Please note all 300 HHs will receive MPCA, and 200 out of these 300 HHs will receive NFIS as well.

60% will be male headed HHs, 40% will be female headed HHs for both MPCA and NFI Distribution.

3. CHS Commitment 4. Explain how the target population is involved in the planning of your proposed intervention? How will they be involved in the implementation and the rest of the project cycle?

The earthquake affected population in Chipurson Valley have been engaged in need assessments, especially based on feedback of vulnerable groups, such as youth, women, elderly & PWDs. The methodology of the needs assessment was FGDs, community feedback, interviews and observations. Local communities have identified destruction of 300 homes, landslides, destruction of agriculture and livestock, and identified immediate needs of food, shelter, & warm clothes. This project has been designed keeping in mind the needs of communities, who identified urgent needs related to winter exposure, food shortages, heating fuel, damaged shelters and cash assistance especially for women, older persons and People with Disabilities.

Communities will be engaged throughout the project, during implementation, existing community structures and groups will support participant verification, information sharing and facilitation of safe and dignified access to assistance. Communities will help to identify at risk groups such as women, older persons, People with Disabilities and pregnant and lactating women. CWSA will include community feedback in selecting distribution sites.

Project adaptation will be driven by ongoing community feedback, post distribution monitoring and the complaints and feedback mechanism. Information received from affected households will be reviewed regularly and used to adjust targeting, delivery arrangements or implementation approaches to ensure the response remains relevant and inclusive throughout the project period.

2.4 Expected Results

1. What will this project's success look like based on your time frame? *Please write your activities milestones including dates.*

- Finalization of geographic locations (villages) within the selected district as per area selection criteria jointly agreed with key stakeholders
- Coordination with local communities and stakeholders, while strictly adhering to the safety SOPs to discuss the project and particularly the selection criteria for project participants for the cash assistance.
- Identification and selection of project participants as per selection criteria. Please note that total of 300 HHS will be selected for MPCA, and out of 300 HHS, 200 HHs will be selected for NFI Kits. The project participants will be identified through a Joint Assessment Team which includes CWSA, relevant government departments, relevant UN agencies, and I /NGOs. The selection criteria have been developed in agreement with them.

The project selection criteria for MPCA is below:

- Households whose homes are partially or fully destroyed, that are living in open spaces, temporary shelters, host communities etc.
- Affected women-headed households, women participants will be a priority, particularly pregnant and lactating mothers, elderly women.
- Vulnerable, chronically ill people, and persons with disabilities (PWDs).
- Large families (8+ members), Families with low-income, or who have lost livelihood and financial assets (such as livestock, savings, etc).

NFIs will be distributed to 200 HHs, selected from the above 300 HHs, given to those HHS whose homes are fully/completely and permanently destroyed, and they are residing in temporary, partial shelters or that are living under the open sky or with host families. It will be ensured that NFIs will be given to 60% male HHs and 40% female HHs. Women participants will be a priority, particularly pregnant and lactating mothers, elderly women. as well as elderly chronically ill people, and persons with disabilities (PWDs).

- Verification of HHs: This includes CNIC verification, and community-level validation to minimize inclusion/exclusion errors,

2. What are the factors that may stop you from achieving the targets of this project? How will you manage them?

*Heavy Snow Fall, will lead to road blockages and delays in staff mobility,

transportation of aid and aid distribution. CWSAs will identify alternative routes and update access maps, including seasonal roads and footpaths.

CWSA will winterize vehicles and equipment (snow chains, antifreeze, etc) to ensure that vehicles work, in bad weather. CWSA will also develop staff mobility contingency plans, including remote work options and decentralized teams and coordinate with local authorities for early warnings. CWSA will coordinate with communities to identify safe, accessible spaces for aid distribution.

All project distribution sites will be risk assessed prior to implementation. This will include assessment of physical, protection, safeguarding, and data-related risks, with measures put in place to prevent harm to staff, partners, and affected communities. Risk assessments will be regularly reviewed and updated during the project to respond to evolving hazards.

*The mountainous geography of Gilgit-Baltistan and the possibility of landslides or road blockages may delay timely delivery of food materials.

CWSA will pre-position supplies at accessible distribution points, use local vendors from its pre-qualified pool, and coordinate with local authorities to ensure safe transport routes. CWSA already has a pool of pre-qualified vendors, allowing for rapid procurement. Framework agreements will be utilized where possible, and buffer stocks will be managed to reduce delays.

*Community unrest due to unintentional exclusion of vulnerable households (women-headed households, persons with disabilities, elderly). CWSA will consult local communities on vulnerability /selection criteria. Beneficiary lists will be validated with community representatives to ensure accuracy and transparency. CWSA MEAL Team will also conduct pre verification of participants. Priority will be given to women-headed households, persons with disabilities, older persons, and pregnant and lactating women. Complaints and feedback mechanisms will be used to identify challenges and course correction.

*Fiduciary risk may lead to potential for mismanagement, misuse, or misappropriation of project funds and assets, including cash, in-kind items, and other resources. In this project, risks could arise from delayed or inaccurate financial reporting, weak

2.5 Monitoring, Accountability & Learning

1. CHS Commitment 7. Describe how you will monitor the project. What monitoring tools and process will you use? How will you gather lessons from the project?

Monitoring, Evaluation, Accountability and Learning (MEAL) will be embedded throughout the project implementation and monitor the project's performance on a regular basis to ensure objectives and intended outcomes are being achieved and whether activities are responsive to needs of the communities. MEAL team will be conducting regular monitoring/verification of the process for course correction purposes and recording lessons learnt use different approaches by conducting monitoring visits physically and/or virtually via phone. CWSA follows the CHS as a regular practice in monitoring and evaluations of its projects. In line with CHS 5 & 7, the MEAL team will ensure the inclusion of community, transparency of the implementation process and addressing the feedback and complaints highlighted by the communities to ensure the recording of experiences and lessons learnt during the implementation of a project cycle and are accessible throughout the organization in the form of reports. Project participants will be directly engaged in the monitoring process as their feedback will be taken through the Complaint Feedback Mechanism as well as interviews during the post-verification process. The MEAL team will also identify changes in the situation that might call for the adjustment of objectives, plans, or procedures, and provide the project team with recommendations.

Specific MEAL Activities are:

2. CHS Commitment 8. Does your organisation have a Code of Conduct? Have all staff and volunteers signed the Code of Conduct? *We may ask you to submit copies of the signed Code of Conduct. You can use ACT Alliance's Code of Conduct if your organisation does not have one.*

CWSA is a member of ACT Alliance, all members are signatories of the ACT Code of Conduct (CoC) that is mandatory for adherence and must be practiced with commitment from every staff member. CWSA has practiced the CoC to promote greater accountability and outline the key responsibilities of staff. It seeks to protect all staff as well as every community member whom the ACT Alliance seeks to assist. The primary aim is to prevent misconduct, including corruption, fraud, exploitation and abuse (including sexual abuse) and to ensure child safeguarding.

The Code of Conduct for the Red Cross and Red Crescent Movement is also complied with by considering the clauses during selection of target population. The organization is well aware that above all, the humanitarian imperative comes first and selection should be undertaken regardless of race, creed or nationality of the recipients and without discrimination of any kind. Aid priorities are calculated based on needs alone. It is ensured that besides the codes of conduct and member organization's own policies, staff is aware of and adheres to the ACT Alliance's policies on the prevention of misconduct including corruption, fraud, exploitation and abuse (including sexual) and child safeguarding, as well as the ACT Alliance Guidelines for Complaints Handling and Investigations.

All staff are given orientation and refreshers on these Code of Conduct and they are briefed about the behaviour the organization expects from them. Staff also sign a Code of Conduct when they join. These Code of Conduct are also part of Staff contract as well as contracts of Vendors and consultants. During mobilization of target communities and establishing the Complaints and Feedback Mechanism, target communities are also made aware about the behaviour they should expect from

3. How will you ensure you and all stakeholders will be accountable to the affected population. How will you share information. How will you collect and use feedback and complaints? CHS 4 and 5

CWSA has a Complaint and Feedback Mechanism (CFM) in place in line with CHS commitment 5. The project team will display CFM policy and details of the channels for complaints and feedback at every event/project activity, as well as the distribution site. CFM channels include written and verbal mechanisms, such as including CFM boxes at the intervention venue, text messages or calls on CFM mobile numbers (during working hours i.e. 5 days of the week and in case of emergencies its 6 days a week) and face to face meetings. These CFM mechanisms are already in place within CWSA programs and project, and through complaints and feedback, changes are made in ongoing projects, as per the feedback of the community. During the selection, distribution, verification and monitoring process, CWSA team will share information about the CFM mechanism and ensure that there is clarity about how to capture and access it.

MEAL team will properly follow up and investigate the received complaints and provide feedback to all the complainants in a timely manner. Complaints are investigated by the committee comprising of team members who are not directly involved in project implementation. CWSA Safeguarding Committee will be responsible to manage sensitive complaints pertained to sexual exploitation and abuse. All complainants are treated with dignity. The CRM policy provides full guidance on handling of received complaints. Each received complaint is carefully analyzed and categorized as per its nature and is investigated as per the defined procedure for that specific category. Confidentiality and accountability are the cross-cutting themes of the CRM and privacy of the complainant is ensured as per the organization's data protection policy.

Sessions on the established CFM will be conducted for project staff and communities for their enhanced understanding on the

List of Annexes Annex 1: AKAH Report

Annex 2: Rapid Need Assessment Report

Annex 3: Situation Report on Displacement
Annex 4: Situation Report Chiperson Valley Hunza
Annex 5: CFM Complaint Feed Back Mechanism
Annex 6: CWSA Financial Management Manual
Annex 7: Gender Justice Policy
Annex 8: Procurement Policy
Annex 9: Safe Guarding Policy
Annex 10: Protection Policy



Rapid Response Fund

Consolidated Budget and Financial Report

Project Code

Project Name Emergency Response in Chapurson Valley ,Gilgit Baltistan ,Pakistan

Budget Exchange rate (local currency to 1 USD) 0.003573

Exchange rate for revised budget (local currency to 1 USD)

Please use exchange rate from this site: <http://www.floatrates.com/historical-exchange->

		Approved Budget				Reported Expenses				Unspent Amount	Burn Rate
		Community World Serv	Member 2	Member 3	Total Budget	Community World Serv	Member 2	Member 3	Total Expenditure		
1	Total Project Staff Costs	7'600	-	-	7'600	-	-	-	-	7'600	0%
2	Project Activities	107'440	-	-	107'440	-	-	-	-	107'440	0%
2.1	Cash/Vouchers	64'314	-	-	64'314	-	-	-	-	64'314	0%
2.2	Food/Nutrition	43'126	-	-	43'126	-	-	-	-	43'126	0%
2.3	Household items	-	-	-	-	-	-	-	-	-	0%
2.4	Water, Sanitation, and Hygiene (WASH)	-	-	-	-	-	-	-	-	-	0%
2.5	Shelter	-	-	-	-	-	-	-	-	-	0%
2.6	Disaster Risk Reduction (Max 10% of the budget)	-	-	-	-	-	-	-	-	-	0%
2.7	Mental Health and Psychosocial Support	-	-	-	-	-	-	-	-	-	0%
2.8		-	-	-	-	-	-	-	-	-	0%
2.9		-	-	-	-	-	-	-	-	-	0%
2.10		-	-	-	-	-	-	-	-	-	0%
3	Project Implementation	1'429	-	-	1'429	-	-	-	-	1'429	0%
4	Quality and Accountability	4'645	-	-	4'645	-	-	-	-	4'645	0%
5	Logistics	7'932	-	-	7'932	-	-	-	-	7'932	0%
6	Assets and Equipment	-	-	-	-	-	-	-	-	-	0%
Direct Costs		129'046	-	-	129'046	-	-	-	-	129'046	0%
Overhead Costs		12'905	-	-	12'905	-	-	-	-	12'905	0%
Total Budget		141'951	-	-	141'951	-	-	-	-	141'951	0%