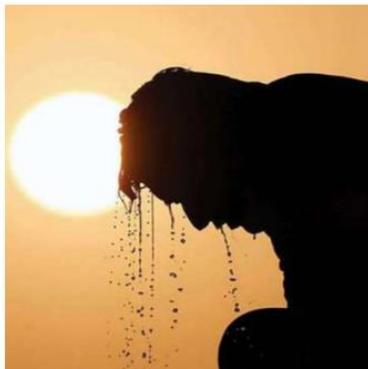




ASSOCIATION OF PEOPLE LIVING WITH HIV
PAKISTAN



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SNAPSHOTS FROM THE FRONTLINE

MAPPING THE IMMEDIATE IMPACTS OF CLIMATE
CHANGE ON LOCAL COMMUNITIES



Acknowledgement

On behalf of the Association of People Living with HIV (APLHIV), I extend my sincere appreciation to all individuals and institutions whose commitment and collaboration made the successful completion of this mapping and assessment study, “*Snapshots from the Frontline*,” possible.

I would like to highly acknowledge the hard work, dedication and keen interest of **Mr. Omer Haider, Research Lead**, who guided the study from design to completion. I also recognize the valuable contributions of **Mr. Uzair Tariq, Mr. Zahid Shah and Ms. Sidra Tul Muntaha**, whose professionalism and commitment were instrumental in ensuring the effective execution of this important initiative.

I express my deepest gratitude to the **community members and respondents** who generously shared their time, experiences, and perspectives. Many of them have endured the harsh and immediate impacts of climate-induced disasters. Their courage, openness, and willingness to share their lived realities form the ethical and evidentiary foundation of this study. Their voices are central to ensuring that this mapping truly reflects the realities on the ground.

I also extend heartfelt thanks to our partner organizations—**Peace Foundation Sindh, Awami Welfare Society KPK, and Taaleem Foundation Muzaffarabad-AJK**, for their invaluable cooperation and field-level support. Their partnership enabled access to remote and underserved areas and ensured the collection of credible, community-driven data essential for a meaningful situation analysis.

My sincere appreciation goes to the **Provincial Coordinators of APLHIV** across all four provinces, whose timely facilitation and coordination supported data collection in climate-affected and disaster-hit regions, ensuring the inclusion of the most vulnerable populations. I also commend the dedication and perseverance of the **Data Collectors**, whose tireless fieldwork under challenging conditions laid the groundwork for this report.

This study stands as a collective effort, reflecting APLHIV's commitment to evidence-based advocacy and community-centered responses to the intersecting challenges of climate change and vulnerability. I am grateful to all who contributed to this important endeavor.

Asghar Satti

National Coordinator-APLHIV

Dated: 1st December 2025

Note from National Coordinator APLHIV

This analysis brief represents a groundbreaking effort to document the immediate and lived impacts of climate change on local communities in Pakistan. At a time when climate-related disasters are intensifying, there remains a critical gap in evidence that captures not only material loss, but also the human, social, and psychological consequences of repeated shocks. This study was designed to help close that gap.

Importantly, this work was undertaken by APLHIV independently, without any external funding. It reflects our institutional commitment to community-led inquiry and to generating evidence that originates from the ground, rather than from predetermined frameworks. The findings presented here are the result of direct engagement with affected communities and field teams, and they demonstrate what is possible when local organizations invest in knowledge production driven by lived realities. Thank you research team consisting of Research lead-Mr. Omer Haider, Deputy National Coordinator Mr. Uzair Tariq and Ms. Sidra Tul Muntha for restless efforts to complete this assignment

The data clearly shows that climate shocks are undermining livelihoods, disrupting access to health and social services, and placing an immense and often invisible burden on mental health. These insights are not abstract; they are actionable. We hope this evidence is used by humanitarian actors, policymakers, donors, and development partners to inform planning, resource allocation, and the integration of mental health and psychosocial support into climate and disaster responses.

As climate impacts accelerate, locally generated evidence must play a central role in shaping solutions. APLHIV remains committed to ensuring that community voices are not only heard, but translated into policy and practice. We offer this brief as a resource for more responsive, equitable, and people-centered climate action.

Asghar Satti
National Coordinator
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Executive Summary

The 2025 floods in Pakistan affected millions of people, driving extensive economic and social disruption across impacted communities. The severity of the event is reflected in indicators captured from 299 respondents, who consistently reported widespread damage to income, housing, agricultural systems, and access to essential services. Nearly 80 percent of respondents experienced loss of livelihood, and almost half struggled to meet basic needs. Water shortages, heat stress, crop loss, and housing damage were frequently rated as severe, indicating a multi-dimensional shock that extends beyond immediate physical destruction.

Health access was also compromised. A majority of respondents reported that climate disruptions prevented them from seeking healthcare or accessing medicines. More than 60 percent experienced temporary injury or illness during disaster events, and many expressed uncertainty regarding their capacity to manage ongoing health needs. These vulnerabilities occur in a context where public services such as electricity, health facilities, roads, and schools are only partially functional for large segments of the population.

A major finding is the scale of psychological distress. Screening using validated short tools shows 58.86 percent of respondents screening positive for probable depression and 69.57 percent for probable anxiety. The high prevalence of mental health symptoms, combined with limited access to psychosocial services and low institutional support, reveals a silent crisis accompanying the physical and economic damage.

The data strongly support a shift toward integrated humanitarian strategies that combine basic relief with sustained mental health and psychosocial assistance, social protection, cash support, and equitable access to services. Communities are absorbing continuous shocks without adequate assistance, and a significant majority do not feel heard by authorities. Without corrective planning, the long-term recovery of affected populations will remain fragile.

Background

Extreme climate events have increased in frequency across Pakistan, with floods, heatwaves, and drought becoming recurrent stressors rather than isolated occurrences. The 2025 floods were among the most severe, affecting approximately 6.9 million people, displacing 2.9 million, and inundating over 1.2 million hectares of farmland. These disruptions have deeply impacted household livelihoods, mobility, and access to services, reshaping social and economic conditions across affected areas.

The available response to the floods has understandably focused on physical relief, including shelter, food, and restoration of damaged infrastructure. However, the emotional and psychological consequences of prolonged disaster exposure have remained largely unexamined in formal assessments. The absence of systematic documentation leaves major gaps in planning, resource allocation, and service delivery, especially for communities experiencing multiple climate shocks year after year.

To address this, a situation mapping exercise involving 299 adult community members was undertaken in August–September 2025. The assessment captured people’s lived experiences of climate impacts, including housing loss, food insecurity, disrupted services, economic vulnerability, displacement, and coping strategies. Critically, respondents were also screened for depression and anxiety symptoms using widely accepted ultra-brief instruments (PHQ-2 and GAD-2), making this one of the few community-level datasets to quantify psychological morbidity in real time.

The resulting indicators paint a consistent picture: climate emergencies are not only destroying assets and infrastructure, but they are eroding mental health, weakening social support structures, and undermining trust in institutions. These combined pressures highlight the need for integrated disaster management approaches that treat mental health and psychosocial support as core operational pillars rather than optional services.

A total of 27 indicators are considered for the report.

Indicators:

- 1 Gender distribution
- 2 Marital status
- 3 Current living situation
- 4 Perception of climate change
- 5 Temporary climate injury
- 6 Ability to seek healthcare

- 7 Access to medicines post-disaster
- 8 Income/livelihood affected
- 9 Ability to meet basic needs
- 10 Water shortage impact
- 11 Heat stress impact
- 12 Crop/food system disruption
- 13 Damage to housing or land
- 14 Loss of work or income
- 15 School disruption
- 16 Community displacement
- 17 Psychosocial access
- 18 Coping strategies
- 19 Cash / in-kind support received
- 20 Feeling heard by authorities
- 21 Main information needs
- 22 Public services – Electricity
- 23 Public services – Health facilities
- 24 Public services – Roads/transport
- 25 Public services – Schools
- 26 Self-reported health status
- 27 Illness/injury from disaster

Demographic Overview

The respondent group is predominantly male (64.21 percent) and largely consists of married adults (69.57 percent). Females make up 33.45 percent of respondents and transgender individuals 2.34 percent, reflecting a meaningful though smaller representation of these groups.

Housing stability is mixed. Thirty-four percent report living in an owned home, while more than one-fifth of respondents (20.40 percent) report homelessness. A further 25.42 percent live in family homes and 20.07 percent in rented homes. These figures indicate that climate shocks interact with already precarious living arrangements, particularly for low-income or unstable households.

Public Perception of Climate Change

When asked about the perceived cause of increasing climate events, the findings show that 83.95% of respondents believe that increasing changes in weather are “An Act of God.” Only a very small number attribute these shifts to human activity, pollution, or industry, and almost none are unsure. This suggests that communities clearly recognize climate volatility as real and growing, but they largely understand it through a religious or natural-cycle lens

rather than linking it to human-driven causes. The change is widely observed, personally felt, and interpreted as something beyond human control.

Health Impacts and Access to Care

Climate shocks produce direct health consequences. A total of 64.88 percent report temporary illness or injury resulting from a climate event. This finding is reinforced by access outcomes, as 65.55 percent report that weather disruptions prevent them from seeking healthcare when needed. Self-reported baseline health status echoes this fragility. Only 20 percent identify their health as “good”; more than half (54 percent) report “fair,” and 22 percent describe their health as “poor.” These self-assessments suggest an already vulnerable population entering crises with reduced reserves.

Continuity of medical treatment is also weak. Post-disaster, only 28.09 percent report being able to consistently access their medicines or health services. The majority face inconsistent or blocked access, with 40.13 percent unable to access medicines and 30.44 percent able to access them only sometimes. This indicates a systemic risk to chronic disease management, maternal health, and other essential care.

Among the People Living with HIV (PLHIV) interviewed, treatment disruption is widespread: 71 individuals (83.5%) reported interruptions in their HIV care after the disaster. Of the total PLHIV sample, 42.4% currently have no access to ART, while 32.9% can access ART only sometimes. Only 8.2% individuals have been able to regain consistent treatment. These figures underscore how disaster shocks disproportionately affect HIV treatment continuity, placing individuals at heightened risk of health deterioration and onward transmission.

Household Livelihoods and Basic Needs

The most severe pressure appears in livelihood disruption. A total of 78.60 percent of respondents report their income or livelihood has been affected by recent climate events. This aligns with household-level outcomes: 45.15 percent say they can “barely” meet basic needs such as food, rent, or health expenditures, and 9.03 percent say they “cannot meet them at all.” Only 10.03 percent report being able to meet basic needs fully.

Collectively, these figures show that climate events are affecting the stability of household incomes and rapidly translating into food insecurity and financial stress.

Community-Level Impacts

The indicators reflect widespread community disruption across multiple domains:

- **Water shortages:** 51.84 percent mildly affected and 31.77 percent severely affected.
- **Heat stress impacts:** 40.47 percent mildly and 39.46 percent severely affected.
- **Crop and food system impacts:** 52.51 percent severely affected and 28.43 percent mildly.
- **Damage to housing or land:** 47.83 percent severely and 32.11 percent mildly affected.
- **Loss of work or income:** 63.88 percent severely and 27.09 percent mildly affected.

School disruption appears less extreme than other domains but remains present, with 42.14 percent mildly affected and 15.72 percent severely affected. This disruption undermines educational continuity and resilience of families already facing economic hardship.

Displacement is not universal, but it is significant. A combined 50.83 percent report their communities are mildly or severely affected by displacement pressures.

The indicators consistently show that climate impacts are not narrow to one sector. They are experienced as multi-layered shocks affecting water, income, agriculture, housing, and public systems simultaneously.

Social Vulnerability and Support Mechanisms

Formal support appears minimal. A total of 81.61 percent of respondents report receiving **no cash or in-kind assistance**, and 69.57 percent state they have **no access to psychosocial support**. This lack of institutional or organized support forces communities to rely on informal mechanisms.

Coping patterns confirm this. The most common strategy is reliance on relatives or friends. Other respondents report selling belongings to survive. A substantial group, around 18.7 percent, report having **no coping strategies at all**. Government or NGO support is mentioned, but infrequently and generally at low intensity.

These patterns indicate that climate recovery is heavily privatized at household and family levels, with few formal safety nets.

Institutional Trust and Voice

The survey reveals a significant legitimacy gap. A total of 80.94 percent of respondents say their community's voice **is not being heard** by authorities or aid agencies. Only 16.39 percent feel heard. This is one of the clearest signals in the dataset and points to declining confidence in formal institutions.

When this sentiment is paired with low access to services, weak recovery mechanisms, and livelihood collapse, the result is likely disengagement, mistrust, and rising vulnerability.

Public Services and Infrastructure

Infrastructure functioning is mixed, with most key services operating in a degraded state:

- **Electricity:** 61 percent of the respondents report it as partially functional, and 18 percent as non-functional.
- **Roads and transport:** 44.1 percent partially functional and 34 percent non-functional.
- **Health facilities:** 44 percent of the respondents report it as partially functional and 16 percent as non-functional; only 27.7 percent report full functionality.
- **Schools:** 30.76 percent of the respondents report it as fully functional, but 38.79 percent report partially functional, and 17 percent as non-functional.

These figures reflect a context where basic services continue operating, but with reliability problems. Partial functionality restricts mobility, health access, and continuity of social systems, especially during climate emergencies.

Information Needs

Respondents primarily request information related to relief, health services, and income recovery. Combined preferences show the most frequent pairings include:

- Relief + health service information (64 respondents)
- Relief + job/income recovery support (51 respondents)

Information around weather alerts, safety, and mental health appears, but at a lower frequency. These demands reflect households seeking actionable pathways to stability, not passive awareness messaging.

Mental Health and Psychosocial Support (MHPSS)

Psychological distress is largely invisible in standard humanitarian reporting, and systematic documentation of concurrent mental health burden remains limited.

The study also addresses that gap by examining the psychological impact of the disaster using a secondary analysis of the APLHIV community situation assessment conducted between August and September 2025. Recognizing that mental health screening is a core component of disaster response, the assessment focused on rapid indicators that can guide immediate operational and funding decisions.

A total of 299 adult disaster survivors were screened using two validated ultra-brief instruments: the Patient Health Questionnaire-2 (PHQ-2) for depressive symptoms and the Generalized Anxiety Disorder-2 (GAD-2) for anxiety. A cutoff score of ≥ 3 on either instrument was used to indicate a positive screen, signaling the need for further diagnostic evaluation or referral to psychosocial services.

The results show an exceptionally high prevalence of psychological distress. **Approximately 58.86 percent screened positive for symptoms of depression, while 69.57 percent screened positive for symptoms consistent with anxiety.** These figures signal a substantial mental health burden among the affected population and indicate that psychological morbidity is a defining characteristic of this disaster, not a peripheral concern.

The findings show that two out of every three flood survivors are experiencing clinically significant distress. Such levels of mental health impact exceed typical post-disaster estimates and suggest widespread emotional exhaustion, uncertainty, economic strain, and prolonged loss of social stability. These outcomes also align with parallel indicators from the assessment, including limited access to psychosocial services, weak formal support systems, and an elevated reliance on informal coping such as family networks or selling personal belongings.

Taken together, these results provide some of the first systematic evidence of the psychological consequences of the 2025 floods. They demonstrate an urgent need to treat MHPSS not as an auxiliary service, but as a core pillar of humanitarian response and long-term recovery. Integrating mental health services into disaster relief, establishing community-based psychosocial support pathways, and embedding mental health program design within Disaster Risk Reduction strategies are critical steps required to prevent further escalation of distress across affected populations.

Conclusion

The indicators show that climate shocks in Pakistan are not isolated disruptions but sustained stressors affecting the most basic functions of daily life. Communities report substantial losses to income, food systems, water access, housing, and mobility. Public services, from electricity to health facilities, are largely partially functional or non-functional. While households continue to absorb shock after shock, they do so with limited external assistance, weak formal support systems, and almost no psychosocial care.

The mental health findings underscore what the socioeconomic indicators already imply. **A total of 58.86 percent of respondents screened positive for depression and 69.57 percent for anxiety**, revealing a level of psychological distress that is not simply “post-disaster strain” but **a widespread condition affecting the majority of flood survivors**. These rates far exceed typical post-emergency baselines and reflect prolonged exposure to uncertainty, financial instability, repeated climate impact, and service disruptions. They also align with the high percentage of respondents reporting the inability to access healthcare, medicines, or meet household needs.

Critically, **nearly 70 percent reported no access to psychosocial support**, while over 80 percent reported receiving no financial or in-kind assistance. These weaknesses in both formal protection and mental health response amplify distress, force reliance on family networks or asset liquidation, and increase the likelihood of long-term negative coping behaviors. The overwhelming perception that communities are not being heard by authorities further compounds the psychological burden, deepening mistrust and disengagement.

Taken together, this evidence makes clear that disaster response cannot treat mental health as secondary to physical recovery. The psychological impact is not peripheral; it is a defining characteristic of the crisis. MHPSS must therefore be part of response planning from the outset: embedded in relief delivery, linked to service access, and integrated into Disaster Risk Reduction strategies. Addressing income disruption, service degradation, and health continuity without addressing the mental health of affected populations will leave the majority of survivors at ongoing risk. The data support a transition from short-term relief toward layered approaches that combine social protection, livelihood stability, and community-based psychosocial care as core components of resilience.

Annexure:

A: Graphs

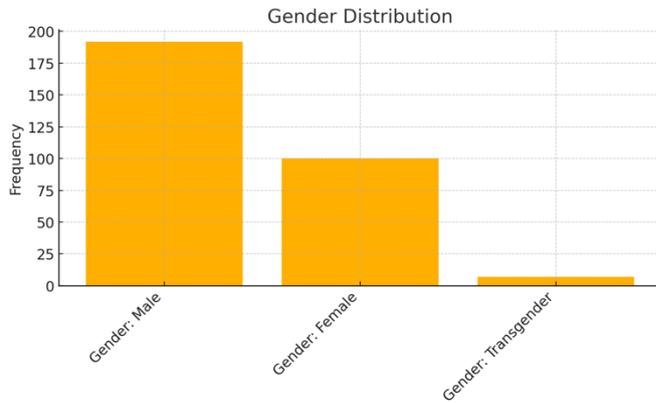


Figure 1: Shows a strong male majority, with meaningful female participation and transgender representation.

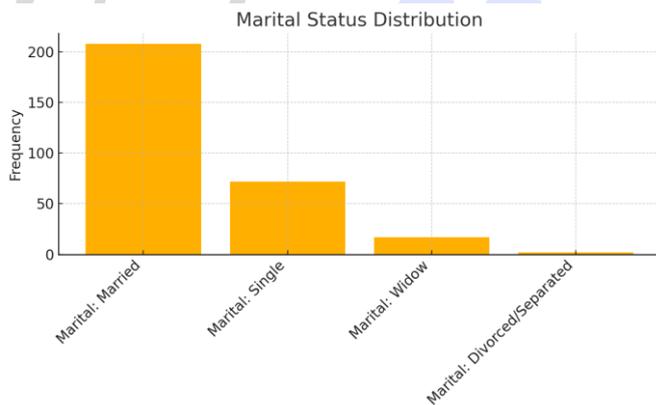


Figure 2: Clear dominance of married respondents, which supports the idea of family-centered vulnerability.

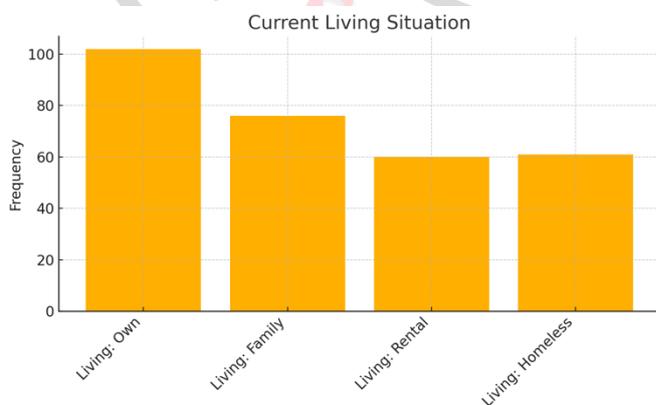


Figure 3: Homelessness is alarmingly close to rented/living with family levels.

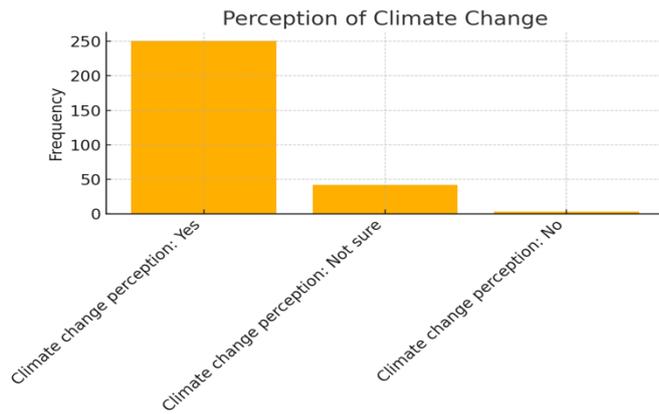


Figure 4: Overwhelming agreement that climate events are happening more frequently.

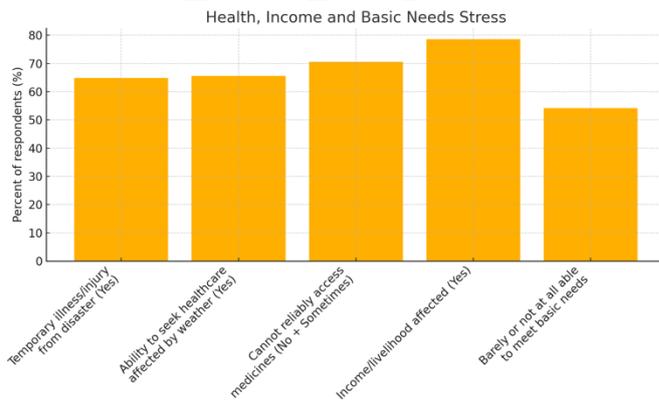


Figure 5: Bars show % of respondents who:

- Had a temporary illness/injury from disasters
- Had the ability to seek healthcare affected
- Cannot reliably access medicines (No + Sometimes)
- Had income/livelihood affected
- Are barely or not at all able to meet basic needs

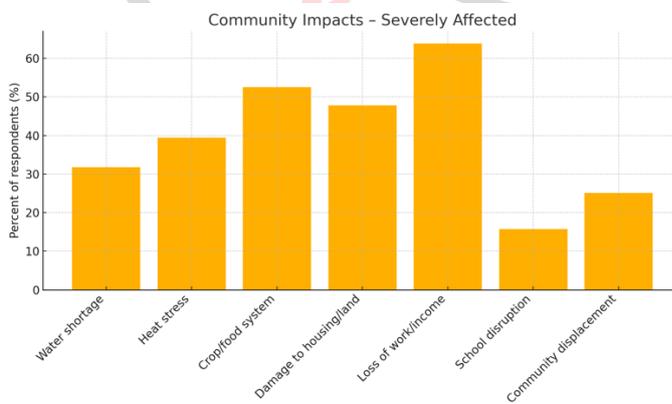


Figure 6: This shows % of respondents "severely affected" by:

- Water shortage

- Heat stress
- Crop/food system disruption
- Damage to housing/land
- Loss of work/income
- School disruption
- Community displacement



Figure 7: Shows % of respondents who rated their health as:

- Good
- Fair
- Poor

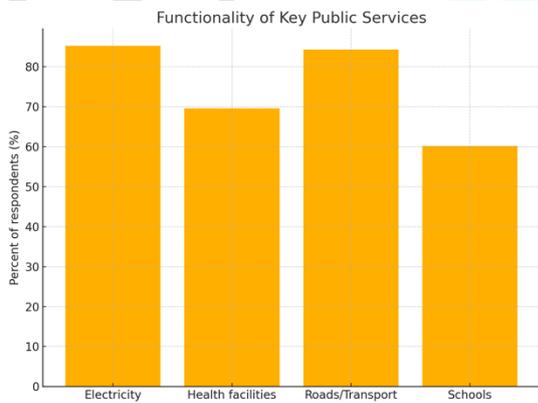


Figure 8: each bar = % who report the service is not or only partially functional:

- Electricity
- Health facilities
- Roads/transport
- f Schools

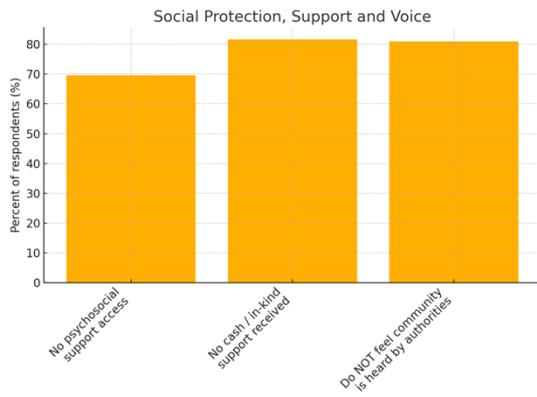


Figure 9: Covers % who:

- Have no psychosocial support access
- Received no cash / in-kind support
- Do not feel their community is heard by the authorities

Prevalence of Psychological Distress Among Flood-Affected Individuals

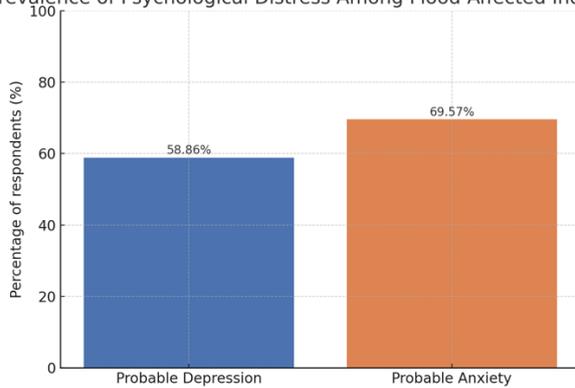


Figure 10: The chart compares:

- Probable depression (PHQ-2 \geq 3)
- Probable anxiety (GAD-2 \geq 3)

Both reflect positive screening thresholds, indicating the need for further clinical evaluation.

- Depression: 58.86%
- Anxiety: 69.57%

B: Indicator Table

Indicator / Question	Result	Interpretation
Gender distribution	64.2% male, 33.4% female, 2.3% transgender	Mostly adult men; still meaningful female participation; survey includes transgender respondents
Marital status	69.6% married	Reflects family-bearing adults rather than single youth or students
Current living situation	34.1% own home, 25.4% family home, 20.1% rental, 20.4% homeless	A sizable population is housing insecure; homelessness is alarmingly high
Perception of climate change	83.9% say weather changes happen more often	Population strongly believes climate instability is increasing
Temporary climate injury	64.9% report illness or injury due to disaster	Climate shocks have immediate health impacts
Ability to seek healthcare	65.6% report weather disrupted access	Climate emergencies compromise mobility and health system access
Access to medicines post-disaster	40.1% "No", 30.4% "Sometimes", only 28.1% "Yes"	Reliable medical access is scarce; continuity of care disrupted
Access to ART post-disaster	42.4% no access post disaster, 32.9% partial access	Climate emergencies severely compromise treatment continuity and adherence.
Income/livelihood affected	78.6% Yes	Climate shocks are primarily economic in nature
Ability to meet basic needs	45.2% "barely", 9.0% "not at all", 26.1% "partially", 10% "fully"	Majority struggle to meet food, rent, health expenses
Water shortage impact	51.8% mildly, 31.8% severely	Water scarcity is widespread and persistent
Heat stress impact	40.5% mildly, 39.5% severely	High temperature events harming people, productivity, livestock

Crop/food system disruption	52.5% severely, 28.4% mildly	Climate shocks impacting agriculture and food availability
Damage to housing or land	47.8% severely, 32.1% mildly	Structural vulnerability; repair capacity limited
Loss of work or income	63.9% severely affected	Economic foundation is being eroded; many households distressed
School disruption	42.1% mildly, 15.7% severely	Children's education interrupted; long-term developmental risk
Community displacement	25.1% severely, 25.8% mildly	Local displacement patterns emerging; social fragmentation risk
Psychosocial access	69.6% no access; 23.1% yes	Mental health support nearly absent
Coping strategies	Support from relatives/friends dominant; selling belongings common; 18.7% no strategies	Survival depends on informal networks; liquidation of assets is high-risk
Cash / in-kind support received	81.6% "no", 12.4% "yes"	Relief distribution not reaching majority of affected people
Feeling heard by authorities	80.9% "No"	Communities feel excluded from response and planning
Main information needs	Relief + health services + income/job recovery most frequent	People want actionable guidance, not abstract awareness
Public services – Electricity	61.9% partially functional; 18.1% non-functional	Core infrastructure degraded; reliability issues
Public services – Health facilities	44.1% partially functional; 16.1% non-functional	Health system performance weak even outside emergencies
Public services – Roads/transport	44.1% partially functional; 34.8% non-functional	Transport disruption contributes to health and livelihood loss
Public services – Schools	38.0% partially functional; 17.1% non-functional	Education exposed to climate disruption and slow recovery
Self-reported health status	54.2% "fair", 22.1% "poor", 20.1% "good"	The population is already medically fragile
Illness/injury from disaster	64.9% "Yes"	Climate shocks create immediate medical burden