SINDH MENTAL HEALTH AUTHORITY

IN COLLABORATION WITH

INTERNATIONAL MEDICAL CORPS

ACTIVITY REPORT

MENTAL HEALTH CAMPS FOR FLOOD & RAIN AFFECTED POPULATION OF SINDH AND BALOCHISTAN AT MEGA TENT CITY, MALIR

TEAM MEMBERS

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INSTITUTES

- **Sindh Mental Health Authority (SMHA)**
- **International Medical Corps (IMC)**
- **Dow University of Health Sciences (DUHS)**
- **Jinnah Postgraduate Medical Centre (JPMC)**
- **Institute of Professional Psychology, Bahria University**
- **Institute of Clinical Psychology (ICP)**
- **Hamdard University**

MENTAL HEALTH CAMPS

FOR

FLOOD & RAIN AFFECTED POPULATION OF

SINDH AND BALOCHISTAN

Contents

• Message: *Chairperson, SMHA*

Sindh Mental Health Authority (SMHA) is a government regulating body which was established through having been passed as an Act under Section no. 3, No. PAS. Legis-B-13/2013, in effect from 7th August 2013.The Authority has the mandate for undertaking of the evolution of mental health: wherein they will standardize the matters relating to challenges of mentally ill individuals with respect to their care, treatment and management of properties.

Senator Dr. Karim Ahmed Khawaja
Chairperson, SMHA

• Executive Summary:

This report will primarily cover the background, details and recommendations related to the Mental Health Camp For The Flood Affected Survivors living in shelters Mega Tent,City, Link Road, Gulshan e Hadeed, Malir arranged on 7th January 2023 by Sindh Mental Health Authority in collaboration with International Medical Corps (IMC) and the other stake holders i.e. Department of Psychiatry and Behavioral Sciences JPMC, Department of Psychiatry, Civil Hospital Karachi, Institute of Clinical Psychology, University of Karachi, Bahria University, and Hamdard University, Karachi. The one-day mental health camp aimed at identifying, screening, diagnosing, and treating survivors with mental health problems, however general medical issues including neurological and other illnesses were also consulted and referrals were ensured accordingly.

A total of patients were assessed by the teams who participated.. Most patients were seen to have Depression (32%), followed by Mental Retardation (14.4%), Epilepsy (11.2%) and Somatoform disorders (11.2%). A lesser number of patients were diagnosed with anxiety disorder, substance use disorder, schizophrenia and bipolar disorder. Among the total 2915 patients 51.7% were males and 48.3% were females. The average age of the patients presenting to the camp was between 30-55 years.

Patients were assessed and treated by qualified psychiatrists and psychologists, immediate and long term management plans were carried out and informational care was given as part of awareness and mobilization of local population to seek psychiatric help in the long run along with providing free medications and follow up advice at nearby psychiatric facilities.

The one-day mental health camp aimed at identifying, screening, diagnosing and treating patients with mental health problems, however general medical issues including neurological and other illnesses were also consulted and referrals were ensured accordingly.

3. Mental Health Camp for Flood and Rain Affected Population:

3.1 BACKGROUND:

During the monsoon season in July-August this year, Pakistan witnessed relentless rains, some parts of the Sindh receiving more than 80 hours of continuous outpour,. Met Office report that rains parallel the outpour of 1961, which was the time when such mayhem was witnessed. This has been truly unprecedented in the lives of many people. The country being a narrow strip of land on both sides of river Indus witnessed what was never seen before; the rivers swelled-up carrying with itself debris, boulders that engulfed town after town, inundating land with water. In times of social media, horrifying images and videos circulated to people, living downstream, creating panic and anxiety. The disaster was relatively short lived in Northern parts of the Country, Khyberphkhtunkua (KPK) and Punjab, which has mountainous ranges, and water levels receded quickly. Sindh, however, witnessed major disaster. Village after village, and town after town, was

submerged as the terrain spreads out as a plain piece of land, and delta area of most rivers in the Country.

The Left Bank Outfall Drain (LBOD) had a discharge of 10,000 cusecs water at the end of August against the regular discharge of 4,000 cusecs. The LBOD takes rainwater to the Arabian Sea creeks. Indus River remains at high flood at Sukkur barrage (569, 756 cusecs up and downstream) and medium floods at Guddu Barrage according to the reports by Flood Forecasting Division (FFD), Government of Sindh. A flow of 500,000 cusecs is considered a high flood.

Manchar Lake is the largest lake in Pakistan. The lake is spread over an area of over 260 square kilometers (100 square miles). It has a water capacity of 600,000 acre-ft (740,000,000m^3). During the current moon-soon spell of July-August, Manchar Lake was over-flooded and caused many surrounding areas, villages, and towns under water resulting in the displacement of many peoples along with their live stocks and agriculture. Tarbela Dam has also attained its maximum storage (1549.5 Ft at Noon of Aug 27th; Sindh Irrigation Department).

According to Provincial Disaster Management Authority (PDMA) nearly 1.67 million people were displaced during rainfall between June and August of 2022. The affected population might

be somewhere between 4.9 to 5 million involving 648,621 registered households. Same report mentioned that 11,030 houses were fully damaged while 395,080 were partially damaged. Around 98,260 cattle perished. Most people who witnessed disaster, loss to life and property found shelter in improvised tents set up by Government and various NGOs working for the flood relief. The province has seen a massive displacement of human population and remaining livestock. The breeches in saline drain have also added to peoples miseries. Most families moved to elevated areas on roadsides initially and later taking shelters in government schools, colleges and other infrastructure in nearby cities. The farmers have lost standing crops as the fields were completely destroyed with standing water up to eight feet in some places. According to one estimate 89% of crop area is damaged in Sindh. A country with agricultural economy is bound to have a cascade of effect on urban population and dwindling economic reserves given the global recession.

The health sector has its work cut out given the current circumstances. Mental health, as part of the health service delivery, has to gear itself to address the unmet needs to the community.

Floods are the most common type of global natural disaster. Worldwide climate change has increased the risk of floods. Frequency of global natural disasters in 2021 was 13% higher, with flood disasters being the most common. Pakistan experienced one of the deadliest floods in history during the monsoon of 2022 and a state of emergency was declared in the country on 25th August.

Flood affected almost 33 million people, that is, one in seven individuals have been affected by the floods and nearly 8 million were displaced. 1739 people were killed, one-third of which were children and an additional 12,867 were injured. Around 2.1 million people were left homeless. Financial loss has been estimated to be around 3.2 trillion. Housing, agriculture, food, livestock, fisheries, transport and communication suffered greatest loss. Flood affected all four provinces of the country with Sindh and Balochistan being the most affected1.

Pakistan contributes less than 1% of greenhouse gas emissions but is one of the most vulnerable places in terms of climate change. Indian ocean is one of the fastest warming oceans in the world warming by an average of one degree centigrade. Rise in sea surface temperature is believed to be

the cause of heavy monsoon rainfall. Besides, Southern Pakistan experienced back-to-back heat waves during May and June. Glacial melting in Gilgit Baltistan has also been triggered by this ongoing climate change that led to flood in this area.

Rain-induced floods, accelerated glacial melt, and resulting landslides devastated millions of homes and key infrastructure, submerging entire villages and destroying livelihoods. Preliminary estimates suggest that, as a direct consequence of the floods, the national poverty rate will increase by 3.7 to 4.0 percentage points, pushing between 8.4 and 9.1 million people into poverty.

Survivors of flood face myriad issues including loss of their loved ones, loss of homes, loss of their livestock, unavailability of food and water supplies, physical and psychological trauma. Infectious diseases including water-borne and mosquito borne infections, diarrhea, upper respiratory tract infections and physical injuries are common but serious health problems. Health department data from July to September showed that 660,120 people reported various illnesses at government run medical camps in flood affected areas, 149,551 reported diarrheal illness while

142,739 people reported skin infections, 132,485 people reported acute respiratory illnesses, 49,420 cases of suspected malaria, 101 cases of snake bite and 550 cases of dog bite were reported. Besides, natural and man-made disasters leave a huge impact on the human psyche. People lose their loved ones, their security, their homes, their identity. Acute stress and posttraumatic stress disorder are among the most commonly reported among flood victims but individuals also experience grief, depression and anxiety disorders. Exacerbations of prior mental illnesses also occur. Literature reports several risk factors that interact to determine the degree to which people suffer psychologically from natural disasters. They include factors related to hazard itself such as

flood severity, water depth, flood type and duration, and factors related to negative consequences of floods such as injuries, threat to life, property damage, financial losses, and displacement. The reasons people develop psychological distress can be multiple and include individual skills and experience with flooding, individuals' actions to protect themselves, family, or belongings. Individual's resilience plays an important role in adaptation to disaster. Human resilience reflects the ability of individuals to maintain relatively stable, healthy levels of psychological and physical functioning while faced with a traumatic event. There is an interplay of human resilience and community resilience that can mitigate negative psychological impact of disasters on people. Community resilience is a system of positive adaptation as a whole in the population during

disruption and disturbance periods. Individuals' resilience can be significantly improved by providing the population awareness regarding disasters, flood risks and flood protection and

prevention behavior, developing the ability to protect oneself from physical, material and intangible damage, designing simple insurance procedures and protocols for fast recovery and learning from previous.

A need assessment survey is underway to identify the vulnerable population. Those who had an existing illness, or sub-clinical cases, identified during the survey would take priority in terms of

continuity of care. The new cases arising in the aftermath of a disaster are the second group of cases which require immediate attention. Healthcare providers who worked in the aftermath of 2005 earthquake recognize that natural disaster generates wave after wave of individuals who

require immediate care. Mental Health care staff and infrastructure is overwhelmed with the relentless need of the system. Burnout of doctors, injudicious or over prescription of benzodiazepines and tranquilizers, unvoiced grief and bereavement of those who have suffered in the face of calamity by Mother Nature cooks a recipe for disaster. The planning and resource allocation has already been insufficient given the existing situation in a Low-and-Middle Income Country. How one plans for such conditions is a new challenge.

3.2 MENTAL HEALTH CAMP IN MEGA TENT CITY:

On 7th January 2023, the Sindh Mental Health Authority arranged a free Mental Health Camp For The Flood Affected Survivors living in shelters Mega Tent,City, Link Road, Gulshan e Hadeed, Malir. The Mental Health Camp was arranged in collaboration with International Medical Corps (IMC) and the other stake holders i.e. Department of Psychiatry and Behavioral Sciences JPMC, Department of Psychiatry, Civil Hospital Karachi, Institute of Clinical Psychology, University of Karachi, Bahria University, and Hamdard University, Karachi.

The one-day mental health camp aimed at identifying, screening, diagnosing, and treating survivors with mental health problems, however general medical issues including neurological and other illnesses were also consulted and referrals were ensured accordingly.

Multiples teams from above mentioned institutions, renowned psychiatrists and psychologists, and social mobilizers volunteered in this free Mental Health camp in which hundreds of patients were consulted with different psychiatric and medical complaints. The experts identified mental health problems prevailing among the affected population, diagnosed and made referrals along with

provision of a range of free medications. The experts in this way aided the people of all ages who were affected by flood situations and estimated preparedness and mitigation of associated health and other issues.

- ## Sociodemographic Data:

A total of 321 patients were assessed; the majority of the patient population was that of males i.e. 41.6 and the female population was that of 59.4

Figure 1 Graphical Distribution of Gender – Pie Chart

The mean age of the patients presenting to the camps was between that of 37 years.

Figure 2 Graphical Distribution of Age - Histogram

- ## Diagnosis of Patients in the Camps:

Moat common psychiatric symptoms pointed towards depressive disorder. Major depressive disorder was found to be 52% among the flood affected population. Many people presented with symptoms of panic and anxiety such as palpitations, worrying thoughts, rumination, disturbed sleep and dryness of mouth. It was a natural consequence to the disastrous changes that happened in their lives. Similar population also fell under the category of adjustment disorder (5.3%). Neurological problems including Mental Retardation (5.3%) and epilepsy were also identified.

Figure 3 Graphical Distribution of Diagnosis of Patients – Pie Chart

- Major Depressive Disorder - MDD (52.7%)
- Mental Retardation (5.3 %)
- Adjustment disorder (5.3 %)
- Generalized Anxiety Disorder (5.3%)
- Somatoform disorder (4.6%)
- HeadAche (3.1%)

- Acute Stress (2.3%)
- Mixed anxiety and depression (2.3%)
- Panic disorder (1.5)

• Residential Areas:

People living in mega tent city camps came from various regions of Sindh , Balochistan and other peripheral areas. Most of the people belonged to Jacobabad. People travelled from remote areas of sindh and balochistan where their homes were wrecked in the aftermath of floods.

Figure 4 Graphical Distribution of Residential Areas – Bar Graph

• Co-morbid conditions:

Infectious diseases including water-borne and mosquito borne infections, diarrhea, upper respiratory tract infections and physical injuries are common but serious health problems. Health department data from July to September showed that 660,120 people reported various illnesses at government run medical camps in flood affected areas, 149,551 reported diarrheal illness while 142,739 people reported skin infections, 132,485 people reported acute respiratory illnesses, 49,420 cases of suspected malaria, 101 cases of snake bite and 550 cases of dog bite were reported.

Flood Affected Population	
Total patients = 550	
Condition	**Frequency**
Others	3.73%
Mental Retardation	3.46%
Substance Misuse	3.33%
OCD	1.73%
ADHD	0.66%
Cerebral Palsy (CP)	0.4%

Figure 5 Table of prescription of medications types

- **Treatment Prescription:**

Most of the medication were prescribed for MDD. Antidepressant was the class of drug mostly prescribed. Tablet Escitalopram and Fluoxetine were distributed among the depressive patients. One of the older generation antidepressant prothiaden (TCA) was a cost-friendly solution for depression.Insomnia and anxiety symptoms were managed by benzodiazepines for short duration. Appropriate referrals were wherever needed. Psychological help was provided where necessary. Deep briefing, counseling and informational care was provided to the patients in psychological distress.

Flood Affected Population	
Total patients = 550	
Medication	**Frequency**
Anti-depressant	52.3%
Anxiolytics / Sedatives	10.6%
Anti- psychotic	4.26%
Pain Killers	5.3
Others	3.73%

Figure 6 Table of prescription of medications types

4. Conclusion

Pakistan was ravaged by severe floods after the monsoon season of 2022. More than 33 million people have been affected. Millions had to leave their homes and are now homeless and living in emergency shelters. One such settlement is found at the Mega Tent City, Link Road Gulshan e Hadeed. In a commendable gesture, Senator Karim Ahmed Khawaja, Chairman, Sindh Mental Health Authority, organized a medical camp for the flood affected population of Sindh and Baluchistan.

Most of the patients visiting the medical camp were facing grueling hardships and after having lost almost every possession, they were in dire need of any help that could be offered. The mental health camp provided them with specialized care and necessary medications. Around 350 patients were seen, most of them suffering from Depression, Anxiety Disorders and Adjustment Disorders, as was expected given their current situation. After consultation with a psychiatrist, a good number of psychiatric medications including antidepressants and antipsychotics were provided to the population.

The mental health camp organized by Senator Khawaja was well received and appreciated by the people of tent city. It at least helped alleviate some of the suffering that the people were facing. This was a remarkable and courageous effort on behalf of Sindh Mental Health Authority. Due to the magnanimity of the calamity that these people are going through, it is recommended that such camps should be organized from time to time so that availability of medications and scheduled consultations could be ensured.

The success of this camp paves way for bigger, and more multidisciplinary camps in the future. The future recommendations and gaps identified through such initiatives are being incorporated in further action plans.

• Recommendations:

In light of this study, the Government of Sindh and Health Department require effective short-term and premeditated long-term strategies to mitigate the problems associated with natural calamities. The recommendations for the future are:

- Setting up of disaster relief cell, which has linkages with National & International Organizations, to prioritize activities in the short, intermediate and long term.
- Coordination of relief activities between Government, International community, NGOs/ iNGOs.
- A need assessment survey to identify vulnerable communities.
- Monitoring & subverting the situation which arise in natural disaster & life in shelters; water born & infectious diseases, rationing of food and essential life provisions, managing supply chain & storages, law and order, running clinics and dispensaries smoothly.
- Training of staff & doctors in identifying/treating/ referring priority health conditions
- Developing protocols for the management of:
    - Acute Stress Disorder & Post-traumatic Stress Disorder
    - Depression & Anxiety
    - Somatoform Disorders
    - Psychotic Disorders
    - Substance Use Disorders
- Identification of special groups or vulnerable population
    - Women & Children
    - Geriatric population
- Phase-wise return and rehabilitation of the population in need
- Resource mobilization to support the activities
- Provision of essential medications
- Hiring of trained manpower (doctors, nurses, ancillary care staff) to continue with services in remote parts of the province
- Hiring of consultants and experts (from International Agencies, like WHO, UNO, UNICEF, USAID, DFID, Aga Khan Foundation, etc.) to design, oversee & implement the activities.
- Addressing the urban-to-rural migration which has the potential to change the social epidemiology, disease patterns, infectious diseases, and nutritional status of vulnerable populations.

- **Observations and Reflections:**

6.1 Prof. Dr. Uzma Ali, Director, Institute of Clinical Psychology & Ms. Rabiea Faruqi, Teaching Associate, Institute of Clinical Psychology, University of Karachi

The reputable team of ICP, Karachi University provided the services of Psychological OPD and Counseling to the Flood Affected Population at Tent City, Karachi.

Natural disasters are a worldwide phenomenon, that no country or region can avoid whatsoever. However, on third world countries like Pakistan, these disasters leave a lasting impact, that take years of work to overcome the damage. Recent floods of 2022 are just one example of many natural disasters that have hit and hurt the country in past years. Flooding where damages the land, also greatly affects peoples' health and welfare (Stanle et al., 2012).

Considering the devastating impact of 2022 floods in Sindh, the step to investigate and understand the mental health conditions of flood victims was taken by the Sindh Mental Health Authority. In this regard, a free mental health camp for flood victims was arranged by the Sindh Mental Health Authority on 7th January 2023 at Mega Tent City, District Malir Karachi. As representatives of Institute of Clinical Psychology, University of Karachi, Teaching Associate, Ms. Rabiea Faruqi,

along with her team of clinical psychologists visited the tents to conduct psychological survey and provide counselling to the flood victims.

Various studies, throughout the world have found out high prevalence of mental health conditions among flood victims, Post Traumatic Stress Disorder and Depressive disorders being the most common (French et al., 2019). Recent studies done in Pakistan, specifically focus on the effect of flooding on mental health of children. It is observed that children can be particularly vulnerable

and experience sleep disturbances and regressive behaviors as first signs of acute post-traumatic stress (Cheema et al., 2023). Some studies have concluded that resilience can be build among flood victims, pre disaster by creating awareness regarding self-protection strategies, and post disaster by designing simple insurance procedures for fast recovery (Foudi, Oses-Eraso, & Galarraga, 2017).

Following observations were made during the survey:

- The team of psychologists including the psychologists who can converse in the native language of flood victims, visited the tents and interviewed people individually as well as in groups. Most people understood and were able to speak in Urdu, hence there was no language barrier.

- Refugees in the tents were quite welcoming and shared their problems and concerns openly. Our effort of reaching out to them and talk to them was greatly appreciated by them.
- Most of the people reported having headache, and symptoms of post-traumatic stress including dizziness, palpitations and fainting spells.
- Lack of interest and feeling low, mood swings and sleep disturbance are also common.
- Some of them have negative thinking, stress, anger and helplessness.

- Food deprivation (1or 2 meal only), Anemia in women and Mal nutrition especially in children, difficulty due to lack of clean water facility at camp site was also reported.
- Physical illness, like hyper tension, and skin diseases were majorly reported.
- General health of women and children affected due to early marriages, less gap between pregnancy, and high number of children was also observed.

On the basis of observations, following diagnostic impressions were derived:

- Most of the families have awareness regarding physical health issue, they approached the medical professionals, so that they can be taken care of. However, most did not have awareness regarding mental health issues.
- Due to lack of work/employment that directly leads to low financial resources, there is extreme stress among the flood victims.
- Most common mental health issues are post-traumatic stress in form of somatic symptoms, anxiety and low mood.
- Lack of basic facilities and poor living environment, along with uncertainty regarding their future, is also an additional factor for mental health issues.

Following psychological interventions were implied during the survey:

- Those who needed counseling, they were given psycho education first in individual as well as group forms.
- Supportive measures were mainly implied, including active listening, counselling, relaxation exercises and problem solving.
- Those who needed medicines, were referred to psychiatrists after survey and counseling.

Our team of psychologists have collectively suggested following recommendations:

- It is strongly recommended that Government should take active steps to provide basic facilities including education, clean water, resources for work/ jobs, as most women are skilled in hand crafts and men expressed agreement for doing any kind of work.
- Health facilities especially mental health facilities (Psychiatrist, and Clinical psychologist, or a counselor) should be provided at least once a week.
- Qualified and Trained professionals are encouraged to participate in these activities.

Free Mental Health Camp that was conducted in Mega Tent City Malir, Karachi has following health, and mental health implications:

- Both the physical and mental health are important for the quality of life of individuals.
- Every individual has the right to live the life according to his or her needs and desires, potentials, intelligence, education, family values, and financial resources and thereby to contribute to the society. Hence, Sindh Mental Health Authority in its collaborators should organized Free Mental Health Camps quarterly or at least biannually.
- Findings of the Camps are beneficial, for psychiatrists, psychologists, social workers, NGOs, government officials, policy makers, and other stake holders.

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6.2 Dr. Zainab Hussain Bhutto, Director, Institute of Professional Psychology, Bahria University

The plight of displaced individuals, whether it is due to wars, famine, or natural calamities like floods, and earth quacks is unfathomable. From leaving their homes and belongings behind to moving to a completely new area with uncertainty surrounding them calls for many physical and mental health issues. Same is the case with the flood affected population inhabiting the Mega Tent City, Gulshan-e-Hadid, Karachi.

Based on the case reports and the interviews conducted with the individuals in the mental health camp, the most common issues found were anxiety and depression. The anxieties of the

people of tent city are revolving around two domains; one, their concerns for the homes left behind, and second, the uncertainty about what the future holds for them. As news has been circulating in their circles that soon they would be evacuated from the tent city as well, this is creating a sense of bleakness and hopelessness in them. Adding to that, the loss that they have suffered in terms of finances and deaths back home is adding depressive features to their anxieties.

Another important component that is affecting their mental health is an acute sense of helplessness and dependency regarding the amenities available to them; food is scarce, clothing limited, and the weather conditions unsuitable for staying in the open air. In addition to this,

the pre-existing and newly caught illnesses, and the unavailability of sufficient medical resources are adding to their negative thinking and exacerbation of their mental health issues.

In terms of physical infrastructure, the washroom and toilet facilities are lacking. It was reported that initially there were multiple toilets for females but at present, there are only 2 toilets available for females and males do not have any hygiene facility. This non-availability of resources to meet such a basic need is making people feel unhealthy, helpless, and vulnerable.

Based on the observations, the following recommendations are put forward that may lead to improvement in mental health of flood affected population inhabiting the Mega Tent City, Gulshan-e-Hadid, Karachi.

- Provision of mental health counselors on sight for regular brief group counseling sessions aimed at reducing anxiety and depressive features.
- Provision of regular medical camps and ensured availability of medicines.
- Increase in number of washroom and toilet facilities for both males, and females.

• Conclusion

The mental health care need is not limited to identifying new cases and prescribing medications to curb the symptoms. It has to be geared toward solving problems – which are real and has not been addressed to their root since the inception of the Country.

It has been demonstrated through research that symptoms of acute stress, which are an immediate reaction to disaster, can convert to post-traumatic stress disorder. Individuals experience symptoms of hyper-arousal, flashbacks, reliving the trauma once the initial reaction has subsided. Continued distress, accompanied with life in camps, breeds symptoms of anxiety and depression. Insomnia is a part and parcel of mood symptoms and very well impair the ability of the individual to cope

with the day-to-day life issues. Sense of loss engenders grief and bereavement, which further erodes peace of mind (unless counseled on ways to cope). Mental health conditions worsen to breed a sense of hopelessness. It's a known fact that hopelessness can be a precursor to suicidal ideations. World Health Organization has reported that around 79% of all the 800,000 suicides globally occur in the developing countries. Of every successful suicide there are 20 cases of deliberate self-harm (DSH). DSH represents a pool from which cases of suicides are derived. DSH in turn is a reflection of spontaneous ideation of suicide which germinates in the backdrop of unaddressed mental health issues.

A survey carried out by Sindh Mental Health Authority (SMHA), previous to current natural disaster, during the peak of COVID-19 (2021) reports high prevalence rates of depression. A representative sample of 1500 patients, which had individuals' recruited from rural as well as urban strata, reports the frequency of depression to be 41% (using SRQ-21 instrument). The frequency of suicidal ideation was around 25%. The economic parameters and coping reserves, in terms of psychosocial support, were already challenged. Current crisis, born out of flood – a natural disaster – requires reestablishing the system which can withstand the calamities to meet the needs of the masses in the twenty first century and times to come.

Rehabilitation on an immediate and long-term basis for flood victims include provision of food and drinking water supplies, Provision of shelter keeping in view prevention of gender-based violence and sexual exploitation of women and children in shelter spaces. Health care services, free medical camps and preventive healthcare sessions needed to provide first aid, consultations, diagnostic tests, and essential medicines as well as addressing reproductive health related issues, clean delivery and newborn kits, providing menstrual hygiene products. Assistance will be needed in replacement of lost livestock, restoration of agriculture, reconstruction of animal shelters, re-establishing irrigation infrastructure to restore livelihoods amongst impacted populations. De-watering, cleaning, and disinfection of schools to facilitate the resumption of educational activities in a safe and healthy learning environment, distribution of educational teaching and learning materials, training teachers on providing psychosocial support.

The current tragedy might be unprecedented but it challenges the Nation to call forth a new strength and work with resilience. It's high time to address the lurking challenges which threaten the very foundation of health care system and other infrastructure. The conflict related to building of dams, re-negotiating the water treaties, environmental threats due to industrialization & climate change needs to be put on the table. The illusion that ''part" can survive without the "whole" has been lifted. All inclusive strategy needs to be devised which is based on equity, justice and brotherhood. The precarious situation can be averted if we revisit the ideals of Muhammad Ali Jinnah, founding father of Nation: Unity, Faith & Discipline.

Annexure-I

Annexure-II

Annexure-III


International Medical Corps


BNPB


هوندا ۽ دوائون مفت ڏنيون ويندين
07 جنوري جنجر جي ڏينهن
تائيم: 10:00 بجي صبح کان منجهند 04:00 بجي تائين
ڪئمپ جو هنڌ
ميگا ليبٽ سٽي لنڪ روڊ گلشن حديد بسٽرڪٽ مليركراچي


BNPB
International Medical Corps
مفت نفسياتي ۽ ذهني بيمارين جي طبي ڪئمپ
جنهن ۾ ماهر نفسيات ۽ ذهني بيمارين جا ماهر ڊاڪٽر هوندا ۽ دوائون مفت ڏنيون ويندين
07 جنوري جنجر جي ڏينهن