



Families wade through floodwaters to access a mobile health facility established by International Medical Corps in Umaid Ali village, Dadu district, Sindh province.

The deadly floods in Pakistan have affected around 33 million—or one in seven—people in the country, according to the National Disaster Management Authority (NDMA), with an estimated 5 million people still living in close proximity to flooded areas, according to UN satellite imagery. Their exposure to contaminated floodwaters and a lack of adequate shelter, tents, latrines and food items—including safe drinking water—is threatening the survival and well-being of affected communities.

According to the latest field reports, flood-affected people in Khyber Pakhtunkhwa and Sindh provinces are increasingly vulnerable to acute respiratory infections, typhoid and painful skin conditions. The prevalence of diarrheal diseases has increased in these areas due to open defecation and consumption of contaminated water. These physical ailments, combined with non-functional health facilities and low stocks of essential medicines and supplies, have increased the risk of mental health problems in communities.

Maternal and child health are another priority areas. According to United Nations Population Fund, about 5.1 million women in affected areas are of childbearing age, with more than 400,000 women currently pregnant and more than 100,000 expected to give birth over the coming months. According to reports from International Medical Corps doctors running mobile medical teams in flood-affected areas, there is a need for multivitamins—particularly iron tablets for pregnant women—due to high levels of malnourishment. Worrying numbers of pregnant women who visited our health facilities during January were found to be anemic.

The scale of malnutrition is a humanitarian concern, with estimates that about 14.6 million people will require emergency food assistance from December 2022 through March 2023. According to the latest National Nutrition Survey, almost 1.6 million children in Balochistan and Sindh are at risk of malnutrition and will require treatment. Stunting rates among children are forecast to rise if further assistance is not provided.

International Medical Corps Response

International Medical Corps is supporting the Department of Health in Khyber Pakhtunkhwa and Sindh provinces by providing medical assistance through consultations and essential medicines for a variety of conditions, including diarrhea, acute respiratory infections, malaria, skin and eye infections, snake bites and typhoid. We are providing water purification tablets to thousands of people in both districts, and are providing gender-based violence (GBV) and mental health and psychosocial support (MHPSS) services to affected communities in Balochistan and Sindh.

Fast Facts

- Since the deadly flooding in June 2022, more than 1,700 people have died and more than 200,000 people remain displaced in Balochistan and Sindh provinces.
- International Medical Corps has deployed 11 medical teams, which have provided 105,554 consultations in severely affected districts in Khyber Pakhtunkhwa and Sindh provinces.
- In Sindh, International Medical Corps has worked with a local partner to deliver more than 8 million liters of potable water to the affected population via water trucking, and 701,644 liters through our solar-powered mobile reverse-osmosis plant, which converts contaminated floodwater into safe drinking water.

We have deployed 11 mobile medical teams (MMTs) in severely affected districts of Khyber Pakhtunkhwa and Sindh that are providing emergency medical assistance and essential medicines to underserved and displaced community members. Eight of the teams are working in Sindh, targeting Dadu, Jamshoro and Mirpur Khas, while the rest of the teams are operational in the Charsadda district of Khyber Pakhtunkhwa and have become static as of last month, providing services in government-supported Basic Health Units.

Our MMTs have reached 105,554 people in both provinces since the onset of the floods: 29,741 people in Khyber Pakhtunkhwa and 75,813 in Sindh. Our teams have reached 35,074 people through general health and hygiene awareness-raising sessions, and have reached 85,464 people through awareness sessions we conducted on GBV and MHPSS in flood-affected areas of Sindh. Moreover, our teams have managed 57 cases of GBV and 113 cases of MHPSS, and provided psychological first-aid services to 87 flood-affected people.



One of our medical staff distributes a clean-delivery kit to a pregnant women visiting our mobile health facility established in a flood-affected community of Dadu district, Sindh province.

In the Dadu and Mirpur Khas districts of Sindh, we are collaborating with our local partner—the Association for Water, Education and Renewable Energy—to carry out water, sanitation and hygiene (WASH) initiatives through the following activities:

- **Water supply.** We have provided more than 8,074,702 liters of potable water to affected populations in Dadu and Mirpurkhas districts through water trucking. We provided 701,644 liters of water to the flood-affected communities of Mirpurkhas through our solar-powered mobile reverse-osmosis plant, which converts contaminated flood water into safe drinking water. We have also provided 96,880 aqua tablets to people since the start of our flood response.
- **Pit latrines.** We constructed 163 pit latrines for flood-affected communities around Roshanabad, Mirpur Khas district, Sindh province, helping 8,253 people.
- **Hygiene sessions and kits.** We conducted 1,913 hygiene sessions that reached 5,140 people in different communities in the affected areas. Moreover, we distributed 600 hygiene kits, reaching 3,019 people in Mirpurkhas.
- **Jerry cans:** We distributed jerrycans to 650 households for water collection and storage.

Gaps and Needs

Gaps and needs identified by humanitarian actors working in the field include:

- shortages of essential medicines and medical supplies;
- a lack of health services for nearly 150,000 pregnant women;
- weak health systems, training gaps for health workers and midwives, and limited access to quality reproductive health services;
- a lack of safe drinking water;
- ways of curbing open defecation, including latrine construction;
- awareness-raising about proper handwashing, and hygiene kits containing soap for handwashing; and
- cash-for-work activities, to provide communities with a source of income to support families and reduce stress levels through engagement in work.



An International Medical Corps pharmacist dispenses medicine to a family at a Basic Health Unit in Charsadda district, Khyber Pakhtunkhwa province.