



An International Medical Corps social organizer conducts awareness sessions with people from the flood-affected communities of Jamshoro, Sindh.

Large parts of Sindh remain flooded, with access continuing to be a challenge in inundated areas. The flooded areas have become a fertile breeding ground for vector- and water-borne diseases around the camps and ad-hoc settlements of displaced families, causing malaria, dengue fever and acute watery diarrhea to spread. Sindh is one of the most-affected provinces.

The National Institute of Health reported 1,900 cases of acute watery diarrhea, 200 cases of malaria and 50 cases of dengue fever across Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh. Many people live in unsanitary conditions in temporary shelters, often with limited access to basic services, compounding the risk of a major public health crisis. When possible, pregnant women are being treated in temporary camps, with nearly 130,000 pregnant women need urgent health services. Before the flo

nearly 130,000 pregnant women need urgent health services. Before the floods, Pakistan already had one of the highest maternal mortality rates in Asia; now, the situation is likely to deteriorate.

Government-led multi-sector rapid needs assessments conducted in Balochistan, Khyber Pakhtunkhwa and Sindh in September indicate that unsanitary practices are rising due to damaged water infrastructure, with open defecation in the assessed areas increasing from 21% before the floods to 35% after. Latrines of some 950,000 households were damaged or not accessible, with an estimated 6.3 million people affected. In addition, 4.7 million affected people do not practice handwashing with soap at critical times due to a lack of facilities and limited awareness.

The current floods are expected to exacerbate food insecurity. Before the floods, an Integrated Food Security Phase Classification (IPC) analysis of 28 vulnerable districts in Balochistan, Khyber Pakhtunkhwa and Sindh estimated that 5.96 million people in the assessed districts were in IPC Phase 3 (crisis) and Phase 4 (emergency) between July and November 2022—a figure that was expected to increase to 7.2 million people from December 2022 to March 2023. More recent analyses of these districts indicate preliminarily that 8.62 million people in the assessed districts are estimated to be in crisis and emergency phases between September and November 2022, including some 5.74 million people in flood-affected districts covered by the assessment—3.82 million people in IPC Phase 3 and 1.92 million in IPC Phase 4.

Fast Facts

- 1,695 deaths, 12,865 injuries
- 2 million homes damaged
- · 6579 kilometers of roads affected

Update by Province

Balochistan

- 336 deaths, 187 injuries
- 32 districts affected
- 20,027 houses destroyed, 52,208 partially damaged

Khyber Pakhtunkhwa

- 308 deaths, 370 injuries
- · 17 districts of KP affected
- 37,525 houses destroyed, 53,938 partially damaged

Punjab

- 221 deaths, 3,858 injuries
- · 3 districts affected
- 25,854 houses destroyed, 42,127 partially damaged

Sindh

- 763 deaths, 8,422 injuries
- · 23 districts affected
- 68,4290 houses destroyed, 1131054 partially damaged

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 also are providing water purification tablets to thousands of people in both districts.

We have deployed 11 mobile medical teams (MMTs) in highly affected districts of Khyber Pakhtunkhwa and Sindh. The MMTs are providing emergency medical assistance and essential medicines to underserved and displaced community members. Eight of the teams are



A doctor in from one of our MMTs takes a history from a patient of a flood-affected community in Dadu district, Sindh province.

working in Sindh, targeting Dadu, Jamshoro and Mīrpur Khās, whereas the rest of the three teams are carrying out operations in the Charsadda district of Khyber Pakhtunkhwa.

During the reporting period, our MMTs reach to 5,147 people in Khyber Pakhtunkhwa and 6,166 in Sindh. We have reached 13,508 beneficiaries in both the provinces since the onset of the emergency.

We have also started water, sanitation and hygiene (WASH) initiatives in flood-affected marginalized communities of Mīrpur Khās district of Sindh, where we are collaborating with a local partner to provide safe drinking water through tankers.

One of the distinct features of our WASH assistance is the solar-powered mobile reverse-osmosis (RO) plant installed inside the body of a long 6x6-wheeler vehicle to drive easily on broken roads, muddy tracks and hard-to-reach areas in flood affected districts of Sindh province in Pakistan. The Mobile RO vehicle visits the IDPs locations on daily basis to provide safe drinking water to communities at their doorstep/camp sites in Mirpurkhas district.

This RO plant is designed at 6000 ppm and water output is around 6000 gallon/day (more than 20,000 liters per day) during hot weather. The RO Plant operating time is 9 am to 4 pm when there is daylight.

Reverse osmosis filtration system improves taste, odor and appearance of water by removing contaminants that cause taste and odor problems, system remove pollutants from water including nitrates, pesticides, sulphates, bacteria, arsenic. And with a carbon filter, the RO system can also remove chlorine to improve the taste, odor and appearance of water. This Reverse Osmosis can remove 95-99 percent of total dissolved solids (TDS) in drinking water.

Gaps and Needs

The following gaps and needs have been identified by humanitarian actors working in the field.

- Nearly 130,000 pregnant women need urgent health services.
- There is a need for awareness-raising about practicing handwashing with soap at critical times.
- There is a need for latrines, to curb open defecation.
- There is a need for hygiene kits containing soap for handwashing.
- Cash-for-work activities are needed to provide communities with a source of income to support families and reduce stress levels through engagement in work.



A solar-powered reverse-osmosis mobile plant on its way to provide safe drinking water to flood-affected communities in Mīrpur Khās district, Sindh province.