Tackling the effects of Pakistan's record floods

Millions in the country face tragedy and hardship, as Jane Feinmann hears from the International Federation of Red Cross and Red Crescent Societies (IFRC), the beneficiary of this year’s appeal

Onsoon rains this year brought the worst flooding in Pakistan’s history and catastrophe for Jamila, a mother of four (soon to be five) children living in a village close to Larkana, in the southern province of Sindh.

“We lost our belongings, the little money we had, as well as our livestock,” Jamila told the International Federation of Red Cross and Red Crescent Societies (IFRC).

More than 33 million people were affected by the floods, which left 1600 dead and 4.5 million displaced. Throughout September, a third of Pakistan’s landmass was under water. Reports describe “miles and miles of helpless, hungry, hopeless humanity” living along thin strips of raised land, usually roads—alongside venomous snakes, rabid dogs, and scorpions. Children played in water fouled from damaged sewers.

With markets and health units out of action, malnutrition is a major problem along with high rates of dengue fever, malaria, and diarrhoea.

At the time of writing, around 2.2 million houses in 200 villages are still uninhabitable, and only about 12 000 of the people displaced have been able to return home, but the IFRC is confident that from January it can refocus its efforts on rehabilitating them. Its ability to take on such disasters shows once again the unique power and agility of the world’s largest humanitarian organisation. The Red Cross was set up in 1919 to tackle the challenges of the 1918 flu pandemic and now works alongside its 192 member societies including the Pakistan Red Crescent, itself set up in 1947.

William Carter, the IFRC’s senior officer for promoting water, sanitisation, and hygiene (WASH), tells The BMJ, “Most non-governmental organisations can put a plane filled with aid in the air, while many others have strong links with local grass roots. We’re one of the few, perhaps the only one, that does both. The model of charities flying from the global north to the global south has gone, thank goodness.”

While the IFRC can be a powerful lever for developing technology, it’s the local organisations that write the lists of what’s needed. And the IFRC’s approach is all the more important given that the floods are now seen as “the climate catastrophe of the decade,” said Pakistan’s climate change minister, Sherry Rehman, in an interview in September.

Carter says the priority is localising the recovery operation: buying locally, helping to ensure the necessary skills are mobilised, and enabling access to fresh water during non-disaster times to avoid catastrophe and the need for extreme emergency spending.

The Pakistan Red Crescent employs 500 staff in nine medical teams in affected districts, where 116 camps are still in operation. Each team has a male and a female doctor, a female health visitor, and a pharmacist, alongside social mobilisers who provide mental healthcare and deliver hygiene messages. A number of similarly staffed mobile health teams offer services in devastated villages, offering tests, check-ups, and medicines.

Jamila and her children were among hundreds of thousands who received free consultations and medicines, along with tents, blankets, and food. She told the IFRC, “At the health unit I was given the medication I needed, and my concerns were addressed.”

Blood donation camps have also been set up, essential for patients with dengue fever as well as for haemophilia, thalassaemia, and dialysis.

Roger Calabuig Hernandez, the IFRC’s WASH coordinator in Pakistan, says the heart of the organisation is the Pakistan Red Crescent’s 8000 volunteers—largely young people and many recruited since the floods began. After a week’s training, they work alongside the medical and WASH teams promoting hygiene messages, including how to safely dispose of human waste without latrines and preparing oral rehydration sachets.

From January, the focus will change. As well as providing medical services for the homeless people housed in camps, efforts will also turn to rehabilitating abandoned villages.

“The real solution is always boreholes, each of which provides access to fresh water for groups of families,” says Carter.

The need for donations remains urgent and, if anything, is increasing. Muhammed Ateeq, the IFRC’s health programme manager in Pakistan, says, “Even before the floods, one in nine children in Pakistan was malnourished, and that’s likely to increase.”

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