



MEDICAL CAMP BUNER

Flood Emergency Response-KP 2025



FREE EMERGENCY MEDICAL CAMPS IN DISTRICT BUNER

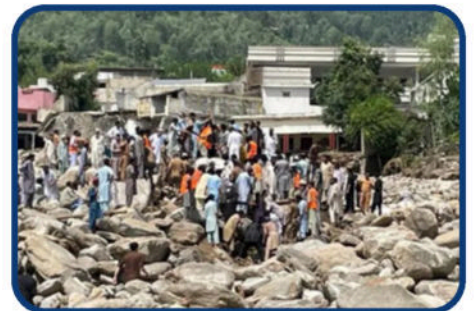
Background

Flooding is one of the most frequent and destructive natural disasters in Pakistan, driven by a combination of heavy monsoon rains, glacier melt, deforestation, and inadequate drainage systems. The country's diverse geography—including major river basins, mountainous regions, and densely populated plains—amplifies its susceptibility to both flash floods and riverine flooding.

Pakistan ranks among the top 10 countries most vulnerable to climate change and natural disasters. According to the World Risk Index 2023, it is classified as a “very high risk” country, standing at 18th place globally in terms of disaster vulnerability and exposure. This reflects the significant threats posed by recurrent floods, earthquakes, droughts, and related emergencies. Climate change is further projected to increase both the frequency and severity of flooding in the years ahead, compounding the risks to lives, livelihoods, and infrastructure.

Khyber Pakhtunkhwa (KP) has historically borne the brunt of repeated flood disasters. In recent years, intense monsoon downpours, cloudbursts, unchecked urbanization, and widespread deforestation have worsened the situation. Several districts, including Buner, have been severely affected, with floods destroying homes, damaging agricultural land, washing away roads, and displacing entire communities. The consequences are not only immediate—loss of life, destruction of shelter, and disruption of livelihoods—but also long-term, with significant economic setbacks and public health risks.

In light of the most recent flooding emergency, the Government of Khyber Pakhtunkhwa (GoKP) appealed to national and international organizations to mobilize humanitarian support. Responding to this call, the Medical Emergency Resilience Foundation (MERF), in collaboration with the Khyber Pakhtunkhwa Health Foundation (KPHF), organized a Free Medical Camp in District Buner. The camp provided essential healthcare services, maternal and child health support, diagnostic care, and free medicines to the flood-affected population, with special focus on vulnerable groups such as children, women, and the elderly.



Snapshots showing the destruction caused by floods in Buner

Objectives of the Intervention

In response to the devastating floods of August 2025, the Medical Emergency Resilience Foundation (MERF), in coordination with the Khyber Pakhtunkhwa Health Foundation (KPHF) and Department of health (DoH), launched an emergency health intervention in District Buner. A free medical camp was established and operated from 20 August to 11 September 2025 to address the urgent health and humanitarian needs of flood-affected communities.

The intervention aimed to ensure timely access to essential healthcare services, medicines, and psychosocial support for the most vulnerable populations. MERF successfully implemented the following key activities:

- **Coordination & Liaison:** Worked closely with the Department of Health and KPHF to select an appropriate and accessible medical camp site.
- **Healthcare Service Delivery:** Established a medical camp supported by mobile health teams to provide consultations and emergency care to affected communities.
- **Essential Medicines & Supplies:** Distributed life-saving drugs, medical consumables, and treatment support to vulnerable populations.
- **Psychosocial Support:** Provided counselling and psychosocial first aid to individuals and families coping with trauma and displacement.
- **Access to Safe Drinking Water:** Distributed clean drinking water (6-liter bottles) to ensure protection against waterborne diseases in flood-hit areas.

Implementation approach

The intervention was designed with a special focus on the most vulnerable groups, including women and girls, persons with disabilities (PWDs), and the elderly, ensuring their access to healthcare during the flood emergency. To strengthen accountability and client-centred service delivery, a user-friendly feedback and complaints response mechanism was established. Contact numbers of the district administration, MERF's MEAL staff, and the KPHF office were displayed and shared widely to allow beneficiaries to register concerns and feedback transparently.

A local Hujra was selected as the medical camp site to facilitate patients and visitors from the intervention areas of Qadir Nagar and Beshoni. Despite significant challenges in physical access and mobility due to damaged infrastructure, MERF deployed trained healthcare providers—including Medical Officers, Medical Technicians, Lady Health Visitors (LHVs), and Emergency Medical Technicians (EMTs)—and ensured availability of essential medicines and emergency supplies.



Coordination meeting of partners led by UNOCHA



MERF Team and Health Minister KP discussing the plan to ensure an effective camp



Vital medical aid en route to flood victims in District Buner



Organizers of medical camp

Through these efforts, a total of 2,488 individuals received outpatient consultations and treatment. Of these, 1,175 were men, 1,313 were women, and 942 were children. Patients benefited from medical consultations, counselling, and provision of medicines, which helped address their clinical problems and reduce suffering in the aftermath of the disaster. Furthermore, to address the ophthalmological needs of the affected population, a two-day specialized eye camp was organized. This intervention was initiated in direct response to an outbreak of conjunctivitis, alongside the widespread occurrence of other ocular conditions reported in the community. The camp provided comprehensive eye care services, including screening, diagnosis, and treatment of common eye infections, distribution of essential ophthalmic medicines, and referral of complicated cases to higher-level facilities. By offering timely and accessible eye care, the camp alleviated suffering, reduced the risk of complications, and contributed to restoring the well-being of the flood-affected community.

To mitigate the heightened risk of waterborne diseases following the floods, MERF also distributed clean drinking water to the affected population. Six-litre bottles of safe water were provided to vulnerable households, ensuring immediate access to potable water and reducing the likelihood of diarrheal and other infectious diseases. This intervention complemented the medical services by addressing a critical public health need during the emergency.



Distribution of bottled drinking water to flood affectees

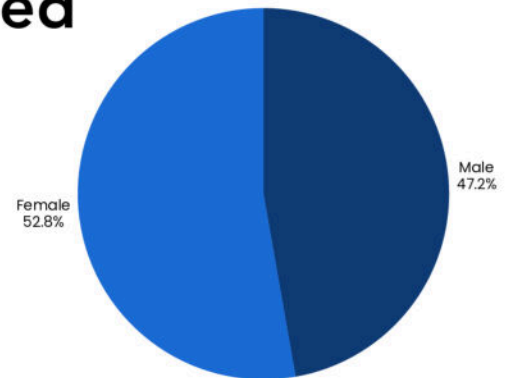


Supplies of bottled drinking water

To maximize community participation and awareness, adequate measures were taken to ensure the visibility of information on the camp’s schedule and venue. The District Health Office (DHO) and KPHF were fully engaged throughout the process, enhancing the credibility and reach of the intervention. In addition to general outpatient consultations, the medical camp provided a wide range of essential health services, including eye care, maternal and child health support, emergency wound care, and psychosocial counselling. These comprehensive interventions ensured holistic support for the disaster-affected population of District Buner.

Overview of Beneficiaries Served

During the intervention period, a total of 2,488 individuals benefited from the medical camps. Of these, 1,175 (47.2%) were men and boys, while 1,313 (52.8%) were women and girls. Notably, 942 beneficiaries were children under the age of 18, representing 37.9% of the total caseload. This demographic breakdown highlights the strong focus of the emergency response on addressing the needs of vulnerable groups—particularly women and children—within the affected community.

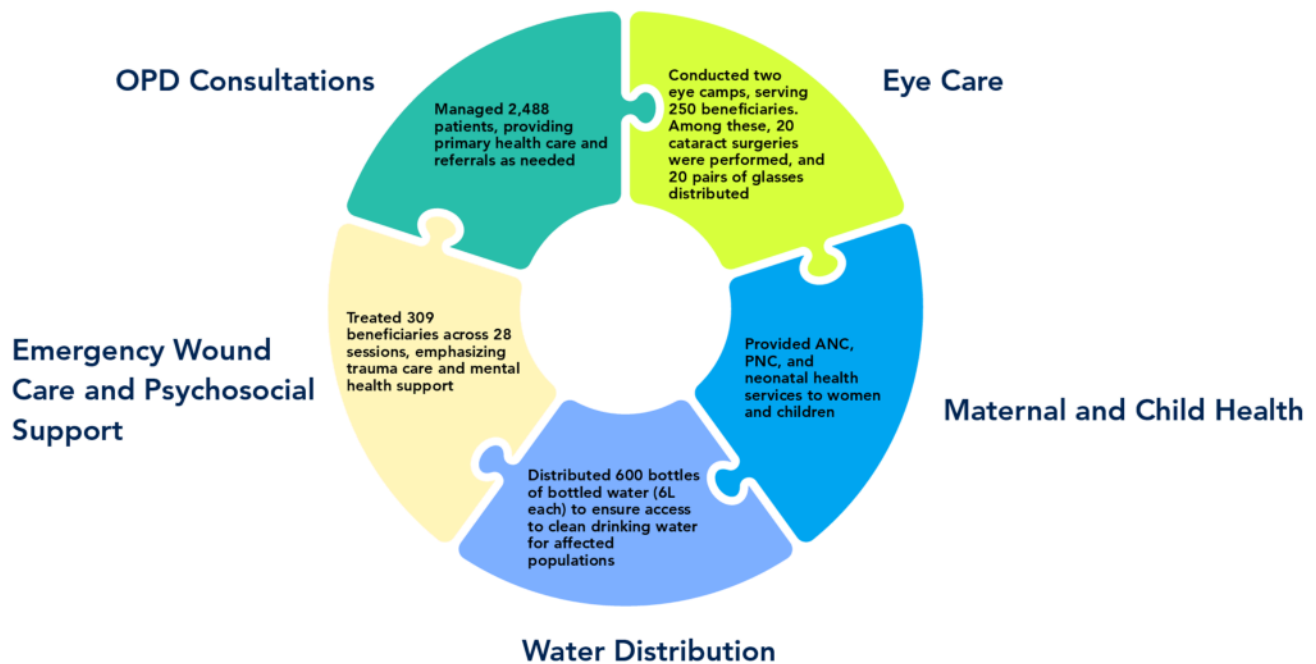


Ensuring disability inclusion at the medical camp



Healthcare workers providing essential medical care and support to flood-affected communities

Health Services Delivered



Health teams actively engaged in consultations, and water distribution efforts. The response highlighted the dedicated efforts of MERF volunteers on the ground, ensuring that the most vulnerable populations receive timely medical attention.

Roll-out of Medical Camps

The plan for medical camps was endorsed by relevant district authorities and implemented by MERF under the supervision of emergency program manager who was supported by logistic and administrative unit. The medical camps was arranged cater the health needs of the affected communities. With compliance to the Minimum Initial Service Package (MISP) for sexual and Reproductive Health (SRH) for reduction and prevention of SRH related neonatal and maternal morbidities and mortalities through provision of Basic Emergency services and family planning services. The consultation by trained medical officer, LHV and then provision of medicine on one hand provided immediate remedial to the infections and diseases including trauma and injuries, the locals populations have been enduring but also enabled to them to prevent infections and diseases by acquiring the necessary information and counselling too. The scope of medical camp covered health screening, prevention and treatment of water-borne and communicable diseases especially malaria, dengue, and other as well as treatment of non-communicable diseases targeting general population with focus on women of reproductive age, Pregnant & Lactating Women (PLW), children, PWDs, and others with accessibility challenges (when and where needed). Those requiring immediate and urgent referral were advised to seek consultation at designated health facilities. Dangers signs and symptoms of common diseases and early health seeking in case of aggravation of health condition was also focused during consultations.

Special attention was paid to ensure

- Clinical and support staff with requisite expertise are available and oriented
- Adequate arrangement were in place to run free medical camps with equipmeny, supplies, furniture and recording and reporting tools and palcement of enabling environment available to enable people to reach at a convenient place
- Medicine and supplies were adequately available in alignment with the recommendation for PHC care in emergency
- Data recording was managed well, OPD sheets were provided to both LHV and medical officers and then program manager managed progress. provincial level working group on daily basis through WhatsApp
- Infection prevention and control measures were in place with provision of trash bins, sanitizers and masks
- Visibility material was placed at camp site as well as at different routes around target villages to guide the target beneficiaries

TARGET BENEFICIARIES

Overall beneficiaries reached

The data reveals that a total of 2,488 individuals have benefited from the program. Among these, a significant number 1,175 beneficiaries were male. Women also constitute a large portion of the beneficiaries, with 1,313 females receiving assistance. Additionally, children 942 (Boys 452 and Girls 490) children made up a notable segment, contributing to the total count. This distribution underscores the response’ commitment to reaching diverse groups within the community, ensuring that vulnerable populations such as women, children, and persons with disabilities are prioritized and supported effectively.

Age and Gender Segregation

Category	Number	Notes
Total Beneficiaries	2,488	Total number of individuals reached
Female Beneficiaries	1,313	Includes 490 girls (children)
Male Beneficiaries	1,175	Includes 452 boys (children)
Children (Age-specific)	942	Already included in male and female counts (children)

Age and Gender Segregation

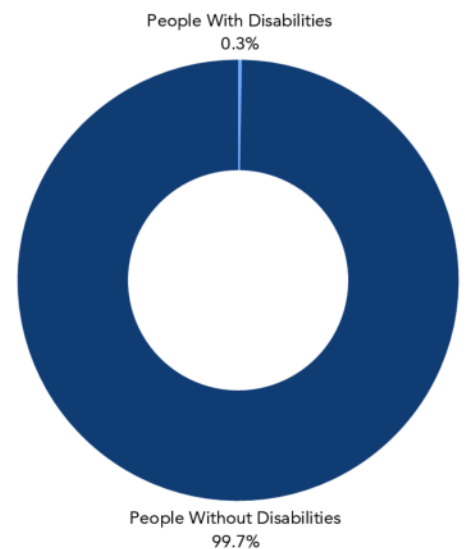
The response data also captured the information regarding the beneficiaries with special needs (PWDs) to enable environment for a more convenient response to these vulnerable groups. Please refer to table below for further details.

Age, Gender and Disability Segregated tabulation of data

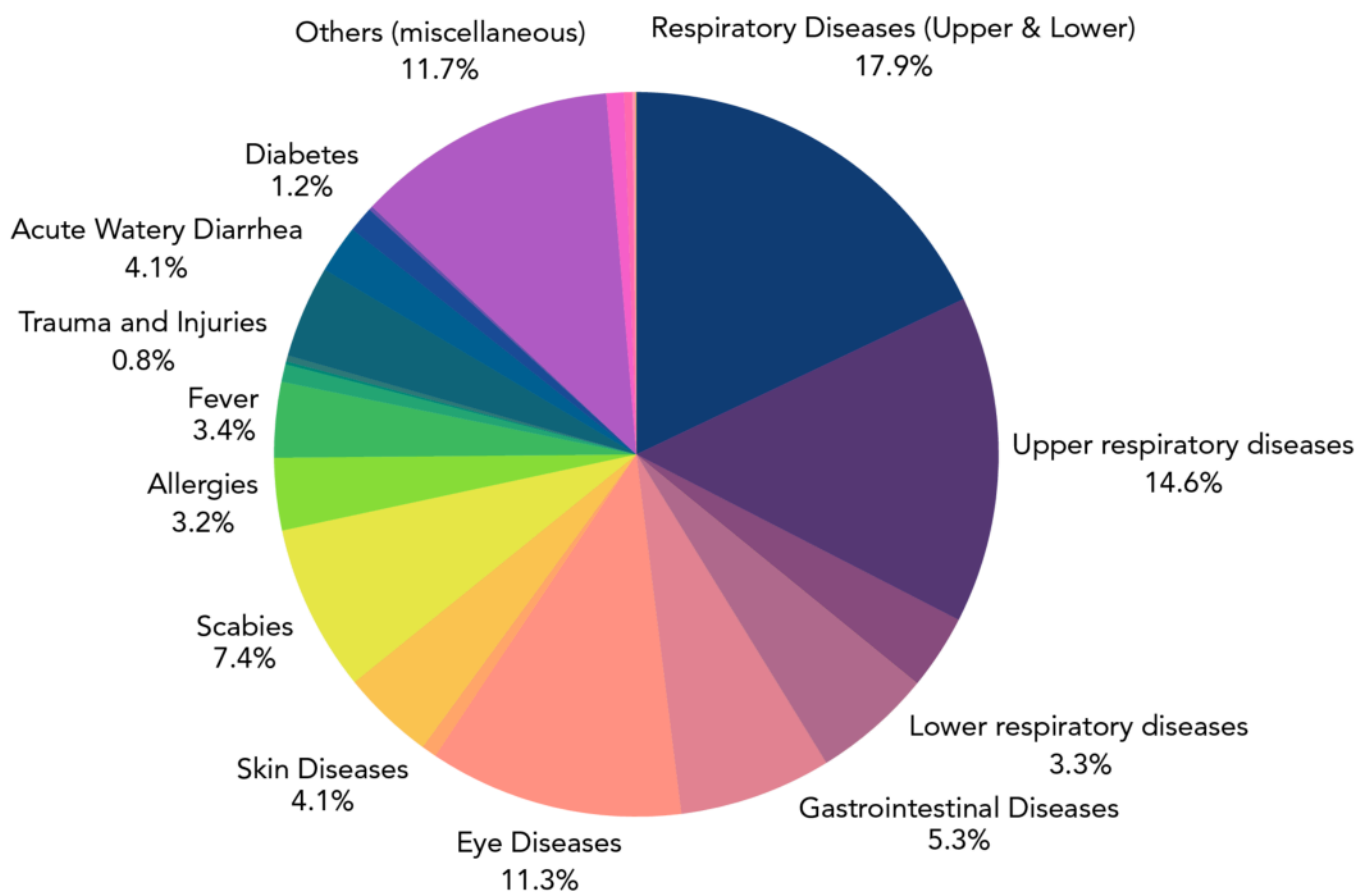
Age Group	Number of PWD Cases	% of PWD Cases	Number of PWOD Cases	% of PWOD Cases	Total Cases
0-14 years	2	28.60%	1,465	59.00%	1,467
15-64 years	4	57.10%	999	40.20%	1,003
65+ years	1	14.30%	17	0.70%	18
Total	7	100%	2,481	100%	2,488

PWDs and PWODs segregation

Group	Number of Cases	Percentage of Total Cases (2,488)
People With Disabilities (PWDs)	7	0.30%
People Without Disabilities (PWODs)	2,481	99.70%



Major diseases /clinical problems



Diseases or clinical problems

Clinical Condition/Disease	Total Cases	Percentage of Total	Main Observations
Respiratory Diseases (Upper & Lower)	528	21.20%	Most common, especially upper respiratory; higher in females
Upper respiratory diseases	430	17.30%	Includes common cold, sinusitis, tonsillitis
Lower respiratory diseases	98	3.90%	Includes COPD, pneumonia, TB
Gastrointestinal Diseases	157	6.30%	Includes dysentery, typhoid, IBS
Urinary Tract Infections (UTIs)	200	8.00%	Predominantly in females (~75%)
Eye Diseases	334	13.40%	Slight female predominance
Influenza	20	0.80%	
Skin Diseases (Eczema, Acne, Hives)	122	4.90%	Includes eczema, acne, hives
Scabies	219	8.80%	Highly prevalent, especially among children and young adults
Allergies	95	3.80%	Includes allergic reactions
Fever	99	4.00%	Common symptomatic presentation
Trauma and Injuries	23	0.90%	Includes injuries, accidents
Malaria	4	0.20%	Low prevalence, possibly seasonal or underreported
Hepatitis ABCD (Suspected)	8	0.30%	Includes suspected hepatitis cases
Acute Watery Diarrhea	121	4.90%	Significant among gastrointestinal illnesses
Hypertension	63	2.50%	Chronic disease, prevalence increases with age
Diabetes	34	1.40%	Chronic metabolic disorder
Measles	5	0.20%	Vaccine-preventable, lower occurrence
Others (miscellaneous)	344	13.80%	Includes various unclassified conditions
Dental Cases	23	0.90%	Oral health issues
Antenatal Care	11	0.40%	Maternal health services
Family Planning Services	4	0.20%	Reproductive health focus
Postnatal Care	0	0.00%	No cases reported
Referrals for GBV Services	0	0.00%	No cases reported
Referrals for Delivery (BEMNC)	1	0.04%	Minimal cases, indicates some emergency referrals
Sexually Transmitted Diseases	0	0.00%	No cases reported

Monitoring of the field activities and accountability

Provincial program manager and national emergency response coordinator from MERF, MEAL section as well as district administration including KPHF managed to monitor the free medical camps during the implementation period. The technical teams provided oversight to ensure effectiveness of the medical camp by visiting and monitoring the free medical camp in District Buner. The purpose of these monitoring visits was to

- To oversee the administrative arrangement of medical camp.
- To assess the availability of trained human resource, essential medicine and supplies and adequacy of infection prevention and control.
- To assess compliance with standards of medical camp.

Conclusion

Medical Camp in District Buner successfully reached a total of 2,488 beneficiaries, including males, females, girls, and boys. The outreach demonstrated a balanced gender distribution and a strong focus on children and women, who are often most vulnerable in disaster contexts. These efforts are crucial in addressing immediate health needs and supporting the longer-term recovery of the community. MERF remains dedicated to providing comprehensive healthcare services in disaster-affected areas to help build resilient and healthier communities.

