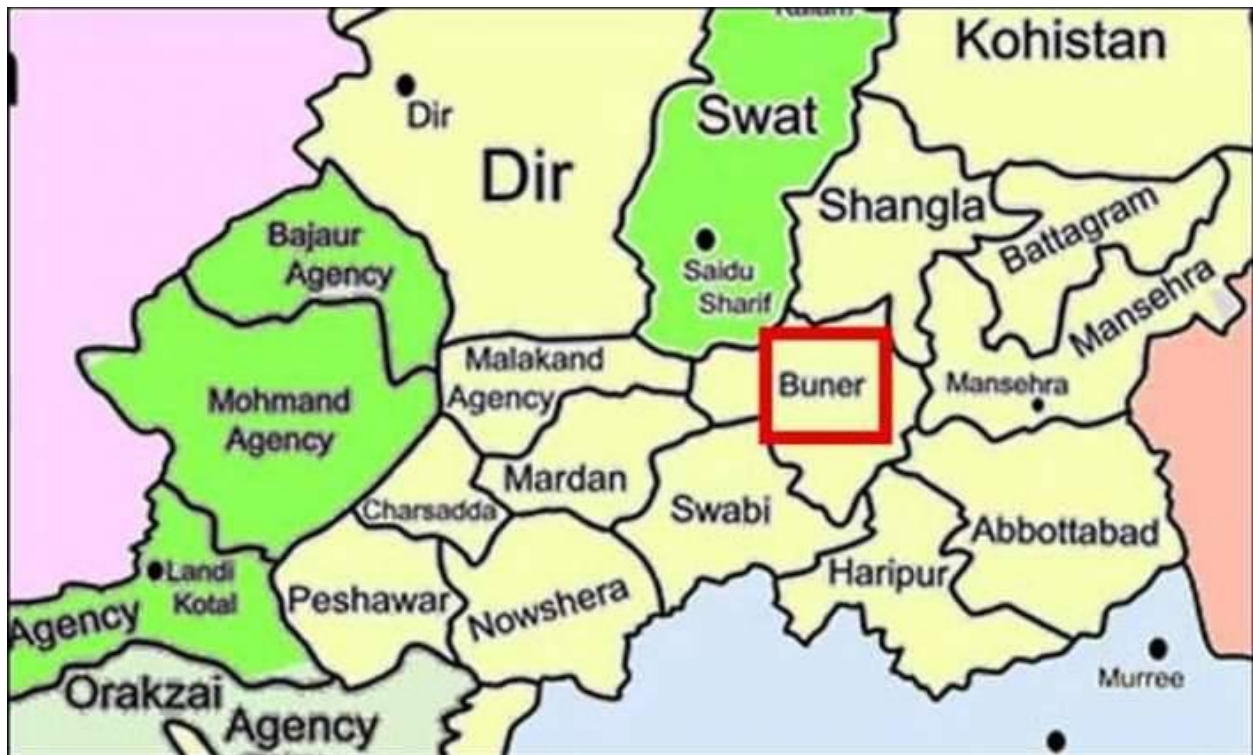


# Pakistan Floods 2025

## Report – Flood Relief Initiative 2025



**Post Flood Relief Initiative**

**Rawalpindi Medical University, Rawalpindi**

**23-24 August 2025**

# **Buner Flood 2025**



OFFICE OF THE VICE CHANCELLOR  
RAWALPINDI MEDICAL UNIVERSITY  
RAWALPINDI.  
Ph.051-9290360, 051-9330060  
Fax No.051-9290519, 051-9330062  
No. M-2/4603 /RMU, Dated: 22/08/2025

OFFICE ORDER

Following Officers/Officials have volunteered for RMU Flood Relief Campaign in KPK Buner. The team will leave on 23-08-2025 early morning for a period of two days. The concerned Medical Superintendents/Heads of Department are requested to please relieve them for above mentioned dates so that they can participate in this noble service for humanity.

1. Dr. Zahid Rasheed, Senior Registrar, Surgical Unit-II, HFH
2. Dr. Asif Maqsood Butt, Demonstrator Community Medicine, RMU
3. Dr. Malik Shehr yar, Medical Officer, Medical Unit I, HFH
4. Dr. Majid Yousafzai, Community Medicine Department, RMU
5. Dr. Faizan Rasheed, House Officer Medical Unit-II HFH
6. Dr. Syed Areeb Zaidi, House Officer, Medical ICU, BBH

Vice Chancellor  
Rawalpindi Medical University  
Rawalpindi

No. & Date Even

Copy to

1. The Deputy Commissioner Buner with request to facilitate the concerned team and also provide security.
2. All Medical Superintendents, HFH & BBH Hospitals Rwp.
3. All Concerned Head of Departments, RMU/Allied Hospitals, Rwp.
4. The Transport Officer is requested to provide the transport facility to concerned team for Buner.
5. Concerned Officers volunteered for Buner Flood Relief Campaign RMU/Allied Hospital

Vice.Chancellor  
Rawalpindi Medical University  
Rawalpindi

Medical Team

1. Dr Zahid, Surgeon / Health Care team lead
2. Dr Majid , Public Health team lead
3. Dr Shehryar
4. Dr Asif, Public health
5. Dr Faizan
6. Dr Areeb

Coordinator: Col Dr Jawed ®

Support Staff

7. Abdul Rasheed
8. Oram
9. Ghulam Jilani





OFFICE OF THE  
DEPUTY COMMISSIONER,  
BUNER.

No.DC/(B)/DDMU

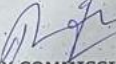
Dated:19/08/2025

**No Objection Certificate**

It is to certified that non-government organization (NGO) مجلس اہل سنت و جماعت is hereby  
authorized to carry out flood mitigation activities in the area of مجلس BHU  
Tehsil 33 from: 23/8/25 dated: \_\_\_\_\_ onwards

**Terms & Conditions:**


- I. The NGOs shall strictly adhere to the law/rules regulations of the Government of Khyber Pakhtunkhwa
- II. The NGOs shall not entail any financial liabilities on the Govt. of Khyber Pakhtunkhwa.
- III. The NOC shall be withdrawn at any time in-case of violation of rules/deviation from the flood mitigation activities.

  
DEPUTY COMMISSIONER  
BUNER.

**Endst. No. date even.**

Copy forwarded for information to:

1. The Commissioner Malakand Division, please.
2. PSO to Chief Minister Khyber Pakhtunkhwa, Peshawar,
3. PSO to Chief Secretary Khyber Pakhtunkhwa, Peshawar,
4. PS to ACS Home & Tas Khyber Pakhtunkhwa, Peshawar.

  
DEPUTY COMMISSIONER  
BUNER

## **Post-Flood Area Report – Buner District**

**Submitted to:** Vice Chancellor, Rawalpindi Medical University (RMU)

**Prepared by:** Dr Asif Maqsood Butt

**Date:** 27<sup>th</sup> August 2025

### **Executive Summary**

The recent floods in **District Buner, Khyber Pakhtunkhwa**, have caused widespread displacement, damage to infrastructure, and significant health concerns. Major affected areas include:

- **Daggar (District Headquarters) – Population ~50,000; Affected ~15,000; 16 km from main city**
- **Pir Baba – Population ~30,000; Affected ~10,000; 24 km from main city**
- **Mandar – Population ~20,000; Affected ~7,000; 12 km from main city**
- **Chagharzai – Population ~25,000; Affected ~8,000; 28 km from main city**
- **Gadezai – Population ~18,000; Affected ~6,000; 22 km from main city**

**Total District Population:** ~143,000

**Estimated Flood-Affected Population:** ~46,000

The floods have disrupted health services, clean water supply, food availability, and road connectivity, with high risk of **water-borne diseases, vector-borne infections, and worsening of chronic illnesses.**

### **Floods in Buner kill more than 200 people**

In Buner, a district in Khyber Pakhtunkhwa about 100km (62 miles) northwest of the capital, Islamabad, at least 207 people have been killed over two days as floods and landslides swept through villages and destroyed homes.

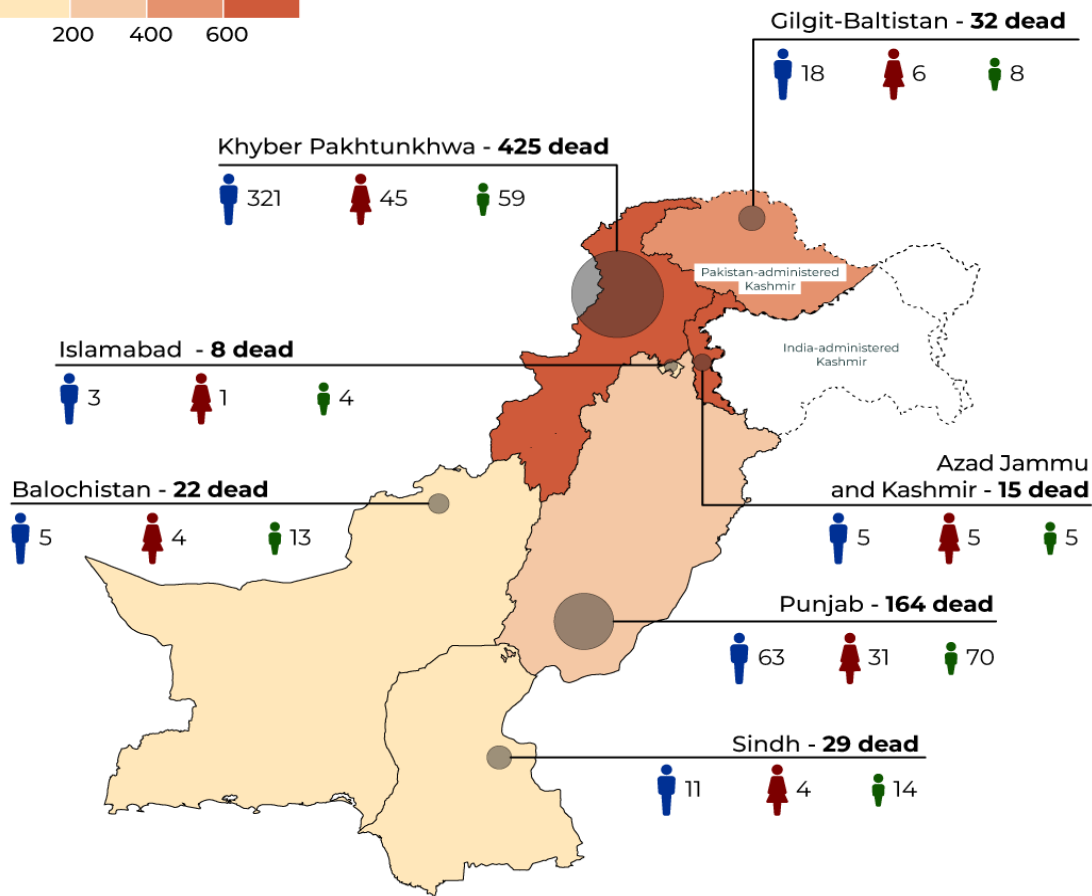
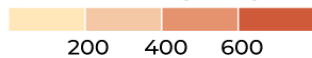
# The Facts after Flood in Pakistan <sup>1</sup>

## PAKISTAN

### Heavier than usual monsoon rains

Since June 26, heavier than usual monsoon rains have killed 695 people and injured 958 across Pakistan. Thousands of homes have been destroyed, and dozens of people remain missing.

#### Homes destroyed by province



Source: National Disaster Management Authority | August 19, 2025



@AJLabs ALJAZEERA



Members of the Urban Search and Rescue team search for bodies in the debris of damaged houses after a storm caused heavy rains and flooding in Bayshonai Kalay, Buner district, on August 17, 2025 [Akhtar Soomro/Reuters]

Buner is predominantly hilly with steep slopes that feed into narrow valleys. The district's loose, erosion-prone soil coupled with deforestation makes it vulnerable to landslides and flash floods.

Satellite images of Buner show mountains and surrounding villages, including the town of Pir Baba, engulfed in mud and debris after the floods.

### **What is a cloudburst?**

Officials said Buner was hit by a cloudburst, a rare phenomenon in which more than 100mm (4 inches) of rain falls within an hour in a small area. In Buner, there was more than 150mm (6 inches) of rain within an hour on Friday morning.

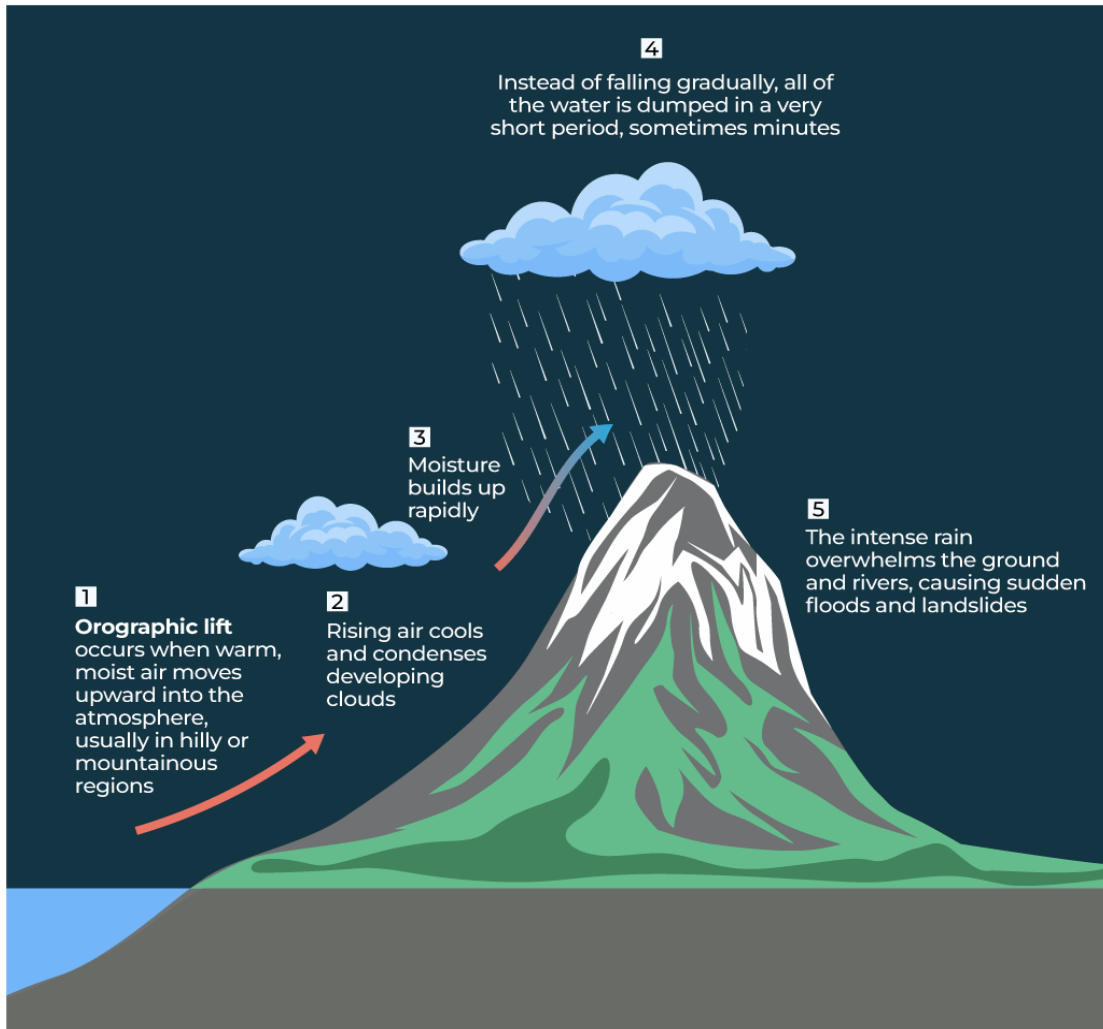
Cloudbursts typically occur in mountainous regions during the monsoon season when weather conditions can produce sudden, localised downpours leading to landslides.

Cloudbursts tend to occur over a small area of 20 to 30sq km (7.7 to 11.6sq miles) and are often accompanied by thunder, lightning and sometimes hail.

## WEATHER

# What is a cloudburst?

A cloudburst is an intense downpour that delivers a large volume of rain in a short time, often with thunder and hail, and can cause flash floods.





Search efforts focused on areas where homes were flattened by torrents of water that swept down from the mountains, carrying massive boulders that smashed into houses like explosions.

“You can say that those who survived have gone mad,” said Ahmed, pointing to a house where just one family member still lived.

### **Pakistan’s destructive monsoon season**

In Pakistan, the monsoon season typically runs from July to September with peak rainfall usually occurring in August.

Since late June, torrential monsoon rains have battered Pakistan, triggering landslides and flash floods that have killed more than 650 people and injured nearly 1,000, according to [officials](#).

Lieutenant General Inam Haider Malik, the chairman of the National Disaster Management Authority, said at a news conference in Islamabad that Pakistan was experiencing shifting weather patterns because of climate change.

“The intensity of this year’s monsoon is around 50 to 60 percent more than last year,” Haider said.

The worst-hit province is Khyber Pakhtunkhwa, where 425 deaths have been recorded, followed by 164 in Punjab.

More than half of the fatalities were caused by flash floods while about a third resulted from house collapses.

Housing damage has also been severe: 941 in Khyber Pakhtunkhwa and 719 in Azad Jammu and Kashmir were reported destroyed or damaged, highlighting the scale of destruction to shelter and infrastructure. In total, 2,707 homes have been damaged.

### **Early warning system**

Angry residents in Buner accused officials of failing to warn them to evacuate. There was no warning broadcast from mosque loudspeakers, a traditional method in remote areas.

The government said that while an early warning system was in place, the sudden downpour in Buner was so intense that the deluge struck before residents could be alerted.

### **Pakistan prone to natural disasters**

Pakistan is among the world’s most climate-vulnerable countries and grapples with extreme weather that is becoming more frequent and more intense.

### **Key Observations**

- ◇ **Healthcare disruption:** Closure of BHUs and RHCs due to damaged infrastructure and lack of medicines.
- ◇ **Acute illnesses:** High prevalence of **diarrhea, respiratory tract infections, eye infections, and skin diseases.**
- ◇ **Chronic illness risks:** Patients with **diabetes and hypertension** facing treatment interruptions.
- ◇ **Child health:** Shortage of **milk, ORS, antibiotics**, with rising cases of dehydration and malnutrition.
- ◇ **Surgical needs:** Increased cases of **injuries, wound infections, and fractures**, requiring surgical kits.
- ◇ **Logistics:** Difficulties in reaching remote valleys due to landslides and washed-off roads.

**The facts and findings by Dr Akhtar – Buner Orthopedic Surgeon:** Summary of current clinical findings along with the critical support required to maintain and enhance patient care:

### **Clinical Observations**

#### **Infected Wounds**

- ◇ Several patients present with infected wounds, largely due to inadequate antibiotic coverage and poor dressing practices.
- ◇ Although the number of injured patients is manageable, these cases require broad-spectrum antibiotics and proper wound care protocols.

#### **Orthopedic Trauma**

- ◇ All trauma cases are currently stable and managed, Alhamdulillah.
- ◇ However, some patients were referred due to the unavailability of a C-arm (fluoroscope), which is essential for surgical imaging and follow-up.

#### **Malaria Cases**

- ◇ A surge in malaria cases has been noted by our medical team and other healthcare providers.
- ◇ Delayed presentation is common, as many patients are initially treated symptomatically in local camps without proper malaria testing.

#### **Dermatological Issues**

- ◇ An increase in contact dermatitis has been observed, likely caused by environmental factors, poor sanitation, and inappropriate use of topical substances.

#### **Post-Drowning Pneumonia**

- ◇ A limited number of pneumonia cases linked to drowning have been reported. These require respiratory monitoring and targeted antibiotic therapy.

## **Support Required**

### **Human Resource**

- Clinical Psychologist (preferably female) – Needed on a long-term basis to support mental health services, especially for trauma-affected women and children.
- Gynecologist – To address maternal health, antenatal/postnatal care, and gynecological emergencies in the community.

### **Laboratory Upgradation**

To support accurate diagnosis and timely interventions, the following lab improvements are needed:

- Basic Hematology and Biochemistry Analyzers
- Microscope with adequate illumination
- Centrifuge Machine
- Rapid Diagnostic Kits (Malaria, Dengue, Typhoid)

### **Logistics & Equipment**

- Cardiac Monitor – For emergency and critical care settings.
- Glucometers – For ER and diabetes patient management.

### **Challenges**

1. Shortage of essential **medicines and surgical supplies**.
2. Inaccessibility of certain **remote affected villages**.
3. High risk of **epidemics (diarrheal outbreaks, malaria, dengue, conjunctivitis)**.
4. Lack of **specialist medical staff** in affected areas.
5. Limited **emergency transport and evacuation facilities**.

### **Recommendations**

1. Immediate supply of **essential medicines, surgical kits, and nutrition for children**.
2. Establishment of **mobile health units** in affected areas.
3. **Chlorination of water sources** and **distribution of ORS** to prevent outbreaks.
4. Deployment of **specialist teams** (medicine, pediatrics, surgery, ophthalmology).
5. Strengthening **disease surveillance and rapid response system** in collaboration with local health department.
6. Long-term **rehabilitation plan** for health infrastructure and community resilience.

**Relief Supply Requirements (for 46,000 affected people)**

<b>Category</b>	<b>Item</b>	<b>Quantity Required</b>
<b>Medicines &amp; Medical Supplies</b>	Broad-Spectrum Antibiotics	20,000 strips
	Tab Nezkil 600mg	10,000 tabs
	Tab Gen-M 80/480mg	15,000 tabs
	Tab Gen-M 20/120mg	15,000 tabs
	Inj Gen-M	5,000 vials
	Inj 2-Sum	5,000 vials
	Tobra-D Eye Drops	3,000 bottles
	Eye Mox Drops	3,000 bottles
	Polyfax Eye Ointment	2,500 tubes
	ORS Sachets	50,000 sachets
	Milk for Children (400g tins)	6,000 tins
	Tab Cefiget 400mg	10,000 tabs
	Inj Insulin 70/30	3,000 vials
	Anti-Hypertensive Drugs	12,000 strips
	Anti-Diabetic Drugs	8,000 strips
	Enterogermina Sachets	5,000 sachets
	Tab Naproxen 500mg	8,000 tabs
	Malaria Rapid Diagnostic Kits	2,000 kits
<b>Surgical Supplies</b>	Sterile Gloves (pairs)	10,000
	Sterile Gauze (packs)	5,000

<b>Category</b>	<b>Item</b>	<b>Quantity Required</b>
	Sutures Prolene 2/0	2,000
	Sutures Prolene 1	2,000
	Sutures Vicryl 2/0	2,000
	Sutures Vicryl 1	2,000
	Humby Knife	100
	Surgical Instrument Sets	50
	Wound Dressing Materials	5,000 packs
	Suction Machine	25

## References

1. <https://www.aljazeera.com/news/2025/8/19/pakistan-floods-and-cloudbursts-visualised-in-maps-and-satellite-images>



400 Flood affect's were provided with Medical treatment at Koz GOMAND & 100 at Qadar Nagar, Buner, Swaat

جس نے ایک انسان کی جان بچائی گویا اس نے پوری انسانیت کی جان بچائی" (القرآن: سورة المائدہ - آیت 32)

**Rawalpindi Medical University**  
**Buner Donation for Flood Relief 2025**  
**Medicine List**

**Commercial Packs**

<b>S.NO</b>	<b>Name</b>	<b>Type</b>	<b>Quantity</b>
	<b>Zinc Sulphate</b>	<b>Syp</b>	<b>200</b>
	<b>Augmentin</b>	<b>Syp</b>	<b>200</b>
	<b>Graviate</b>	<b>Syp</b>	<b>280</b>
	<b>Cough Syp</b>	<b>Syp</b>	<b>500</b>
	<b>ORS</b>	<b>Sachets</b>	<b>3000</b>
	<b>Nasal Saline</b>	<b>Drops</b>	<b>200</b>
	<b>Metronidazole</b>	<b>Tab</b>	<b>400</b>
	<b>Metronidazole</b>	<b>Syp</b>	<b>200</b>
	<b>Multivitamins</b>	<b>Tab</b>	<b>2000</b>
	<b>Vitamin D</b>	<b>Tab</b>	<b>2000</b>
	<b>B Complex</b>	<b>Tab</b>	<b>2000</b>
	<b>Paracetamol</b>	<b>Syp</b>	<b>500</b>
	<b>Eye Drops</b>	<b>Drops</b>	<b>960</b>

**Focal Person Flood Relief 2025**  
**Rawalpindi Medical University**  
**Rawalpindi**

**Rawalpindi Medical University**  
**Buner Donation for Flood Relief 2025**

**SAMPLES**

	<b>Sitagliptin / Metformin HCL</b>	<b>Tab</b>	<b>24</b>
	<b>Paracetamol+ Ibuprofen</b>	<b>Tab</b>	<b>20</b>
	<b>Betahistine</b>	<b>Tab</b>	<b>18</b>
	<b>Cranberry Extact</b>	<b>Sachets</b>	<b>12</b>
	<b>Carvidolol</b>	<b>Tab</b>	<b>80</b>
	<b>Nebivolol</b>	<b>Tab</b>	<b>20</b>
	<b>Clopidogril</b>	<b>Tab</b>	<b>14</b>
	<b>Levetiracetam</b>	<b>Tab</b>	<b>28</b>
	<b>Nefidipine</b>	<b>Tab</b>	<b>10</b>
	<b>Busonide</b>	<b>Tab</b>	<b>30</b>
	<b>Aspirin</b>	<b>Tab</b>	<b>292</b>
	<b>Empegliflozan+Metformin</b>	<b>Tab</b>	<b>210</b>
	<b>Ceftriaxon</b>	<b>Inj</b>	<b>3</b>
	<b>Glycopyromium+ Indocateral</b>	<b>Tab</b>	<b>55</b>
	<b>Dexibrufen</b>	<b>Syp</b>	<b>130</b>
	<b>Ezcol Laxative</b>	<b>Syp</b>	<b>19</b>
	<b>Azithromycin</b>	<b>Tab</b>	<b>112</b>
	<b>Budesonide+ Formetrol</b>	<b>Tab</b>	<b>16</b>
	<b>Lactulose</b>	<b>Syp</b>	<b>31</b>
	<b>Escitalopram</b>	<b>Tab</b>	<b>20</b>
	<b>Amlopidine</b>	<b>Tab</b>	<b>28</b>

**Summary: Patient Conditions by Gender (Total = 500)**

<b>Condition</b>	<b>Male Count</b>	<b>Female Count</b>	<b>Total</b>
<b>Acute Respiratory Infection (ARI)</b>	<b>60</b>	<b>65</b>	<b>125</b>
<b>Acute Watery Diarrhea (AWD)/Diarrhea</b>	<b>30</b>	<b>35</b>	<b>65</b>
<b>Malaria</b>	<b>25</b>	<b>20</b>	<b>45</b>
<b>Skin Infections (e.g., scabies)</b>	<b>40</b>	<b>45</b>	<b>85</b>
<b>Eye Infections (e.g., conjunctivitis)</b>	<b>20</b>	<b>25</b>	<b>45</b>
<b>Urinary Tract Infection (UTI)</b>	<b>5</b>	<b>25</b>	<b>30</b>
<b>Dehydration (ORS cases)</b>	<b>30</b>	<b>25</b>	<b>55</b>
<b>Chronic Conditions (HTN/Diabetes meds)</b>	<b>20</b>	<b>20</b>	<b>40</b>
<b>Injuries (cuts, fractures, wounds)</b>	<b>25</b>	<b>20</b>	<b>45</b>
<b>Other (e.g., allergy, chest infection)</b>	<b>10</b>	<b>10</b>	<b>20</b>
<b>Total</b>	<b>265</b>	<b>235</b>	<b>500</b>

**Observations**

- **Total patients: 500 (265 male, 235 female).**
- **Most common conditions:**
  - **Respiratory infections were the largest group (125 patients), reflecting elevated risk due to damp living conditions and mold exposure.**
  - **Skin infections followed closely (85 patients), consistent with post-flood exposure and overcrowding.**
- **Gender-specific patterns:**
  - **Females showed a markedly higher incidence of UTIs, aligning with physiological vulnerability.**
  - **Males slightly outnumbered females in following injuries, possibly due to engagement in physical tasks during rescue or cleanup.**
- **Other conditions: Malaria, eye infections, and dehydration were also significantly represented, reflecting contamination of water sources and vector proliferation.**



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 followerseveryone #highlighteveryone#



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 followerseveryone #highlighteveryone#