Case Report

RMU-Medicos Aid Society flood relief camp in Haveli Bahadur Shah, Jhang, Punjab

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Contributions:
AMB - Conception, Design
AH, SK - Acquisition, Analysis, Interpretation
MM & AM- Drafting
MM- Critical Review

All authors approved the final version to be published & agreed to be accountable for all aspects of the work.

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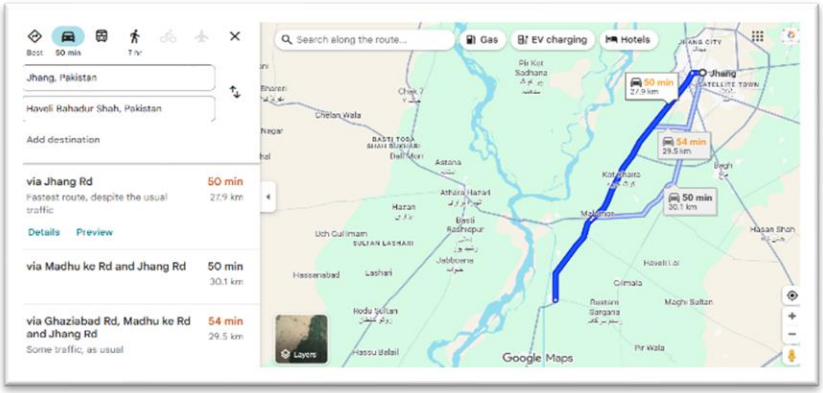
Introduction

Haveli Bahadur Shah serves approximately 18,000 people (51% female, 49% male) through its Rural Health Centre (RHC), with only one Basic Health Unit (BHU) in Kot Mirza located within a 13 km radius besides the RHC itself. Of this population, around **7%** are under 2 years of age (1-2). In a recent outreach effort between Mallohana and Qaim Bharwana, approximately 700 patients predominantly from areas surrounding Haveli Bahadur Shah were treated. Haveli Bahadur Shah West was severely impacted by the Chenab River floods, with skin allergies and conjunctivitis among the most commonly seen ailments. Recognizing that many flood-victims remain in camps and cannot travel 25–35 km to THQ or DHQ hospitals, specialty care outreach was provided in camps serving populations in Farooq Nagar, Khizar Abad, Basti Bhagtaan, Bela Ali Khanana, Bela Surbana, Mehram Sial, and Kot Umar Daraz. Medical services offered included Medicine / Family Medicine, General Surgery, ENT, Ophthalmology, Pediatrics, and Gynecology/Obstetrics. These efforts were made possible through the support of Rawalpindi Medical University's administration, student volunteers, the Medicos Aid Society, and under the patronage of Prof. Dr. Muhammad Umar (S.I, H.I), Vice Chancellor Rawalpindi Medical University, Rawalpindi.



In 2025, Punjab suffered catastrophic flooding, its worst in decades, after heavy monsoon rains and large releases of upstream dam water. Key rivers, including Chenab, Ravi, and Sutlej, surged past critical thresholds, inundating thousands of villages, submerging farmland, and leading to mass evacuations. The Provincial Disaster Management Authority (PDMA) reports over 1.46 million people affected across Punjab, with more than 1,700 villages inundated, 265,000 people evacuated, and thousands of houses, livestock, and critical infrastructure damaged (3-5).

District Jhang has emerged as one of the hardest hit. The flood wave from Chenab breached at various points, causing inundation of over 130 villages in Jhang, with flows recorded as high as **900,000 cusecs** at some river points. Authorities attempted controlled breaches (e.g., at Rewas Bridge) in order to relieve pressure on embankments and Head Trimmu Headworks(6).

Haveli Bahadur Shah, a tehsil / sub-district in proximity to Jhang, is strategically important. The Rural Health Centre (RHC) at Haveli Bahadur Shah, together with its network of Basic Health Units (BHUs), serves a largely rural, agricultural population, many of whose livelihoods, homes, and health are directly impacted by flood-related disruptions to water, sanitation, access roads, and clinic infrastructure. While detailed published data specific to the Haveli Bahadur Shah RHC is currently limited, its geographic location in flood-prone Jhang district and its role in primary care make it critical in flood response, disease prevention, and continuity of maternal and child health services.

Critical Points

1. Scale & Fault Lines of Vulnerability

The floods are not only large in magnitude but also exploit existing vulnerabilities: weak embankments, insufficient early warning, and communities living in flood-prone zones (7-9).

2. Disruption to Health Services

Flooding damages or cuts off access to primary care facilities (e.g., BHUs, RHCs), putting maternal, neonatal, vaccination, and chronic disease care at risk.

3. Risk of Secondary Health Crises

Beyond drowning and injury, there are risks of waterborne diseases, vector-borne disease outbreaks, malnutrition, and mental health challenges among displaced populations (10).

4. Local vs Central Capacity Gaps

Emergency responses (evacuation, camps) are underway but stretched. Local infrastructure (roads, clinics) often was not built for such extreme events; RHCs/Rural health centers may be under-resourced, without backup systems.

5. Need for Integrated Planning

The response must integrate disaster management, public health, and community engagement. Health facilities like the Haveli Bahadur Shah RHC should be included in disaster planning (flood-proofing, logistics, referral networks) (11-12).

Health Issues Arising from the Floods (Particularly in Jhang / Surrounding Areas)

- Acute trauma, injuries from floodwaters, and collapsing infrastructure.
- Drowning and near-drowning incidents.
- Waterborne disease outbreaks (cholera, typhoid, hepatitis, diarrhea) due to contaminated drinking water.
- Increased risk of malaria, dengue, and other vector-borne diseases due to stagnant water.
- Disruption in maternal & child health services: antenatal care, immunizations.
- Malnutrition, particularly among children, due to crop loss, displacement, and disruption of food supply.
- Mental health impacts: stress, anxiety, grief, displacement trauma.
- Livestock loss and veterinary health impacts, affecting livelihoods and nutrition.

Approaches Being Used or Evolving

- **Evacuation & Relief Camps**: Many districts, including Jhang, have established relief camps. Rescue agencies are using boats and heavy machinery to reach cut-off areas.
- **Controlled Breaching of Embankments**: To relieve pressure on riverbanks and protect larger settlements, for example, in Jhang at Rewas Bridge[2].
- **Protective Infrastructure Monitoring**: Embankment safety checks, deployment of machinery at vulnerable dykes[3].
- **Medical & Veterinary Camps**: For displaced populations, to provide immediate care and animal health support[2].
- **Early Warning Systems & River Flow Monitoring**: Continuous monitoring of water discharges (cusecs), forecasting floods, public alerts[1].
- **Relief Distribution & Infrastructure Support**: Supplying food, clean water, temporary shelters; repairing or maintaining access roads.
- **Community Engagement & Communication**: Warnings announced via loudspeaker; evacuations called in vulnerable localities; people asked to move to safe zones[2].

Gaps & Immediate Needs (Recommendations)

- Detailed data and mapping for RHCs, BHUs in Haveli Bahadur Shah: how many are damaged, accessible, staffed, supplied.
- Strengthening flood resilience of health infrastructure (making RHC/BHU flood-proof, ensuring alternative power, safe water supply).
- Ensuring continuity of preventive services (immunization, antenatal care) through mobile clinics or outreach when facility access is blocked.
- Rapid deployment of WASH (water, sanitation, hygiene) interventions in affected villages.
- Mental health support integration into flood response.

Medicos Aid Society (MAS) is a working body of potential medical students at Rawalpindi Medical University, which has been working for the betterment of the health of poor and ailing human beings by providing medical, financial, and blood-related help to the needy and deserving patients. We are registered with the Social Welfare Department, Government of Punjab.

Under the umbrella of Rawalpindi Medical University, Medicos Aid Society is going to organize a free medical camp at the Rural Health Centre, Haveli Bahadur Shah, Jhang, Punjab, on Sunday, 28th September 2025. It will be a one-day camp and static at an RHC.

Details of the Camp Site

The designated campsite is situated approximately 427 kilometres from RMU and serves an area with a population of approximately 30,000 residents. The Rural Health Centre in this region is suitable for conducting a medical camp. It is important to highlight that the area has been affected by flooding, which has caused significant disruptions to the local community and infrastructure. Despite these challenges, the health centre remains accessible and capable of facilitating healthcare interventions.

Focal Person

Focal Person of the medical camp is Dr. Ali Nawaz from batch 43 of Rawalpindi Medical University and Ex Rawalian.

Contact Number: 0307-8469500

Aim and Objectives

Aims and objectives of the camp include:

- Provide healthcare to flood victims through the RMU Flood Relief Campaign.
- Ensure access to medical consultation, treatment, and medicines.
- Alleviate health hardships and serve vulnerable communities in crises.

Table 1: Medical Teams Activity Plan

Time	Activity
01:00 pm (Pre-team with medicines) 03:00 pm (Main team)	Departure from Main Campus RMU
10:00 pm	Arrival at Camp Location
01:00 pm – 04:00 pm	Second Camp Session (Continued patient consultation & treatment)
04:00 pm – 05:00 pm	Closing session, packing
05:00 pm	Departure from camp

Table 2 RMU Medicos Aid Society Team

Name	Specialty	Contact
Col. Dr. Arshad Bhatti	Medicine	0321 5180643
Dr. Ayaz Saeed Malik	Eye	0333 5253960
Dr. Nayab	Surgery	0334 4844363
Dr. Javeria Rubab	Peads	0336 9462120
Dr. Tahir Konain	Orthopaedic	0342 6011463
Dr. Tayyab Rasool	Surgery	0307 7514043

Final Year MBBS

Name	Roll No.
Eman Ahmed	57
Saqib Kamboh	285
Muzammil Abbas	303
Shamaem Tariq	201

Third Year MBBS

Name	Roll No.
Haadi Rao	136
Amna Idrees	24
Urooj Fatima	275
Adil Hussain	131
Hamid Ali Khan	141
Muhammad Saghir	303

Medicine Name	Form	Quantity
Amoxicillin	Capsule	2,000
Ampicillin	Capsule	100
Azithromycin	Tablet	1,200
Levofloxacin	Capsule	2,700
Clarithromycin	Tablet	450
Cefixime	Tablet	250
Cefixime	Suspension	100
Ciprofloxacin	Capsule	2,500
Cefadroxil	Syrup	180
Moxifloxacin	Tablet	500
Erythromycin	Tablet	200
Doxycycline	Capsule	200
Paracetamol	Tablet	7,000
Paracetamol	Syrup	600
Paracetamol +	Tablet	400
Paracetamol +	Tablet	70
Piroxicam	Tablet	1,500
Tizanidine	Tablet	1,000
Diclofenac Na/K	Tablet	4,000
Ibuprofen	Tablet	2,000
Ibuprofen	Syrup	400
Meloxicam	Tablet	200
Etoricoxib	Tablet	50
Dexibuprofen	Syrup	90
Antacids (Faracids,	Tablet	200
Antacids (Faracids,	Syrup	40
Famotidine	Tablet	300
Famotidine	Suspension	60
Metronidazole	Tablet	2,500
Metronidazole	Syrup	400
Racecadotril	Sachets	25
Lactulose/Lactitol	Syrup	50
Domperidone	Tablet	2,000
Loperamide	Tablet	110
Drotaverine	Tablet	1,000
Albendazole	Syrup	110
Itopride	Tablet	140
Esomeprazole/Omepra	Capsule	2,000
Ondansetron	Tablet	1,000

Medicine Name	Form	Quantity
Ondansetron	Injection	100
ORS	Sachets	3,000
Sulfamethoxazole +	Tablet	1,000
Dioctahedral Smectite	Sachets	50
Hepatic Support	Syrup	30
Loratadine	Tablet	200
Loratadine	Syrup	70
Cetirizine	Tablet	120
Levocetirizine	Tablet	1,700
Levocetirizine	Syrup	250
Ebastine	Tablet	250
Chlorpheniramine	Tablet	200
Cough Syrup	Syrup	360
Montelukast	Tablet	550
Salbutamol	Tablet	600
Salbutamol	Inhaler	3
Xylometazoline	Nasal Spray	12
Aspirin	Tablet	1,000
Amlodipine	Tablet	460
Losartan	Tablet	500
Atenolol	Tablet	160
Tranexamic Acid	Tablet	150
Nebivolol	Tablet	30
Clopidogrel ± Aspirin	Tablet	180
Rosuvastatin	Tablet	60
Captopril	Tablet	40
Carvedilol	Tablet	100
Escitalopram	Tablet	500
Pregabalin	Tablet	570
Calcium ± Vit D	Tablet	2,000
Multivitamins	Tablet	1,500
Multivitamins	Syrup	300
Mecobalamin	Tablet	420
Trimetabol	Syrup	20
Vitamin B Complex	Syrup	390
L-Methyl Folate + B6	Tablet	2,500
Iron (various forms)	Tablet	2,500
Iron (various forms)	Syrup	500
Zinc	Syrup	50

Medicine Name	Form	Quantity
Sodium Acid Citrate	Syrup	10
Artemether +	Tablet	380
Amodiaquine	Tablet	1,000
Chloroquine Phosphate	Tablet	1,000
Fluconazole	Capsule	310
Ketoconazole	Ointment	100
Terbinafine	Capsule	270
Glimepiride	Tablet	500
Metformin ± combos	Tablet	1,800
Ciprofloxacin ±	Drops	150
Ofloxacin	Drops	100
Tobramycin ±	Drops	100
Chloramphenicol ±	Drops	200
Gentamycin,	Drops	100
Fusidic Acid ±	Ointment	500
Clotrimazole ±	Ointment	300
Hydrocortisone	Ointment	300

Author Information

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