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Society of Obstetricians and Gynaecologists of Pakistan

SOGP goes all out in its flood relief efforts across the land

By Dr Nighat Shah
Secretary-General

THE devastating floods that hit the country hard in recent times was once again an occasion where medical practitioners showed their guts of fighting against heavy odds and their zeal to reach out to the poor in their times of need. The Society of Obstetricians and Gynecologists of Pakistan (SOGP), as usual, was up to the task and carried out a massive relief operation across the country alongside its colleagues in the Pakistan Medical Association (PMA), and with the help of donors, especially the David Lucile and Packard Foundation.

While this special supplement is aimed at highlighting the role played by SOGP members and volunteers, it is also aimed at underscoring the basic fact that the job is not over yet. As per a United Nations report, an estimated 14 million people remain in need of urgent humanitarian

assistance. The bad part is that most of the organizations that have been active in the early phase, have since withdrawn, leaving a massive gap that needs to be filled.

The SOGP team realizes that it still has unfinished agenda and will do its utmost to continue its efforts in the long run. Distribution of relief items and long-term health intervention programs are still being conducted and it is our sincere hope that donors will continue to keep financial fatigue at bay.

Individuals can help by volunteering their professional services and these include doctors, medical students, paramedical staff, engineers and builders. Another way is by donating in cash and kind.

The world at large can help us in many different ways. From sending medical teams to giving relief to the poor in the form of temporary tents, mobile hospitals, edibles, drinking water etc. Long-term help can be by way of reconstruction of the affected area and

provision of funds for it, building new roads, hospitals, schools etc.

Flood has opened many doors of opportunity and there is a dire need to do more in all fields, especially education and health.

One thing noted by the SOGP team through its exposure to rural communities is that contraception barriers are as much because of unawareness among local healthcare providers as because of an unaware community. Bad examples in community promote misperception about false and nonexistent side effects to contraceptive methods. The SOGP has learned its lessons and will specifically target awareness campaigns for the purpose.

The biggest lesson learnt, however, is something that we all need to learn rather quickly; long-term health initiatives cannot be attained either on conference tables or in meeting rooms. We all have to reach out. Yes, we must do that.



From raising relief goods to its distribution, the SOGP leadership played an active role during the recent floods.

Balochistan badly hit

By Dr Aisha Siddiqi

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TWELVE districts of Balochistan were badly affected due to floods and torrential rains. The worst affected areas were Jaffarabad, Nasirabad, Sibi, Barkhan and Kohlu. With more than 200,000 people affected, the losses were much greater than those suffered during the 2005 earthquake.

SOGP Balochistan managed to raise relief funds for the affectees despite the fact that Balochistan is a relatively a poor province and there were several other organizations also busy in collecting funds.

But SOGP Balochistan's biggest achievement was not in terms of raising funds; it was in terms of medical support that our volunteers provided. Our young members worked hard day in and day out, providing services not just in government hospitals, but also in a number of camps located at Eastern Bypass, Hazar Ganji, Labour Colony, Nawan Killi and the Special High School.

SOGP President Professor Lubna Hassan personally came to Quetta to finalize an action plan for catering to the specific needs of pregnant women and their infants in the affected areas. A meeting was held among representatives of the provincial Health Department, UNICEF, WHO, MNCH Project. It was also attended by Prof Lubna, and Prof Shahnaz Naseer Baloch. The SOGP president shared her experience in Khyber Pakhtoonkhaw where a joint strategy had been devised for maternal health.

It was further suggested that multiple mobile teams shall be sent to different areas, and that the already existing BHUs shall be upgraded forthwith. Establishment of referral center for basic and comprehensive EMOC was also strongly recommended.

Later, the SOGP team comprising the President, Dr Ayesha Siddiqi, Dr Sadiqa Syed, Dr Safia Samalani, Dr Jamila Dotani, Dr Jamila Kurd, Dr Palwasha, Dr Yasmin Khoso, Dr Nargis and Dr Noor-un-Nisa visited relief camps. A truck load of food stuff was distributed among the 200 families at one of the camps.

A few days later, a medical camp was organized by the SOGP Balochistan under supervision of Vice-President Dr Ayesha Siddiqi. Her team of doctors included Dr Arjumand Iftikhar, Dr Nageena Panezai and Dr Shehla Riaz.

This was a unique camp in the sense that a total antenatal checkup of pregnant women was done, including ultrasound and baseline laboratory investigations. Most patients were found to be anemic, hypertensive and malnourished. Ultrasounds also showed mostly growth-retarded fetuses.

On this visit, Dr Sarwan Kumar from Karachi organized four medical camps in Dera Allah Yaar, Bhand, Gandakhan and Sohbatpur. These one-month-long medical camps were organized in collaboration with David Lucile and Packard Foundation.

SOGP Balochistan also has future plans to help in the rehabilitation of the affectees.



A view of the relief camp held by SOGP Balochistan.

Reaching out to Gharo

By Dr. Haleema Yasmin

A FLOOD relief camp was held by the Society of Obstetricians and Gynecologists of Pakistan (SOGP) in association with the Pakistan Medical Association (PMA) at Gharo near Thatta. It included a team of 15 members, including gynecologists, physicians, dermatologists, sonologists, pediatricians and family physicians.

The journey started from the Jinnah Post-Graduate Medical Center (JPMC) in Karachi where all the doctors collected and headed to the PMA House where medicines and other relief goods were loaded on a truck.

The team reached Gharo. The camp the team visited was a massive facility managed by the World Memon Foundation Shaikhani Group as far as its registration and provision of tents and facilitation of goods were concerned. The camp had a

total of 217 tents and each of them was occupied by one household consisting of eight to 10 people on an average, the majority of them being children and women.

There were young boys who were volunteers from different families of the same community. They were helping in identifying problems and channelizing the distribution of relief goods and medication, helping in lining up patients seeking advice and guiding different patients to a health professional according to their problems.

A total 481 patients were seen – 35 for antenatal checkups, 150 were seen by pediatricians, 110 by physicians, 39 by dermatologists, while the rest were seen by general practitioners. Five of the patients were referred with a letter to different JPMC departments, including ENT, Surgery, Chest, Medicine and Peds.

A few patients had to be given injections before the referral. Ultrasound

facility was also available where two senior sonologists provided services to 40 patients.

Later, the distribution of relief goods was done including clothes for children and women and mugs and soaps to each family. Young girls were given bangles as well.

After the medical camp, a formal program was held where all the residents gathered in a bigger tent with the provision of microphone and sound system where community awareness and education was done by messages in the local language about health hygiene, contraception and antenatal care.

A skit was arranged by the local people which highlighted health problems in the area and the need to be aware of the available facilities. The program ended with some music and dance by the occupants of the camp and it was followed by distribution of lunch boxes.



Sustained SOGP effort wins hearts and minds

By Dr Nighat Shah

THE sustained flood relief efforts carried out by the Society of Obstetricians and Gynecologists of Pakistan (SOGP) not only provided succor to those hit badly by the calamity, but also won hearts and minds of both the victims and the donors.

Even when most of the relief and voluntary agencies were in the process of disengagement, SOGP teams continued to make visits to ensure that the work done in the first phase was not undone due to negligence.

One such team visited Sukkur. It was the day of Dewali and since the Hindu minority community is very poor, the team thought it should reach out to them on this occasion. The Bollywood-inspired Hindi came in handy as we wished them namaste and devali ki badahi ho.

The experience was very fruitful as we did health session along with distribution of rations (courtesy Pakistan Medical Association) and sewing machines. A number of women then came up with medical problems. Poverty-related general ill health — anemia/malnutrition etc — was witnessed in the area. The minority population has worse malnutrition (is there a scale, by the way?) and at least three women were just down to their bones and maybe a hemoglobin of 4gms or less!

This time round sorting of medicines was very hectic as we had to sort out extensive UNFPA kits. These kits had

emergency obstetrical medicines and equipment and each kit was based on extensive cartons. For example, Kit No 11B had 36 cartons! Latest and very expensive medicines and equipment (thanks to UNFPA) was handed over to focal persons of Larkana, Rohri, Sukkur and Jacobabad. These have to be used at RHCs and district hospitals

The next day, we started bright and early, although Khairpur is the typical 'late Latif' town and doesn't wake up before 10.30am. We started medical and family planning camps simultaneously at Husn Afroz Camp and Scouts Camp.

The health education session was held in one empty tent, where hygiene and nutrition was discussed. I asked them when any of them had last eaten any fruit like apple or banana, and most of them were doubtful if they had ever had any and. One said, 'poyee saal', meaning last year!

One woman had dripping red eyes, and I gave her eye ointment. Everyone in the tent then wanted the eye ointment irrespective of the fact whether or not they needed it. As a general rule, everyone wanted anything and everything that they could get hold of. It is difficult to describe this type of poverty; it is extreme and aggressive with a tendency of becoming dangerous.

At this camp we had 10 LHVs who spread out in the tents for counseling and family planning. Women came in large numbers for IUCDs, injections, pills and

tubal ligation. So much so that one LHV also had IUCD inserted by us in the camp. The million-dollar question is, why then family planning is a story of such massive failure in Pakistan.

We did 17 IUCDS, 100 injections thanks mainly to Dr Zubaida, Dr Shakila and Dr Rukhsana. Many women were registered for tubal ligation, which at the moment was not possible in camp settings, but were later done in a nearby hospital.

We then had a meeting at EDO Health Khairpur's office with PWD officers of Jacobabad, Larkana, Rohri, Sukkur and Khairpur. They all came with their respective doctors and a heated interactive session followed.

As happens in almost all meetings, after a while it turned into a blame-game, looking again and again at the same problems. We pointed out that at this stage everybody was aware of issues and the focus should be on finding solutions and exploring the right way forward.

The SOGP team stressed the simple fact that the way forward is always through better education of not only clients, but service providers; better counseling; reaching out to civic society, teachers, doctors both males and females; and by inducting religious scholars to give sermons in Friday prayers regarding maternal health and life (impossible?).

In an extensive program everybody plays a role and luckily at this moment people are in a mood to listen and do what they are told. And, naturally, we need to



work on it.

In the evening, we went to 'Khazana' (I wish there was actual khazana for the poor people of this land). This place is Saddiq Salahuddin's brain child. It was basically a stable for horses of former prince of Khairpur (the Mirs of Khairpur). Now it is renovated but the beauty of the old architecture has been retained and it houses beautiful handicrafts. We bought some handicrafts (to boost Khairpur's economy!) and sat in the lawns to discuss the day's proceedings.

The next day saw us undertaking a trip to Jacobabad. We started off very early as the roads had further deteriorated in the floods. The green fields on the way were being mostly tendered to by women (abnormal X chromosome) and children. The water was still very much visible on both sides of the road and we saw lotus flowers (kanwal) blooming beautifully.

The first stop in Jacobabad was the DCO House. This was an old, well-preserved and impressive building, which used to be the house of Mr Jacob (from where the name of the town comes). In spite of it being a Sunday and weekly off, all the officials were present, including DCO Sajid Jamal. (SOGP acknowledges with deep gratitude the support of Khairpur and Jacobabad administrations).

A meeting was held with officials, including EDO Health, MS Civil Hospital and the Population District Officer. We apprised them about our long-term health initiative and the need to reach out to poor women in Jacobabad.

The EDO health told us about Jacobabad health issues, including the non-availability of health professionals (at the moment they were working with help of personnel courtesy UNFPA), the distances and non-availability of mobile units. He told us that during flood all health professionals had left the area and in hospital only the traditional birth attendants were doing deliveries.

Perhaps there is still the need to bring this workforce in fold. Although after UNICEF's failed attempts at training dais, everybody has given up on them, but the fact remains that they are the ones working in hospitals in whenever disaster strikes and also doing most of home-based deliveries. We have to utilize them somehow and somewhere.

The visit to Civil Hospital Jacobabad was an enlightening experience. They were managing thalasaemia unit and urology dialysis units with very limited resources. There is need for paramedic teaching and training center which will fill the need of these personnel and also generate

employment.

The OBGYN unit had four doctors headed by Dr Naheed (MCPS) and were catering to the needs of women who present themselves with dire complications. Women do not come to hospital for routine deliveries. They only resort to it when they are refused by the dais and cannot afford a private facility. There is trust deficit and hassle associated with hospital delivery which needs to be minimized.

We saw one patient who was admitted after home delivery with sepsis (a very common occurrence). She looked very young and had tachycardia and dysnoea. When asked why she had a home-based delivery, she looked surprised and said is there an option? (Do women really have knowledge, option or empowerment to decide place of delivery or anything for that matter?) We inquired about her baseline investigations which were not done. She was on antibiotics already. There is a need for proper protocols/drills for all emergencies.

Qadirpur Rural Health Center was the place where we had to conduct a family planning camp. Community health worker Farzana had done good homework and

collected more women that we had anticipated. We did 15 IUCDs. Eight TLs were performed by Dr Sharda of the local population department, while 20 more women came in for injections. The women with unmet need are coming forward and also other problems like polyps/cervicitis on visual inspection of cervix are being recognized. This forum therefore may be useful for excluding genital tract pathology, including cervical cancer.

This community experience was by far most enlightening and the things that came forward were taken note of. Extremely poverty-stricken women waiting for relief (somebody has to think of breaking the cycle of beggary through income generation methods) was a common sight. The inaccessible population is inaccessible because we don't go to them. There is no reason for that. And women do want and need contraception if properly explained and last, but not the least, insertion of IUCD provides us with opportunity of examination and exclusion of many pathologies.

Thanks for patient reading. I know sometimes I get carried away. Sorry for that, but that's the only way I know!



SOGP teams reach out to southern Punjab

N&V REPORT

A TEAM of doctors organized by Prof Fareed Zafar, Vice-President of SOGP, visited Muzaffargarh district to contribute to the overall SOGP flood relief effort. This dedicated team consisted of two male and eight female doctors along with five paramedics.

Before the expedition, a door-to-door campaign was undertaken for the generation of funds for the needy people. The team left early morning with the provisions they had arranged with the help of the funds raised. These included flour, oil, sugar, potable water, milk, pulses etc.

On reaching the affected area, it was heartbreaking to witness the magnitude of destruction and misery caused by the ravaging floods. During the four-day visit, the doctors checked over 4,000 patients, including 1,200 women, 2,000 men and 800 children.

Out of the females, they came across 86 pregnant women. A referral system was established through personalized efforts to transport the

pregnant women to hospitals for a safe delivery which was indicative of SOGP's goal of decreasing maternal morbidity and mortality.

The SOGP team identified several health issues in the area. These included skin diseases, GIT outbursts, proper referral system for pregnant women and the need for contraception awareness.

The team of Prof Fareed Zafar provided food coupons with provisions in a quantity good enough to support a family for at least a month. It also ensured availability of emergency obstetric and newborn care services.

Besides, the SOGP also provided contraception such as condoms, pills, injections and IUCDs.

Another SOGP team comprising doctors from Lady Aitchison Hospital and Mayo Hospital, Lahore, was led by Prof Dr Arshad Chohan, who was assisted by Dr. Saima Ahmed and Dr Sabahat Sami as well as two nurses.

The team was equipped with medicines, surgical instruments, IV infusions, material for bandaging etc.

DHO, EDO and Director-General of

Muzaffargarh helped the team in each and every step and the SOGP leadership greatly acknowledges their support. Medical relief camps were held in Elementary School for Boys, Khan Garh, Govt. Girls High School, Khan Garh, and a private school in Baseera.

It was a camping trip that lasted five days. The team consisted of two lady doctors, four male doctors, one dispenser and two staff nurses.

In the camps, the team used to see patients as per general OPD which was attended by 250-280 patients per day. A large number of diseases were encountered, but most patients were complaining of malaria, boils, scabies and gastroenteritis.

Mobile camps were also organized on the River Bund of Chenab where the team continued interaction with patients and gave treatment on the spot. This was particularly helpful as the team was able to reach those people who were ignorant of camps held in schools or were unable to come there. Mobile camps received up to 300 patients per day of its two-day duration.



Disaster not over yet

By Dr Sarwan Kumar

THE recent floods in Pakistan severely affected life in Khyber Pakhtunkhwa, Sindh, lower Punjab as well as parts of Balochistan. Thousand were killed and millions were left homeless. According to UN estimates, over 20 million people are suffering with over 160,000 square kilometers (1/5 of Pakistan) affected as a result of the flooding. These estimates exceed the combined total of affectees of 2004 Indian Ocean tsunami, the 2005 Kashmir earthquake and the 2010 Haiti earthquake.

Naturally, this called for a massive relief effort and the SOGP responded to the call of duty with a professional attitude that is the hallmark of the community of medical practitioners. Realizing that the disaster was not limited in its early phase and that rehabilitation was an integral component of relief efforts, the SOGP has kept an eye on long-term health initiatives that are needed in rural areas.

As for its role in the initial phase, the Society of Obstetricians and Gynecologists of Pakistan contributed massively to relief activities. These included the following:

Emergency Relief Activities: In collaboration with Pakistan Medical Association and Packard Foundation, SOGP Sindh provided 1,000 tents, 1,000 floor mats, 3,000 Ration bags, 1,000 water coolers and general medicines among IDPs in Karachi, Khairpur, Thatta and Larkana camps.

Adoption of Thehri Camp: In collaboration with PMA, SOGP Sindh also adopted one IDPs camp at Thehri, Khairpur, for three months. The camp had about 350 tents (3,000 population). Along with providing shelter, food and water, the SOGP also supported them with awareness sessions on hygiene, health and family planning. With the support of Packard Foundation, a medical camp was organized in which one doctor, two midwives and one paramedic were appointed for the period of one month. Along with providing general care, 20 deliveries were conducted, 35 were referred and 67 women were provided contraceptives.

SOGP-Packard Medical Camps: With the support of Packard Foundation and in collaboration with PMA, SOGP organized 20 medical teams (five in each district) in Karachi, Hyderabad, Khairpur and Larkana. Each team comprised a doctor, two midwives and a paramedic. Along with providing general and emergency care, they provided antenatal, natal, postnatal, EmOC, post-abortion care, TT vaccinations and provided nutrition to pregnant women.

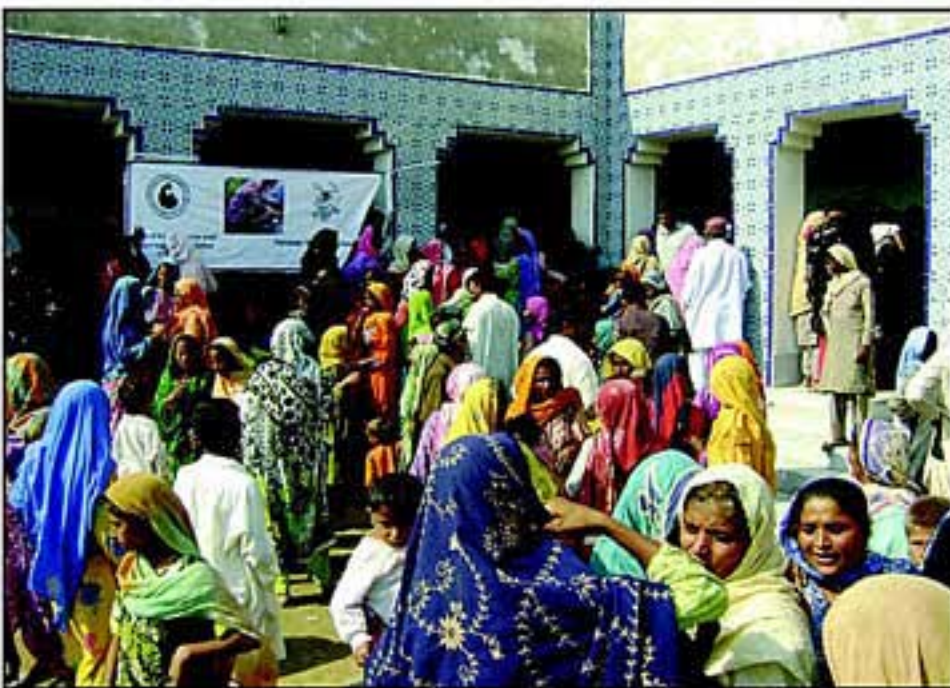
Mobile Medical Camps: SOGP Sindh senior members periodically visited the flood affected areas and conducted two to three days' medical camps after every fifteen days. Dr. Nighat Shah and her team covered Khairpur, Sukkur and Jacobabad. Dr. Shahida Shaikh and her team covered Larkana, Johi and Dadu. Dr. Razia Korejo and her team visited Gharo and

Thatta. Dr. Pushpa Srichand and her team covered Sehwan, Jamshoro, Kotri and Hyderabad.

Family Planning Awareness Sessions: SOGP Sindh conducted awareness sessions with women in camps. In these sessions SOGP members discussed birth spacing and family planning issues in the context of maternal and neonatal health and tried to remove myths and misconception associated with contraceptive usage. Besides, provision of family planning services in camps was also made possible by SOGP members.

Networking with Population Welfare Department: Two meetings were also organized with the provincial Population Welfare Department at Karachi and with District Population Officers (DPWOs) at Khairpur. Through these meetings a network was developed among SOGP members and the department to access women in flood affected areas and in camps and providing them family planning services according to their own choices.

Training of LHVs: SOGP also conducted awareness sessions and a one-day workshop on family planning with LHVs and CMWs at EDO Health office Khairpur and organized a team of low-level healthcare providers to mobilize the community. Through this session these healthcare providers were sensitized and trained in effective family planning counseling and provision of oral and Injectable contraceptives while referred IUCD and tubal ligation cases towards tertiary care or SOGP members.



Networking and Collaboration: SOGP in collaboration with Aga Khan University Hospital (AKUH) Karachi, Liaquat University of Health Sciences (LUMHS) Jamshoro, Maher Medical College Sukkur and Shaheed Mohtarma Benazir Bhutto Medical University (SMBMU) Larkana organized medical camps and sent specialists in Khairpur, Larkana, Schwan, Ghotki, Thatta and Benazirabad and other flood-affected areas of Sindh.

Livelihood for Rehabilitation: As rehabilitation support, SOGP distributed livelihood goods among IDPs, especially women.

While going through flood relief activities, SOGP members learned a lot by way of exposure to the miserable conditions prevailing in rural Sindh. It was an opportunity to observe and learn lessons. The following are extracts from a diary that I maintained during some of my visits to the affected areas during the early phase of the disaster:

Accompany me were Dr Nusrat Shah, Assistant Prof OBGYN, DMC, Dr Sarwan Kumar, Project Manager, Every Woman Counts, and Rukhsana Zaki.

Almost all women were perpetually pregnant; mostly unplanned/unwanted due to unmet need of contraception. This vicious cycle needs to be broken, as pregnancy in our country is common killer in reproductive age and maternal mortality is one of the highest in the region.

We had with us stocks of oral contraceptives/injectables/IUCDs/and emergency contraception. (Does having stocks alone work?) This is in addition to routine medication and iron/calcium supplements

We started off from Katcha of Khairpur which. This consisted of multiple villages which were washed away. In the first village, we came across 20 households, 35/40 women. None of them was educated and all were very poor. Six of them were pregnant.

There were many women there who had completed their families or had two or three children and at that moment did not wish for more. But barriers to contraception were many, and taboos and misconceptions prevailed.

Most of the beliefs, however, were based on whims and fancy with no medical basis and evidence. With counseling many women agreed for



contraception. The pregnant women were encouraged to visit hospital for delivery and IUCDs were given to them for immediate postpartum insertion.

One thing became very clear that family planning in our setup will never be achieved sitting in hospitals or health centers/drawing rooms. One has to reach out in community and there is no easy way out.

The next stop was Ghulam Rasool Jatoi village on Katcha belt. More than 60 women gathered and surprisingly they were very enthusiastic for 'waqfa' (family planning). They asked for pills and injections mostly. Three more villages were subsequently covered before moving to Husn Afroz Camp.

Husn Afroz was a very brave woman/mother who stood up against all odds and cultural barriers to send her five daughters to school (one of them being myself). This camp city had 200 tents and 2,000 people.

The next day, the team had to split in two, as we needed to cover two districts, Larkana and Jacobabad. More than halfway to Jacobabad there was road blockade as a trailer had turned turtle. This supposedly required up to 0 hours to be sorted out. We therefore decided to turn to Larkana.

Dr Shahida, Assistant Prof OBGYN at Chandka, had arranged the visit. The Khosa Mill camp was housing 8,000 people in 810 tents. We spread out and made announcements for women who needed medical attention to come forward. Soon the medical tent was full.

Somehow by word of mouth the message was spread that we were giving winter packs with contraceptives, and sewing machines with IUCDs and tubal

ligation. This created a huge hype and large number of women came in. Never had we seen such rush and enthusiasm for family planning.

We placed IUCDs in the camp under torch light. Many women registered themselves for tubal ligation and many more were given injections. This just goes to prove that all barriers fly away when livelihood and survival come in.

Similar observations were made by SOGP members during our subsequent trips to Khairpur, Larkana, Shikarpur, Jacobabad and other such places. Key lessons learnt were as follows:

- * Inaccessible population is inaccessible because we don't go to them.

- * It is often difficult to ensure that vulnerable people can access assistance and so resources must be utilized to access targeted communities, and not simply concentrate on those people that are easiest to reach.

- * Extremely poverty-stricken women are waiting for relief and somebody has to think of breaking the beggary cycle by way of income-generation methods.

- * Self-help must be encouraged wherever possible.

- * Large number of IDP women have an unmet need for contraception.

- * Women do want and need contraception if things are properly explained to them.

- * Intervention provides us with opportunity of examination and exclusion of many pathologies.

- * Rehabilitation phase is quite difficult and must be viewed in the long run.

Disaster is not over. Not yet.

Managing IDPs in Karachi

By Dr Nighat Shah

KEMARI town in Karachi housed more than 12,000 displaced people in two schools, one college and two tent cities. Most of the people there were from Jacobabad, Shahdatkot, Thul and Shikarpur from the interior of Sindh. An SOGP team visited these camps on reports that people had many basic concerns which had remained unaddressed.

With PMA's support, we had arranged 250 bags of dry ration. Local MNA Qadir Patel was personally looking after these camps and we thought it better to coordinate our effort with his team. This was practical as these were the people who were interacting with the IDPs on a daily basis. Mr Patel and his team met us at their local office and then took us around for assessment. The team consisted of Dr Sajjad from the UNFPA, Dr Sarwan, Rukhsana and myself from

the SOGP of course.

In one of the camps, I was told that there were 24 pregnant women out of whom 13 had already delivered. The postnatal women had no breast-milk to feed the newborn. The problem started when I gave them some money to buy milk. Everybody then wanted to buy milk for their children. I literally had to be rescued from the crowd by volunteers. We however made a note that tins of formula milk had to be supplied.

There was an urgent need for water purification the as most prevalent disease was diarrhea. We spoke to the UNICEF which readily agreed to provide chlorine tablets. The SOGP linkages with almost every major organization in the field came handy on several occasions during the flood relief operation.

The next major problem was that of excessive heat, and tried to find out if electricity was available I which case we could donate some fans. One may

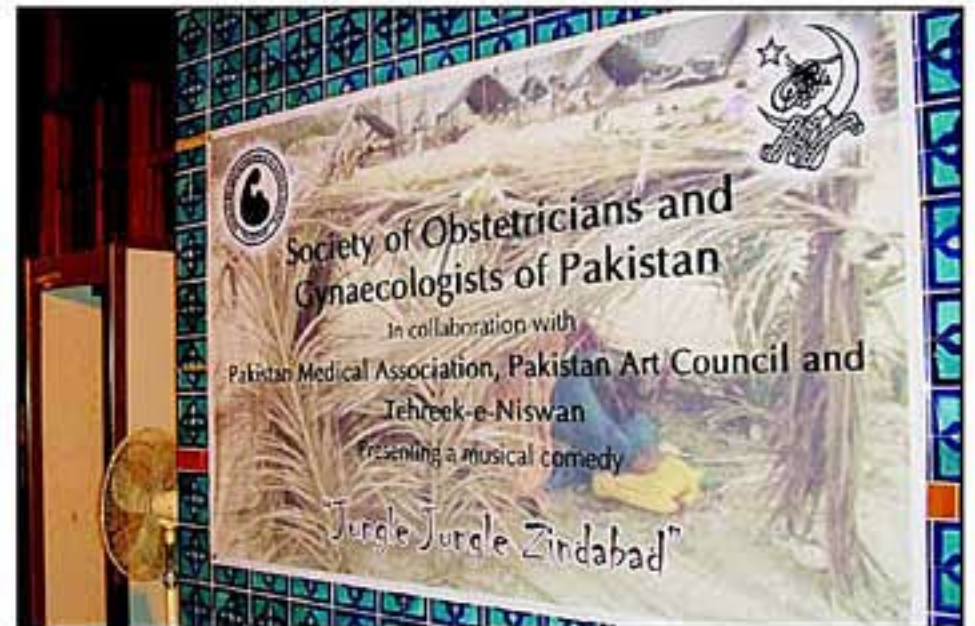
wonder what a health organization like the SOGP has to do with such issues. The answer is very simple; physical, emotional and psychological health means a lot more than dishing out medicines. It is a holistic approach that entails healthy living with bare necessities of life.

In terms of health interventions, Dr Sajjad visited the camps daily with three midwives. Ante-natal booking and assessment was done and cards for pregnant women were made. Courtesy Dr Tipu Sultan and Dr Shershah syed (PMA/SOGP), all the 30 IDP camps in Karachi were covered for MNCH concerns. Dr Shershah's army of midwives was in the field and did a wonderful job.

We intend to live up to our promises for basic survival and health concerns of IDPs. Please join hands with us to reach out in this time of depression and distress.



Glimpses of the joint SOGP-PMA fund-raising stall that was organized at Naheed Supermarket in Karachi.



THE SOGP in collaboration with the Pakistan Medical Association and Tehreek-e-Niswan organized a theatre play at the arts Council in Karachi as part of its fund-raising activity to support flood relief operations across the country.

SOGP and Packard flood relief medical camps



SOGP and Packard flood relief medical camps (continue ...)





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