



UNIVERSITY
of York

WHEN THE WATER TOOK EVERYTHING

PSYCHOSOCIAL RECOVERY AND THE FUTURE
ROBUSTNESS OF PAKISTAN'S FLOOD-AFFECTED
CHILDREN AND COMMUNITIES

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Executive summary

The 2022 floods submerged one-third of Pakistan. Caused by extreme rainfall at a time of year when Indus River levels were at their highest due to melting snow in Pakistan's mountainous north, the effects of the flooding were devastating. Millions of people lost their homes and livelihoods and were impacted by death and disability. The floods brought about severe damage and economic loss to already marginalised communities within the Sindh and Khyber Pakhtunkhwa (KP) provinces. This study aimed to identify the gaps and challenges in addressing psychosocial traumas from community, family and individual perspectives by understanding the lived experiences and positive methods of dealing with the different traumas of the flood-affected communities, in particular children. Furthermore, the study aimed to help create health and wellbeing indicators and a monitoring tool, by collaborating with communities to understand their needs and priorities through economic, environmental and social impacts on mental health and wellbeing.

This participatory qualitative research study involved grassroots leaders who play an active role among local communities, and representatives of civil society organisations, non-governmental organisations (NGOs), local governments' first responders, disaster management teams, and families and children. The methodological framework weaves in a range of methodologies, methods and theories that break away from the strict confines of Western scientific protocol and incorporate indigenous methodologies. Fieldwork in Dadu informed the development of the coding and analytical frameworks that were used in the analysis and reporting of this research. Furthermore, the health and wellbeing indicators were used to establish recommendations for Islamic Relief Pakistan in supporting the flood-affected communities.

The findings show that the members of the affected communities were able to express what made them happy and understood the challenges they faced. Therefore, it is important that development initiatives forge solutions *with* the communities and not

for them; solutions that expand culturally sensitive 'real freedoms' for people to enjoy.

There was a strong sense of bonding between the communities. This bonding was cemented by their Islamic faith and ability to self-mobilise, sharing food and other limited resources with each other. It can be further strengthened by external actors. Protection for children was a major issue of concern for all study participants. Child abuse is systemic throughout these communities and a completely taboo subject. Through games, safe spaces can be carved out in a child's chaotic environment to work through feelings such as pain, fear or loss. Play is directly linked to creative expression. It can create introspection, leading to the creation of new realities and identities. Most families lacked material resources, and access to clean drinking water was also an issue. Providing children with some form of education during flood events is critical for their health and wellbeing. Many of the children and young people interviewed expressed a desire to learn traditional vocational skills such as farming techniques and blanket weaving. The Toilets built by Islamic Relief Pakistan reduced open defecation, groundwater contamination and associated illnesses. Additionally, they provided users with privacy and dignity, and greatly improved safety and protection.

Two overarching and interconnected themes that encompass the range of health and wellbeing indicators were evident – the inner dimensions of empowerment and external factors for development. This report's recommendations include developing a community vocational training scheme, exploring how safety in open areas can be improved, training teachers and parents on better supporting traumatised children, creating decentralised storage sites for immediate relief, connecting with the communities via social media for flood information, developing a community-led flood emergency preparedness committee, continuing the toilet building project, nominating safe keepers to watch over children, establishing buddy systems for walking to school groups and collecting water or other resources, continuing developing the 'Mahmood Says' game to be incorporated with the existing Islamic Relief

Pakistan psychosocial activities in order to better understand abuse and trauma within communities, establishing a worry box system at schools, providing families with tarp and rope to secure items on the roofs of buildings during flood events, developing a community grain bank, constructing shallow wells or a water filtration plant for clean drinking water, training local midwives or expanding the lady health worker/visitor scheme, developing an emergency education programme in the community.

The climate crisis means future flooding is likely to occur, with communities facing the same challenges again. Unlike before, however, Islamic Relief Pakistan has highly trusted staff working with with these communities to carry out disaster preparations and responses. Based on the research observations, issues relating to psychosocial trauma need to be managed with care. The monitoring and evaluation apparatus developed by the research team will allow for sensitivity around these issues, while facilitating conversations around body protection. Continued use of this method will allow the development of an evidence base of community health and wellbeing for Islamic Relief Pakistan.



1. Background

Pakistan has experienced a range of extreme weather events. 2022 saw a triple-dip La Niña, which began in 2020, but which cannot fully account for the anomalous rainfall of that year (Jeong et al. 2023). El Niño and La Niña are opposing climate patterns that disrupt normal conditions. They both have global impacts on weather, lasting typically from nine to 12 months and occur every two to seven years on average (Poynting and Stallard 2023). El Niño is characterised by warmer sea surface temperature in the tropical eastern Pacific, raised atmospheric pressure in western Pacific and below-normal atmospheric pressure in central Pacific. La Niña, meanwhile, is a cold weather phenomenon. It is characterised by strong trade winds that push warmer water toward Asia, meaning sea surface temperatures are cooler than usual in the east Pacific.

Pakistan is also among the world's most climate-vulnerable countries, ranking fifth among the most affected by climate disasters according to the Global Climate Risk Index (Climate Crisis in Pakistan: Voices from the Ground, n.d.). The 2022 floods, caused by extreme rainfall, submerged one-third of the country and prompted widespread landslides along the Indus River basin.

To fully comprehend the impact of climate change on extreme flooding and its effect on people's lives in Pakistan, it is important to understand the history and ecology of Indus Valley Civilisation (aka Harappan Civilisation), the largest—but least known—of the first great urban cultures besides Egypt and Mesopotamia (modern Iraq) (Harappa.com 2024; Giosan 2018). More than 4,000 years ago, the Harappan civilisation thrived in the Indus Valley in what is now modern Pakistan and northwestern India, where inhabitants built sophisticated cities, invented sewage systems that predated ancient Rome's, developed seal carving, metallurgy, standardised weights and measures. They also developed a tax system and excelled in agriculture and trade (Elshaikh 2024). Harappans relied on river floods for growing crops. By 1800 BCE, this advanced culture had abandoned their cities, moving

instead to smaller villages in the Himalayan foothills. It is believed that climate changes likely drove the Harappans to migrate far away from the floodplains of the Indus. Beginning in roughly 2500 BCE, a shift in temperatures and weather patterns over the Indus Valley caused summer monsoon rains to gradually dry up, making agriculture difficult or impossible near Harappan cities. Today, agriculture and pastoralism remain the main source of livelihoods for people living in the Indus valley.



The Indus River and its Himalayan tributaries pass through northern Pakistan before merging to flow through what would otherwise be a desert region, the Sindh province (Harappa.com 2024). The Indus River and its tributaries are primarily snow-fed from melting glaciers of the Karakoram, Hindu Kush, and snow from Himalayan ranges. The monsoon rains (July to September) provide the rest of the flow. The river's flow varies greatly at different times of the year: the discharge is at a minimum during the winter months (December to February), there is a rise of water in spring and early summer (March to June), and floods occur in the monsoon season (Lodrick and Ahmad 2024). Except for the mountainous

region of Pakistan, the Indus Valley lies in the driest part of the south Asian subcontinent. The climate today in the Indus Valley is semi-arid, watered by winter rains, seasonal streams, and human landscaping (Lodrick and Ahmad 2024). It ranges from dry semi-desert areas of Sindh and Punjab provinces (with July daytime temperatures averaging 38°C, often reaching summer maximums of above 50°C in some parts) to the severe high mountain climate of Kohistan, Hunza, Gilgit, Ladakh, and western Tibet (with January temperatures averaging below freezing).

From its source in the north to the Arabian sea in the south, the Indus river inhabitations over the centuries have shaped the culture, religion and language of the people living there today (The Editors of Encyclopedia Britannica 2006). People living on the upper reaches of the Indus River exhibit cultures similar to Central Asia, speak Tibetan languages and practise Buddhism. Some ethnicities in these parts have adopted Islam and there are transitional zones throughout where different cultures and languages mingle, forming a myriad of local dialects and rituals. Others, like Burusho people living in Hunza valley, speak a language (Burushaski) that has no known ties to any other language in the region. The predominant religion along the rest of the Indus Valley is Islam, and people speak Indo-European languages, reflecting the history of repeated incursions of the subcontinent from the West. The western Kashmir region is inhabited by Dardic-speaking groups (Kafir, Kohistanis, Shinas, and Kashmiri Gujar), again Indo-European in origin. The northwestern province of KP is inhabited by Pashtuns, speaking Pashto, who are closely related to the tribes of Afghanistan and follow similar traditions and customs. The well-watered northern Indus plains are settled by agricultural groups who speak Punjabi, Saraiki, and related dialects. Finally, the lower Indus Valley is inhabited by agricultural groups who speak Sindhi and related dialects.

The 2022 floods left over 30 million people homeless and resulted in 1,739 deaths and 13,000 injuries, bringing about severe damage and economic loss to already marginalised communities within the Sindh and KP provinces (Al Jazeera 2022). The

succession of disasters in recent decades, notably the 2005 earthquake that claimed nearly 100,000 lives, almost yearly floods, the Glacial Lake Outburst Flooding (GLOF), and droughts have limited capabilities among vulnerable populations in Pakistan. Much of the humanitarian efforts in responding to disasters focus on the loss of livelihood as communities grapple with economic devastation and displacement (Hussain et al. 2023). This report focuses on the psychosocial trauma that comes with disasters. These are issues that are not at the forefront of policy and require a concentrated effort by policymakers, practitioners and communities to deal with trauma, particularly that of children. The UN Committee on the Rights of the Child (CRC) has linked environmental harm and children's rights – with a published General comment no. 26 affirming that states have obligations under the CRC to address environmental and climate-related harms. This report draws on the international consensus that children's rights need to be protected in times of crisis and supports the UN committee's emphasis that climate related disasters can be devastating for children's rights. Pakistan has been a member of the United Nations since 1947 and ratified the CRC in 1990. Its long standing commitment to upholding the protection and rights of children allows for this report to recommend innovative strategies and forward thinking recommendations to protect the safety and wellbeing of children at the forefront of crisis.

Soon after the 2005 earthquake, the current disaster management infrastructure in Pakistan emerged. Despite the mixed opinions on its effectiveness in pre-empting and responding to disasters, it is undeniable that the 2022 monsoon rains and floods caught almost everyone by surprise both in magnitude and impact (“How Effective Is Pakistan's Disaster Authority?” 2015)). The contours of disasters are shaped by existing social inequalities that expose those affected to varying levels of deprivation and vulnerability. Therefore, the ability to prepare, respond and reconstruct needs to be examined through an intersectional lens that factors in the social identities of an affected community. It is children who are at the highest risk of the consequences of public health emergencies. An esti-

mated 50 per cent of 3.4 million affected children showed signs of distress following the 2022 floods (Save the Children International 2022). Disasters are multifaceted and have exacerbated a range of psychosocial trauma and protection issues among children, families and communities. Following on from existing research on the mental health of children affected by disasters, the interlinkage between children's mental health and family and community situations is crucial.

This report takes on a holistic approach to understanding psychosocial trauma. It examines the health and wellbeing aspects of affected communities, including those economic, social structures that can further deepen states of deprivation and poverty. Rather than separating mental and physical health, the report acknowledges the two are interlinked. The physical illness brought on by the stagnant waters around settlements of displaced families generated waterborne and vector-borne diseases – including malaria, dengue fever and acute watery diarrhoea – greatly impact children. The landscape of pathologies and suffering exacerbates mental health issues, bringing about trauma in communities where safe spaces have disintegrated.

The experience of displacement is central to the report's findings. The loss of people's homes, livelihoods and communities disrupted the natural rhythms of life, creating security and protection issues. In this situation, children experience a profound state of disorientation. The closure of schools and disruption to the home by displacement increases the risk of already systemic protection issues for children. The cognitive and behavioural consequences can include nightmares, stress, depression and hostility. Children risk being subjected to emotional, verbal, physical and sexual abuse as a result of displacement. Understanding what health and wellbeing means to the communities is central to identifying strong recommendations to enhance capabilities among affected communities from a ground-up approach. Currently the main methods for offering psychosocial support to children are creating safe spaces. While some guidelines exist on how to address mental health and trauma after disasters, little effort has been made to co-create con-

text-specific methods for healing and reconciliation. Drawing from the work of one of the great thinkers of the 20th Century, Muhammed Iqbal, this report reiterates the opportunity to build on the existing traditional coping strategies that centre on Islam as a source of empowerment and care. Concepts of human flourishing form part of the broader discussion around mental health from a local context.

2. Study aims

The study aimed to understand the different psychosocial traumas of the flood-affected communities and, in particular, the children. The research team examined the existing coping mechanisms and positive methods of dealing with trauma among the communities. Thus, identifying the gaps and challenges in addressing the range of psychosocial traumas from a community, family and individual perspective. The research team collaborated with communities to understand their needs and priorities through a holistic approach to addressing the economic, environmental and social impacts on mental health and wellbeing. Finally, the team worked with communities to co-create health and wellbeing indicators and further developed a monitoring and evaluation tool.

3. The research objectives

The research objectives support the overall aim and report question. The purpose of this report is to reposition health and wellbeing into climate change policy with a specific focus on psychosocial trauma. Mental health issues in affected communities, and children specifically, can go unreported due to societal stigma and can be easily overshadowed by immediate health and deprivation needs.

The following four objectives were established to achieve this aim:

1. To understand the psychosocial impacts of climate change on children in flood-prone districts in Sindh and KP provinces.

2. To formulate indicators to support mental health and wellbeing for affected communities experiencing climate disasters. The indicators should inform policy response on climate change.
3. To understand the impact of the 2022 floods on access to and utilisation of sanitation and hygiene facilities and resources in flood-prone areas of Sindh and KP.
4. To outline current local practices addressing challenges caused by floods from a gender perspective and to identify avenues for building strength and resilience among local stakeholders.

Study question:

The overall study question for this research study is: **What are the rehabilitation approaches for children affected by psychosocial trauma from flood-prone areas in Pakistan?**

4. Methods

This section provides an overview of the methodological framework for this study. The first part of the section presents the existing guidelines, relevant to this case study, that address mental health issues and trauma in children and adolescents affected by crisis. This study's guiding line of thought builds on the literature on psychosocial trauma and rehabilitation methods. The latter section discusses the field work and provides a practical guide on the coding process, thematic analysis and steps taken to review the themes.

4.1 Research design

This exploratory study employs a participatory qualitative research approach and qualitative research design. The methods are interactive workshops utilising various participatory arts techniques to facilitate dialogue, collaboration, and co-creation of knowledge assets to understand the outlined objectives of this study (Figure 1). The research design looks at giving more weight and priority to the qualitative aspect of this study. The statistical analysis

was important in order to identify the percentages of children that felt safe and unsafe in different locations. The mixed methods data has given rigour to our findings.

To capture the expression of psychosocial trauma and the experiences of those living with it, this research design integrates the family and community, acknowledging that trauma and healing reverberate against one another and make up the structures for peace and reconciliation. The level of moderation is informed by the existing frameworks, tools and guidelines to uphold the safety of all participants.



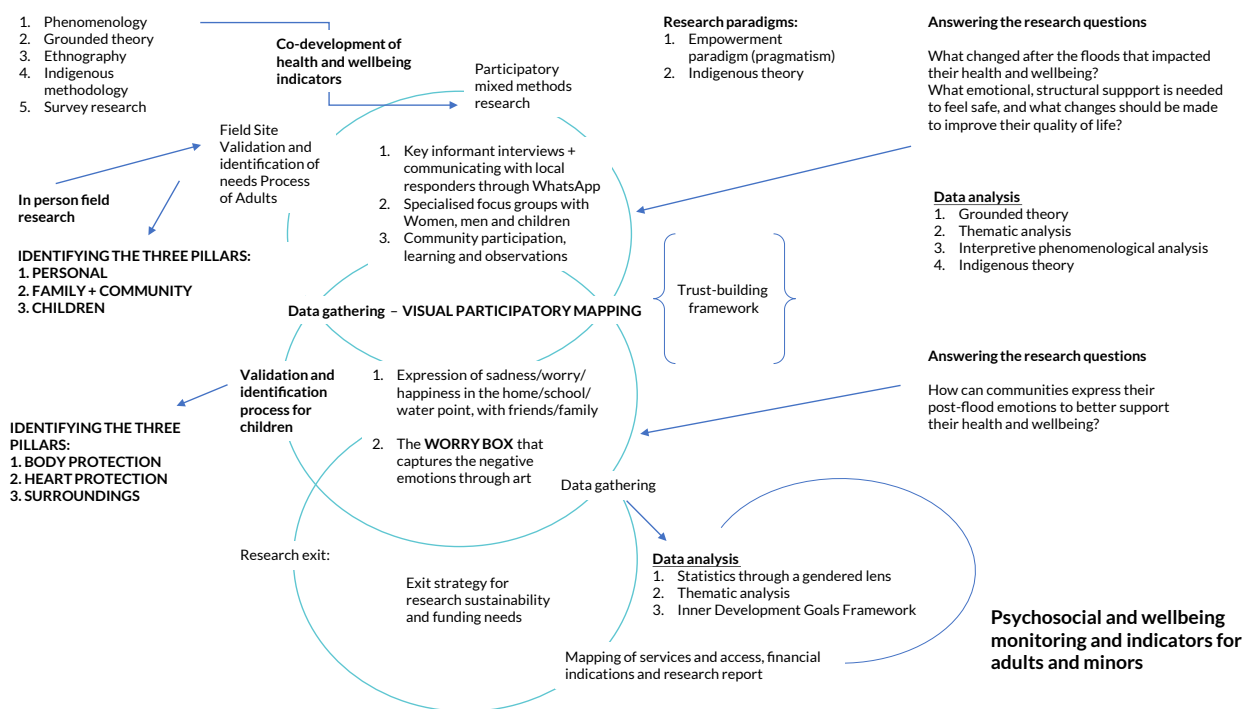


Figure 1: Overview of research design

4.2 Study participants

The participants in this study have lived experiences of displacement due to the 2022 floods. The study participants include grassroots leaders who play an active role among local communities and representatives of civil society organisations, NGOs, local governments' first responders, disaster management teams, and families and children.

The study broadly involved five categories of research, which are discussed in more detail below:

1. Interviews and structured discussions and observations with Islamic Relief Pakistan staff
2. Interviews and structured discussions with relevant stakeholder organisations and teachers
3. Statistical analysis on body protection issues
4. Sharing circles with flood-affected men and women in Sindh and KP
5. Interactive sessions designed specifically for Pakistani children affected by floods.¹

1. There was a dedicated note taker and following each session the research team would discuss responses to ensure clarity and understanding.

In Sindh, the team conducted the following activities in the District Dadu, on 22 and 23 May 2024:

- Women's sharing circle
- Men's sharing circle
- Two mixed children groups in two different villages
- One mixed children group in one primary school

At one middle/secondary school In KP, we conducted the following activities in the District Dera Ismail Khan, on 28 and 29 May 2024:

- A combined sharing circling, featuring men and women
- Two children's groups: one with girls (primary and middle combined)
- One children's groups with boys (primary only)
- A group discussion with teachers from the girls school

4.3 Methodological framework

The methodological framework weaves in a range of methodologies, methods and theories that break away from the strict confines of Western scientific protocol (Martin 2017). A participatory qualitative research approach with qualitative data analysis steeped in arts-based mediums from an intersectional lens draws on an interpretative paradigm to facilitate a rich exploration of emotions, experiences through sharing circles, in-depth interviews and interactive arts-based methods (Leavy 2020).

The first stage in developing the methodological framework was to conduct a mapping of the tools and guidelines used and developed by the humanitarian sector on psychosocial trauma for children in

a disaster context, shown in Figure 2. This mapping influenced the overall methodological approach and methods used, providing core guidance on the main cognitive and behavioural consequences to children and young people affected by disasters. The relevance of the existing guidelines to this case study is to provide an informed approach when addressing mental health issues and trauma in children and adolescents affected by crisis. This study's guiding line of thought builds on the literature on psychosocial trauma and rehabilitation methods.

The CRC is an all encompassing treaty that upholds the rights and protection of children and which is central to the discussion and recommendations of this report. Although the treaty does not specifically mention climate change protection, Articles 19 and 27 refer to protection from harm. As discussed in this report, climate change exacerbates the risk of environmental harm and the infringement of children's rights. The right to health and health services, under Article 24, sufficient standard of living (Article 27), the right to relax and play (Article 31), and an education under Article 28 are also threatened by the severity and frequency of climate disasters. Thus, for the safeguarding of children to be successful, the overall environment of family life and access to healthcare, play, and education are cornerstones in upholding children's dignity. The recommendations of this report and methodological framework are geared towards strengthening the rights of the child, linked with Pakistan's commitment with the CRC.

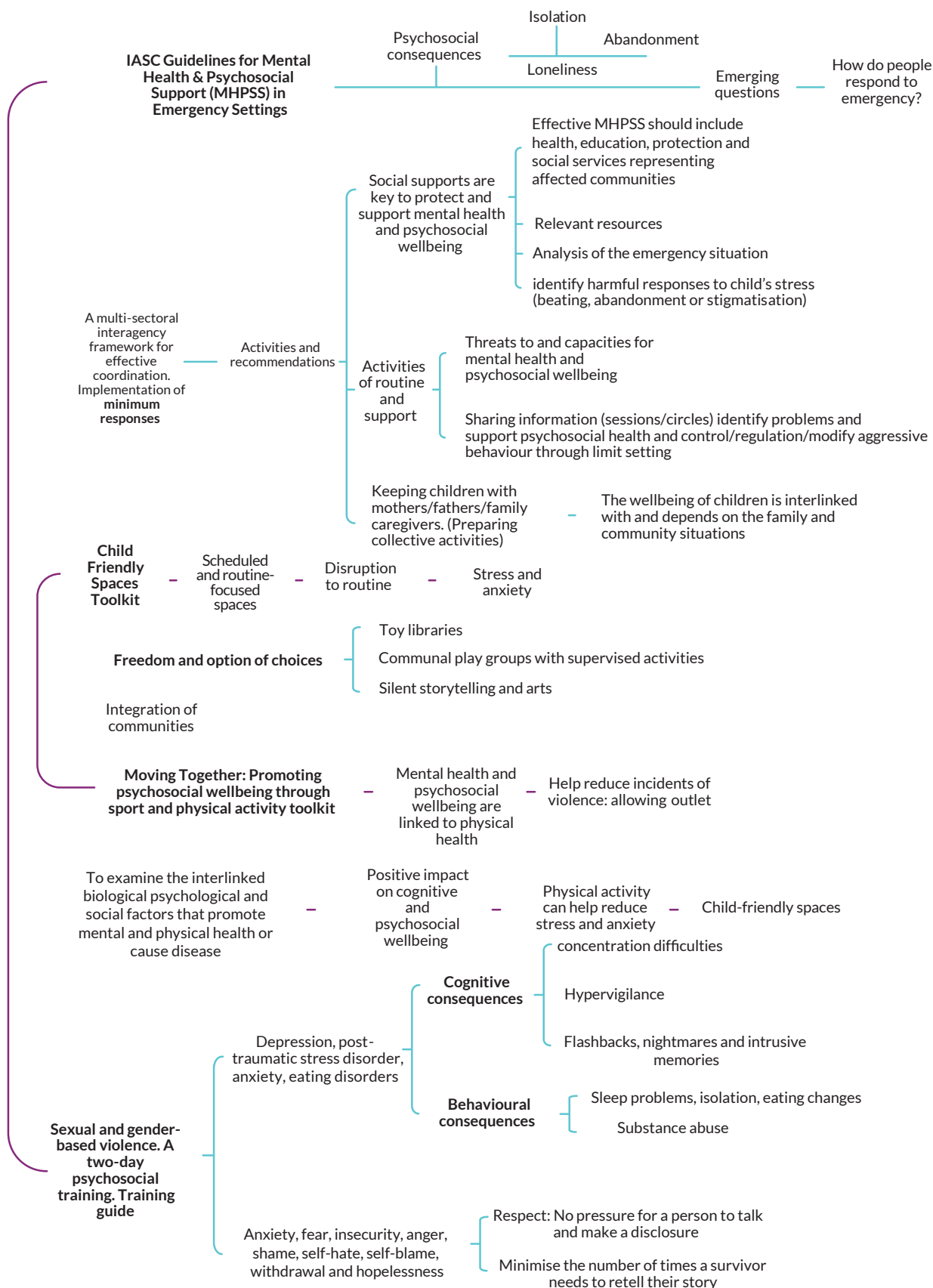


Figure 2: Mapping of humanitarian approaches and guidelines

4.4 Field methods

4.4.1 Sharing circles

This is a culturally and contextually appropriate method in this region. Sessions with men and women were held separately in Sindh to maximise the depth of information provided. In KP, the community's preference was for a combined circle and as such, the research team respected the request. Following introductions and explanations from the research team, community members would then take it in turn to offer their thoughts, reflections, observations and insights on the various topics put forward by the researchers.

4.4.2 Interactive children's session to understand feelings, experiences and safety in the community

This session with children has been designed to help us understand how children feel happy or unhappy, safe or unsafe in their community and environment. The terminology used during the children's sessions for example, 'body protection', was carefully selected following structured discussions with Islamic Relief Pakistan psychosocial staff and staff from the NGO Rosan, who specialise in providing psychological support services for children and communities in Pakistan. Figures 3, 4 and 5 are examples of the drawings that were shared in this session (visuals may have varied depending upon field site). Depicting familial settings and simple emotions allowed the children to express feelings of happiness, worry or sadness. The session followed the following layout:

1. Ice-breaker session: What makes you happy?

Children were invited to shout out and make statements and explain their happy times. The children share their favourite games and moments and activities they do that make them happy.

The above question is framed around children's cognitive development and how children respond and process situations and experiences. The researchers began with an open ended question focused on a positive emotion. In this activity, the children can recall and situate themselves comfortably with an emotion and experiences. Carroll Izard's theories of infant emotional development supports the question's framing. Thus, basic emotions like, happiness, anger, fear, surprise, sadness and disgust are argued as being intrinsic to humans from birth ([LoBue et al. 2019](#)). Making sense of the world and processing trauma is an emotional socio-cognitive process. Furthermore, the development of cognitive thinking happens in stages and is reached at different ages. Therefore, allowing children to express themselves through emotions gives them a sense of empowerment to lead on what is important to them and report on what their happy experiences look like without having to adhere to rational structures.

The rationale in introducing two opposite emotions is to simplify the session and allow the children to identify opposite feelings that are common denominators for them within similar contexts. Through this session, the researchers are able to gauge the different associations and identify places of concern. Furthermore, it provides an opening to discuss the why and lead to a better understanding of the child's environment and emotional state. Drawing from the work of Jean Piaget, a 20th century psychologist and cognitive theorist who focused on child development. This section expands on the idea that children have distinct experiences of the world around them, uninfluenced by adult intervention, and, depending on their stage of cognitive development, these experiences need to be understood. Language, memory and reasoning are not linear in development. The sample groups of children varied in ages and gender, all factors that support a simple methodological approach to issues on psychosocial trauma. Most of the children were between the ages of 3 and 12+, which meant that forming ideas based on things that were not physical was achievable. Therefore, painting, playing and talking about things that happened in the past were within the children's capacity to different degrees.

Piaget's four stages of development are briefly explained below:

1. **Sensorimotor stage** (0-2 years)

The construction of the world through the senses, by touching, tasting, watching and listening. In this stage babies also develop an affinity to objects, which is the understanding that objects exist without seeing them.

2. **Preoperational stage** (2-7 years)

Children develop language and abstract thought. This stage is still enveloped in an emotional response. Children can think conceptually and form symbolic ideas. Children at this stage can express themselves through art, play, and discussing past experiences.

3. **Concrete operational stage** (7-11 years)

This stage sees the emergence of logic. Children learn logical, concrete rules and understand specifics to objects.

4. **Formal operational stage** (12+ years)

In this stage of adolescence, problem solving and concepts of justice are noted. This marks a distinction from the prior stages, which are reduced in terms of rational and critical thinking.

Locating a child within their environment and their lived experience draws on the phenomenological underpinning of this report's methodology. In practical terms, the section below lists the process and the main locations that the research team identified as important to the children.

2. Session 1: Happy and unhappy places

We explain to the children that we need their help to understand what places are happy; what places are worrying and what places are sad. Images of a happy face, worried face and sad face are placed on the ground. The team held up different pictures of places in turn and invited the children to place a sticky note on the emotion they feel when they see or think of each place. It was within these activities that we were also able to collect statistical data. The places and activities used included:

- schools
- home
- playing/being with friends
- family
- the water point/hand pump
- the outdoors.

Following the first session the team dropped the inclusion of 'home' as the children explained they identified the 'home' as the same as 'family'. 'Family' in this session refers to the immediate family only.



Figure 3: Places where children interact on a daily basis

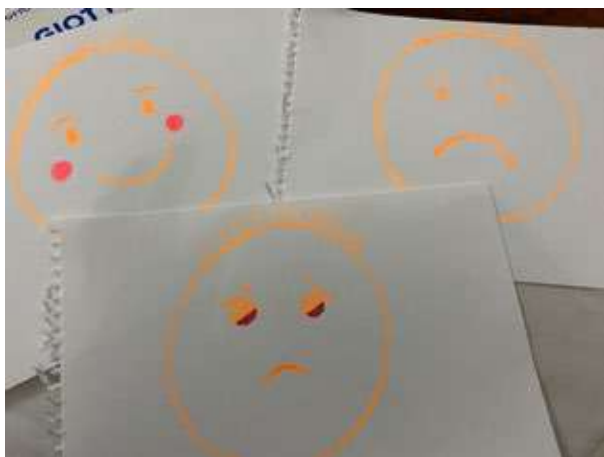


Figure 4: Pictures of different possible emotions

The girls and boys were given different coloured sticky notes for later analysis purposes.

3. Session 2: Playing to learn: Mahmood² Says

The research team adapted a well-known English children's game to provide a culturally-appropriate Pakistani children's game largely for three distinct purposes. Firstly, both children and adults enjoy games. This game was introduced halfway through the session to provide a natural break for the children. The nature of the game provides fun and invokes laughter and light physical activity, which is important after everyone had sat in one place for the first session. Secondly, the game becomes something they can continue to play at other times and go on to teach family and friends to also play. Thirdly, the researchers aimed to develop the original game further so it can be used by future Islamic Relief Pakistan teams to develop a better understanding of psychosocial issues children are facing and to promote body protection among children. The rules of the game are as follows:

- A) A member is identified as the leader.** In this case it was a member of the research team. The research team demonstrated the game first then invited the children to participate. It was evident that all children were eager and excited to participate.

2. The name 'Mahmood' was chosen for one of Islamic Relief Pakistan's first responders in Sindh following the floods.

- B) The leader will instruct all other participants to conduct an action.** There are four possible actions: put your hands on your head, put your hands on your shoulders, sit down, and stand-up.
- C) If the leader says "Mahmood says" an action then everyone should complete the action.** However, if the leader says to do the action, but does not include the words "Mahmood says" first then the participants should remain still.
- D) The game is played in 2-3 initial rounds where all participant's can rejoin even if they carry out the actions when they should have remained still.**
- E) The game can either be continued as in D above or participants have to sit out if they move to carry out an action when they should have remained still.**
- F) The game often increases in fun as participants become better at listening for and understanding the verbal queues and where the leader increases the speed of queues and draws on repetitive actions e.g. to and fro between sitting and standing at speed was great fun for the children.**

4. Session 3: Happy and unhappy body places

This is an extremely sensitive session, and we explored appropriate wording with local NGOs and Islamic Relief Pakistan staff beforehand. An explanation is given to the children of body protection including good touch and bad touch – 'good touches' are wanted, welcome and make you happy. 'Bad touches' are touches you do not want and that cause distress (see Figure 5 below).

Session 2 is repeated but in place of the happy, worried and sad faces on the ground, a 'body happy' and 'body unhappy' image is placed on the ground. The exercise is then repeated by holding up the different places and activities again as above.

5. Wrapping up

We open the session up to share ideas and feelings, and for discussion and questions. We include the following questions:

- Have we missed out any places we should have included?
- What should we include next time or if we visit for another arts session?
- What would the children like to do when they grow up?
- What did they think of this session:
 - Fun?
 - Strange?
 - Something to talk about with friends?
 - Something to talk about with family?



Figure 5: Feelings to show body protected or not body protected
Authors developed this technique after discussions with a local NGO on contextually appropriate wording

4.5 Ethics

Ethical approval was secured from the University of York, Health Sciences Research Governance Committee prior to the study.

4.6 Approach to coding and analysis

4.6.1 Theoretical and philosophical tenets: Inner Development Goals

The Inner Development Goals (IDGs) were established to increase our collective ability to face and work effectively on complex challenges (Framework – Inner Development Goals, n.d.). Hence, we draw on them to frame our approach and thinking towards this work and provide the foundation for the theoretical framework. The overall research design incorporates the IDGs Framework within the data analysis influencing the practical aspect of this report, that is, the monitoring and evaluation tool that looks at both inner dimensions and external factors which contribute to mental health and wellbeing.

The IDGs include:

1. Being – relationship to self
2. Thinking – cognitive skills
3. Relating – caring for others and the world
4. Collaborating – social skills
5. Acting – enabling change

We developed our approach to coding for themes and the analytical framework from the initial data collection in the Dadu, Sindh site. This section provides an overview of the emerging themes from the two sharing circles conducted in Dadu by the research team.

The first sharing circle was with mothers and women from the community. This session was attended by the area lead of Islamic Relief Pakistan and other key staff. The session began with a group introduction then moved on to asking what challenges the women faced during and after the floods. The most prominent issue was around livelihoods, with the women sharing a mutual sense of destitution. The basic needs of food, shelter, livestock, mobility and road infrastructure were central to discussions. The women expressed how they were left on their own without any support other than from Islamic

Relief Pakistan.

Once the background to the floods and those immediate challenges were established, the session moved on to discuss the wellbeing of children during the floods. It was evident from both sessions that the participants felt comfortable and communicated freely on issues of physical and structural loss. The link between psychosocial trauma and physiological symptoms was strong. The mothers explained that a large percentage of the children had had strong bouts of fever and waterborne diseases. They also discussed how the children had been unconscious from fever. Psychosocial trauma had manifested in aggression, nail biting, nightmares and a fear of water, rain and thunderstorms.

The importance of gathering information on family and community wellbeing and the challenges they face is supported by existing literature on children's psychosocial trauma. This literature highlights the link between family and community wellbeing and that of children, shown in Figure 2.

The second most prominent issue that women faced was the end of their economic activities, such as sewing and weaving. The women shared a loss of financial independence and continued to struggle on an economic level and with a loss of self-worth as their contribution to the household income declined. The inability to continue traditional work in each region created a great sadness and a sense of losing cultural heritage. Freedom and privacy emerged as from the discussions as two themes the women valued, and that were linked to identifying health and wellbeing indicators. There were positives to the development programmes after the floods, such as the construction of permanent homes and washrooms. Both sharing circles discussed mobility, health care and education as major issues. The lack of these constricts and impacts both physical health and mental health of the affected communities.

Another point that emerged from the research was the role of education, including vocational training, as a powerful tool for the community. Similarly to

the format of the women's sharing circle, the men's group began with an introduction by Islamic Relief Pakistan's area manager and a blessing. The theme that emerged most prominently from the fathers and heads of household attending was their role as protectors. The men also discussed economic and structural loss. They then began to speak about their role in comforting the family, mainly by asking the children to keep close to them during the floods. A further challenge the men identified as needing to be addressed was the increase of debt as they feel they are only at 25 per cent recovery in terms of economic stability after the floods.

Both groups identified important coping mechanisms. The women spoke about the importance of being compassionate and caring with their children and the pivotal role of faith as a calming tool when their children displayed signs of frustration. The men discussed congregation and practices of gratefulness and humour to elevate the trauma of the floods.

The men discussed their usage of the social media platform Facebook as a non-formal warning system. Communities flooded higher up the river basin provided alerts and warnings on Facebook. These alerts were used by the men to make some preparations. Unfortunately, they had not realised the 2022 flooding would be so severe. The men explained they would gather the family and lead reminiscing of happy or funny past times/events. They explained this is common in Pakistani culture.

Both the women's and men's sharing circles discussed the extreme heat of the campsites that made the children sick. How relief is delivered and whether it is sufficiently informed by the context is incredibly important for future government and organisational disaster preparedness. Islamic Relief Pakistan was a consistent and much needed support for the community.

The data gathered in KP complemented the themes that emerged from the Sindh data. The session for the women and men was held together and re-

searchers observed different cultural dynamics that were incorporated in the analysis. Both are farming communities with some strong commonalities around their economic set up. The communities are not in a position to save, and live by a daily wage which exacerbates the impact of disasters.

The communities from Dadu and Dera Ismail Khan both share a strong appreciation for Islamic Relief Pakistan's work. This is an important finding as it suggests Islamic Relief Pakistan's approaches to emergency response and development work have been effective. Islamic Relief Pakistan has strong links with communities and is imparting a bottom-up approach. A further finding from the sharing circles was the persistent issue with women's reproductive care. The need for healthcare has exacerbated since the floods. Many women spoke about issues accessing suitable pre-and-post natal care. A disproportionate amount of women were having to undergo a C-section, while men were also impacted by the gaps in healthcare services as many had gone into debt in order to finance private medical treatment. There are no health facilities in or near either of the communities. Similar to those in Sindh, the communities in KP face issues with transportation, and community members with disabilities are disproportionately affected. The roads are a major impediment for development.

4.6.2 Development of the coding frameworks

We developed two coding frameworks that support the methods of analysis, and that are informed by constructivist-grounded theory and phenomenological approaches. The realities on the ground are shaped by different norms, communal structures and rituals, and can help inform responses that make sense to the community. The report emphasises the importance of a context-specific approach and the wider ramifications when influencing climate change policy and disaster preparedness. Therefore, the researchers acknowledged the cultural and societal nuances between the different field visits as shown in Figures 6 and 7.

Figure 6 further highlights the distressing impact on parents of witnessing their children's suffering. The lack of any educational infrastructure or teaching facilities within the community has exacerbated mental health issues among the children. Education or the lack of it has also contributed to an increased risk of protection issues due to unaccompanied minors moving from village to far away school locations. In Dadu, there was normally only one teacher, who travelled in from another community, so during the floods there was no teacher available to the children. The research team held structured discussions with teachers from schools where some of the children attend. The teachers explained they were not equipped with the training or tools needed when the children returned to school as many were evidently traumatised following the floods. Teachers in KP shared a similar experience.



CHALLENGES DURING THE FLOODS

Livelihoods

Loss of cattle and other assets
Mobility and roads
Loss of shelter
Extreme food insecurity
Local health and education structures destroyed
Water and sanitation

Women's sharing circle

- The women have work activities that centered around sewing, weaving and making bed frames due to loss of equipment
- Loss of economic dependence and contribution to the household
- Limited activities, stimulation and social cohesion with the other women
- Mobility impacting women's freedom of movement due to heightened security and protection issues
- Local health facilities and reproductive health care services were destroyed
- A rise in miscarriages
- Child mortality and sickness/unconsciousness and fits from high fever
- Child hunger and insecurity

Men's sharing circle

- The men have incurred huge debt from the floods
- Cattle and assets had to be sold for a fraction of their value
- Complete loss of earnings and livestock
- Yearly stock of wheat and rice was lost
- Mobility and roads
- Complete destitution
- The lack of women's health service creates an economic responsibility that is by the men and drives further debt
- Protection and safety issues
- Drink flood water
- Snake bites
- Disruption to daily routine and family dynamics

Aggravating causes:

- The community and families have no monetary saving capabilities
- Waterborne disease and no local health capabilities
- No education in emergencies or local educational capabilities
- Limited knowledge of support systems and helplines from NGOs
- Security issues for women and children
- Helplessness and limited support from government and NGOs
- Witnessing family and child suffering

ROOT ISSUE



**DISPLACEMENT AND
DISPOSSESSION**

EMERGING THEORETICAL CONCEPTS

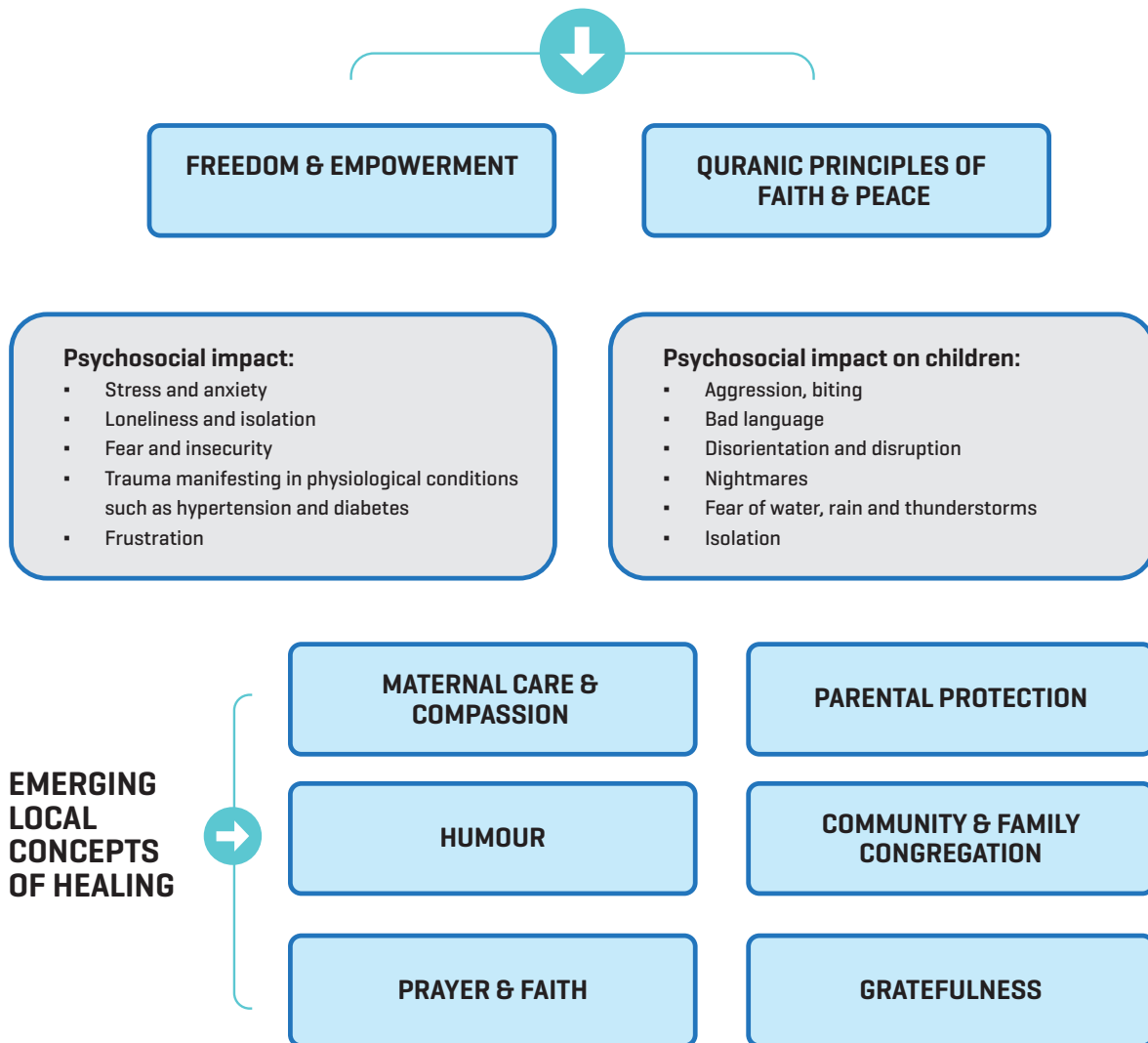


Figure 6: Mapping of emerging coding themes from Dadu fieldwork

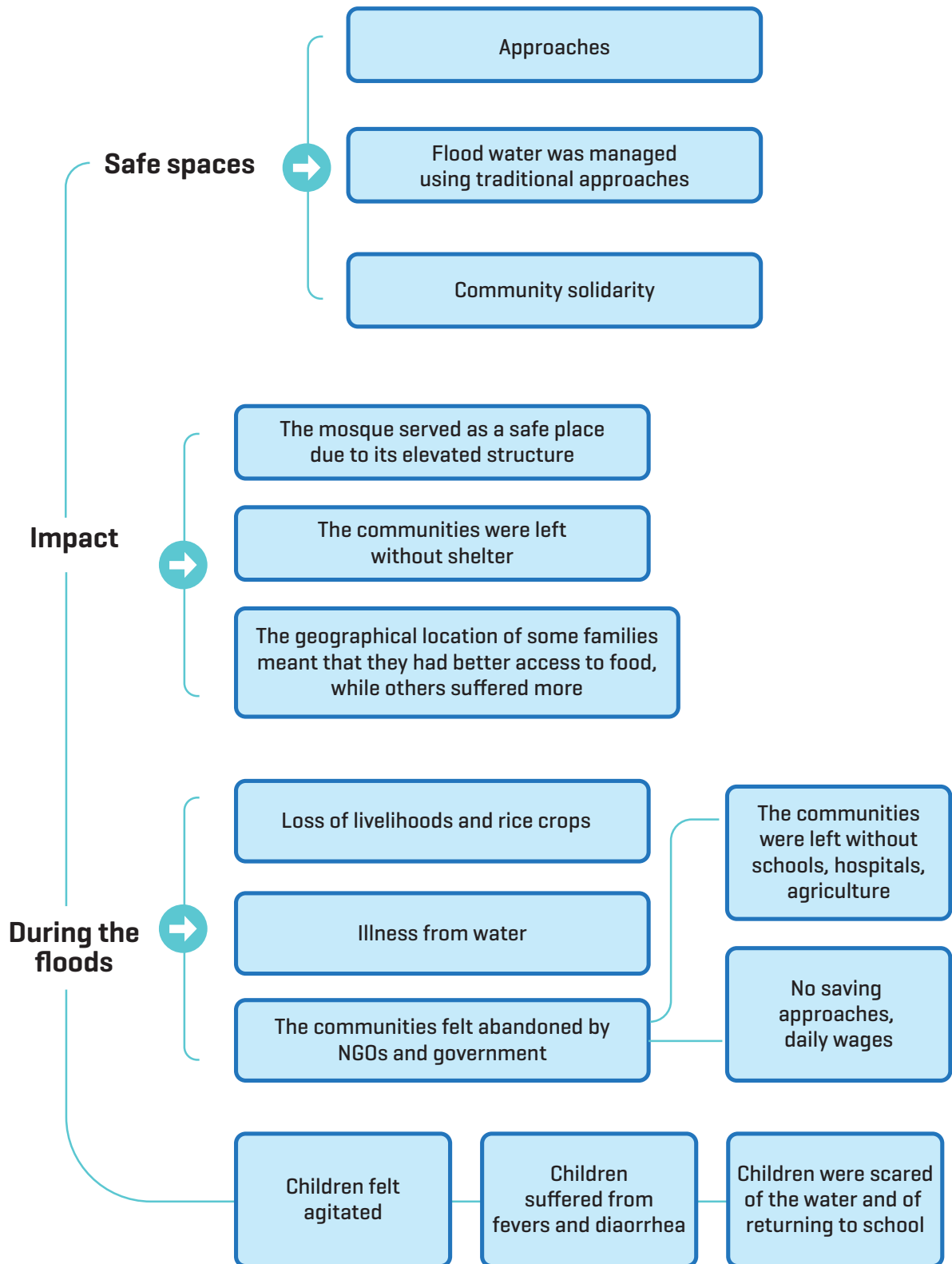


Figure 7: Mapping of emerging coding themes from KP fieldwork

4.6.3 Development of the analytical framework

The research team has used the health and wellbeing indicators as the analytical framework (see Figure 8). The health and wellbeing indicators are divided into two main spheres that look at the inner dimensions and the external factors that either constrict or expand those inner dimensions. Recommendations are identified where appropriate throughout this section. Some recommendations appear in more than one section.

4.6.4 From theory to practice: The practical implementation of a tangible output from the study

Following the field research, the team found that no tangible health and wellbeing monitoring and evaluation tool/indicators existed to measure the impacts of Islamic Relief Pakistan interventions on the communities. The research team has developed a tangible innovative output tool from the study that can be used by Islamic Relief Pakistan staff to monitor and evaluate the state of the health and wellbeing of the affected communities, and also used by the communities themselves to help express how they are feeling. The following categories and sub-categories shown in Figure 8 are to become the actual topics of evaluation to be monitored:

1. Personhood
2. Collectivism and solidarity with each other and with faith
3. Resource access
4. Security and protection
5. Dignity and respect
6. Freedom

The tool is designed to be easy to use and practical. Community members who are showing

signs of psychosocial trauma can be asked to identify how they feel within each respective category. The red, amber and green colour indicators allow for a quick identification of how they are feeling. Red is for negative; amber is for satisfactory with some areas in need of improvement; and green is for satisfied. Developing a traffic light system takes away the complexity of articulating feelings and allows staff to probe deeper into how and what needs to be improved. The team would also recommend that Islamic Relief Pakistan develops a series of follow-up questions on those areas that are negatively impacting community members' overall health and wellbeing. In this, the team acknowledges that this tangible output of the study needs to be further developed and pilot-tested to fit the needs and context of each of the communities that Islamic Relief Pakistan is working with. If needed, the research team could support Islamic Relief Pakistan into this next phase.

These categories and sub-categories emerged from the communities themselves through engagement with the research team. The research team recommends that Islamic Relief Pakistan develops a pilot model of this tool, either digitally or in physical form, depending on the ability of staff to use digital devices. We recommend the tool be set up in Urdu, with local staff providing translations to different communities as needed. The tool itself is an innovative ranking metric that monitors a range of health and wellbeing indicators.

This tool will allow staff to establish a baseline of the status of a community's health and wellbeing. Critically, the tool enables Islamic Relief Pakistan to measure and demonstrate progress and the impacts of their projects and interventions on the health and wellbeing of communities, and/or identify areas of need for further funding based on concrete evidence.

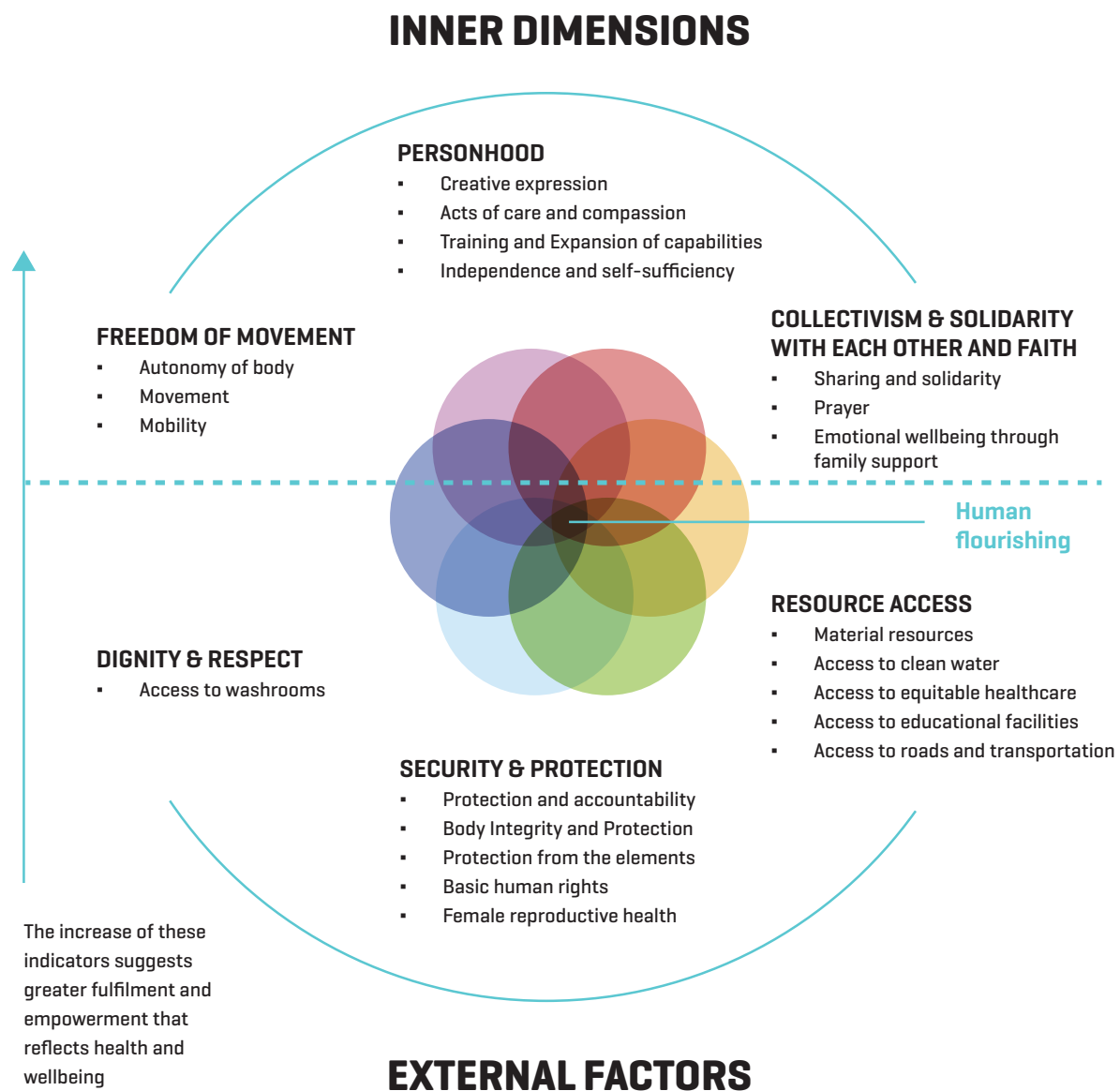


Figure 8: Health and wellbeing framework for disaster-affected communities

Understanding the inner dimensions of empowerment for crisis-affected communities, families and individuals helps us to better understand the complex dimensions and challenges they are facing (Adler 2024). The indicators in Table 1 below emerged as common themes important for health and wellbeing in the communities.

Table 1: Health and wellbeing indicators and definitions

Personhood:	A sense of place and worth is important to health and wellbeing and of cultural importance to Pakistani men and women in particular.
Indicator 1: Creative expression	The ability to express oneself creatively that draws on and protects cultural heritage.
Indicator 2: Acts of care and compassion	The knowledge and understanding of how to care for others both in the immediate family and beyond. This is also the ability to carry out acts of care and compassion.
Indicator 3: Training and expression of capabilities	The ability to develop one's capabilities through appropriate, contextually and culturally informed training and opportunities.
Collectivism and solidarity with each other and faith:	Humans are generally social beings and, in Pakistani culture, togetherness with family is highly important and valued. This is generally heightened in times of crisis and was highly demonstrable during and after the 2022 floods. Families and communities expressed the various techniques they adopted to promote and strengthen their collectiveness and solidarity during and following the floods, through the below indicators
Indicator 4: Sharing	The ability to share knowledge and resources with others in your family and community, and to provide support to others creates an inner sense of worth and helpfulness.
Indicator 5: Prayer	The ability to know, understand and be able to engage in prayer individually, as a family and as part of a community.
Indicator 6: Emotional Wellbeing and Familyhood	The ability to draw on, recite and share family histories, humorous occasions and happier times, and to share feelings of joy, laughter and hope as a family.
External factors for development:	Humans naturally aim to control their lives and when control or a sense of control and loss of entitlements occurs, health and wellbeing suffers. During disasters and/or violence, civilians often suffer a loss of control and greater impact from external factors that challenge their development.
Indicator 7: Freedom of movement	This includes the ability to remain physically mobile in oneself firstly, through avoiding physical injury or harm or, if injuries are long term, ensuring a conducive, enabling and supporting environment to ensure physical mobility is possible. Then, freedom of movement should not be restricted by environmental factors such as floods, nor social aspects such as threat of violence.
Indicator 8: Bodily autonomy	To have control over one's body and, if this is restricted, to have access to resources and services that can help regain and exercise that control.
Indicator 9: Movement	To be able to move freely in one's community and environment with access to the services and elements that promote health and wellbeing.

Security and protection:	Having a safe and protected life is fundamental to human life, and a major difference between living and simply surviving. For disaster-affected communities, the need for security and protection becomes even more intense due to experiencing the loss of safety.
Indicator 10: Protection and accountability	To have a sense of – and actual – protection throughout one’s day and during times of crises. To have accountability mechanisms in place that are understood and enforced when protection of one’s self or family is threatened or harmed.
Indicator 11: Body protection and integrity	To be able to protect one’s body in all stages of daily life and during times of crises. To maintain body integrity at all times.
Indicator 12: Protection from elements	To have access to safe and appropriate housing and to have access to weather-and-climate-appropriate shelter during times of crises that result in displacement.
Indicator 13: Basic human rights	To understand one’s human rights, including the right to a life, the right to personal security, and the right to body integrity.
Resource access:	To maintain positive health and wellbeing, humans need access to a range of resources. Basic resources are needed first to sustain life, but then further resources then enable a sustainable and fulfilling life.
Indicator 14: Access to material resources	The ability of men, women, boys and girls to access materials needed to sustain lives and livelihoods.
Indicator 15: Access to clean water	The ability to safely and securely access clean drinking water in a timely manner. The ability to safely store sufficient quantities of water for daily needs. The ability to access water for all daily human needs.
Indicator 16: Access to equitable health-care	The ability to access culturally-appropriate and equitable health-care in a timely manner.
Indicator 17: Female reproductive health	The ability to access appropriate prenatal and postnatal care in a timely manner.
Indicator 18: Access to educational facilities	The ability to access culturally-and-contextually relevant education, for example, vocational training in place of formal education where appropriate and needed.
Dignity and respect:	Dignity and respect encompass the shared need of worthiness and recognition of our intrinsic humanity that needs to be respected regardless of class, gender, age and any other characteristic.
Indicator 19: Access to appropriate sanitation facilities	Access to safe and culturally-appropriate washrooms.

5. Findings and discussion

5.1 Descriptive analysis

The following graphs and figures have been developed to demonstrate the quantitative and qualitative findings from each interactive children's session. Following the icebreaker sessions with the children that looked at exploring basic emotions of happy and unhappy, the report's findings show that child-centred policies are largely missing. Protection issues and children feeling unsafe when outdoors were also reported. The report further found that children are open to engage in topics that explore their feelings, experiences and concerns. Therefore, expanding capabilities in psychosocial matters should be largely focused on civil society, stakeholders and government officials. More research on developing pedagogical approaches that incorporate a holistic interpretation of health and wellbeing, treating both the spirit and body as one is desirable. Figure 9 provides an overview of the child-specific issues and psychosocial impact

as a result of the floods. These findings are also supported by the mapping of humanitarian tools and approaches to working with children impacted by disaster. What is significant within the context of children is the importance of routine. Understandably so due to the floods, the normal rhythms of life were disrupted. This included school - one of the few places where children could enjoy being children. This shows how education plays a pivotal role in routine and also in creating a space for children to play and learn. The consequence of this disruption to the lives of children resulted in feelings of isolation, fear and anxiety, as well as stagnating the development of personhood. Issues of protection and security are closely linked to children's mental and physical wellbeing. In the sessions, what children of all ages and genders enjoyed most were the games. The importance of creative expression and play are highlighted in this report as key concepts for further consideration.

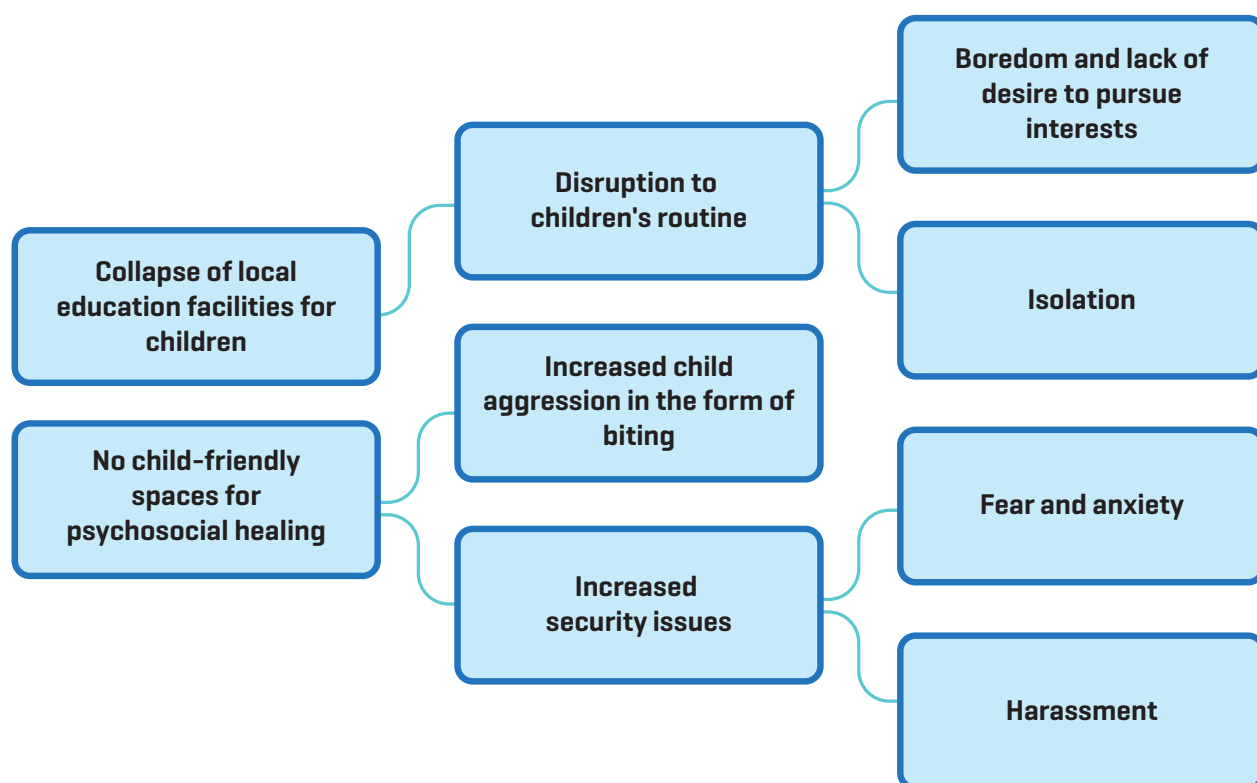
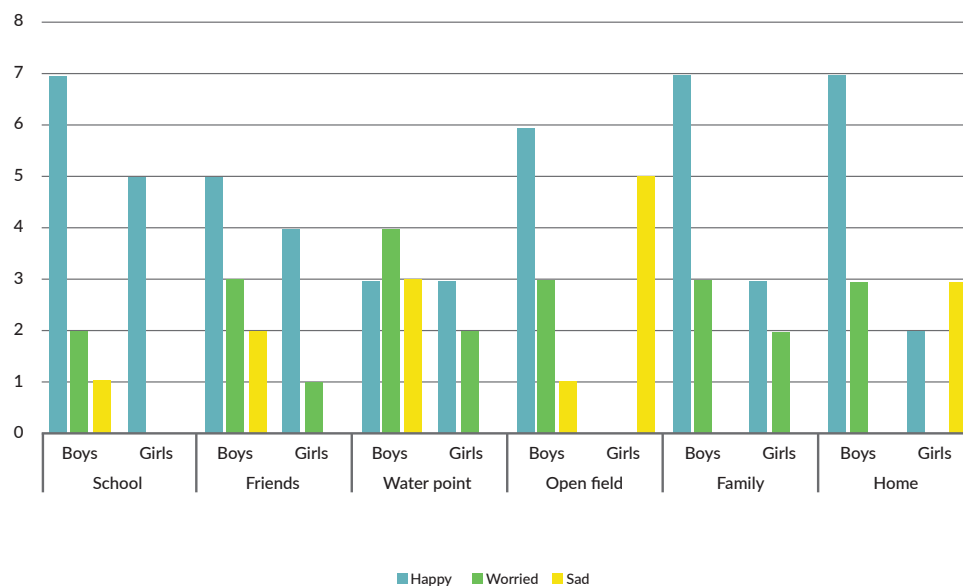


Figure 9: The impact of limited child safe spaces

5.1.1 First school in District Dadu, Sindh

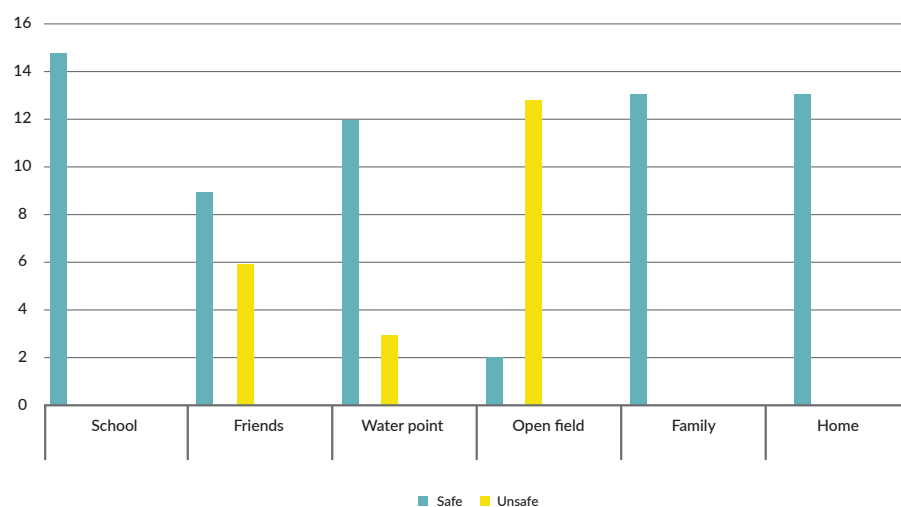
FEELINGS CHILDREN ASSOCIATE WITH DIFFERENT PLACES IN THEIR COMMUNITY



Graph 1: Feelings children associate with different places in their community

Graph 1 shows that boys felt safest in their home, with family and at school, while girls were happiest at school. Boys felt most sad at the water point, and said this was because being at the water point meant they were working hard for their parents. Girls felt most sad in open fields, saying this was a place you might face harassment.

WHERE CHILDREN FELT BODY PROTECTION SAFE AND UNSAFE



Graph 2: Where children felt body protection safe and unsafe in their community

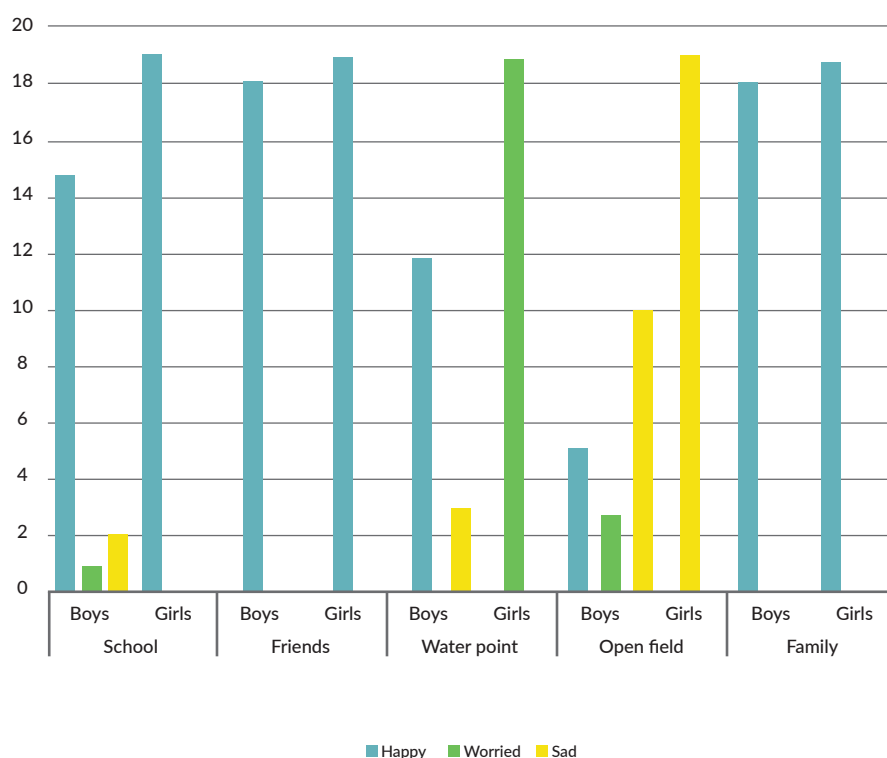
Graph 2 demonstrates that all children felt body protection safe at school, at home and with their immediate family. The majority of children felt body protection unsafe out in the open field.

‘Body protection’ refers to all aspects of potential harm and threats to a person’s body and mind. This term was adopted by researchers as a culturally-sensitive means by which to discuss the taboo subject of abuse.

5.1.2 Second school in District Dadu, Sindh

All of the children in this session had been affected by the floods. This session delved deeper into the challenges that they experienced, because these children were older and so could better express their feelings. Displacement once again came up as a root issue to the challenges the children face. They had to stay outdoors as their homes had been damaged or destroyed. They also mentioned lack of mobility and school closures as affecting them and their routines. The children had no access to water and experienced illness, as well as deprivation due to the deaths of cattle - an important asset for their families.

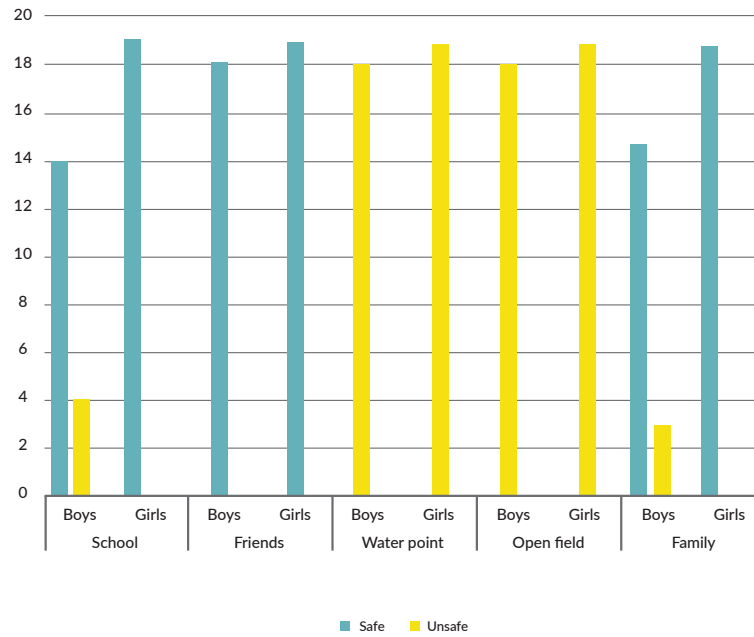
FEELINGS CHILDREN ASSOCIATE WITH DIFFERENT PLACES IN THEIR COMMUNITY



Graph 3: Feelings children associate with different places in their community

Graph 3 shows both boys and girls felt happy with their immediate family. As with girls at the first Sindh school, those at the second school also felt saddest in the open field and most worried at the water point.

WHERE CHILDREN FELT BODY PROTECTION SAFE AND UNSAFE

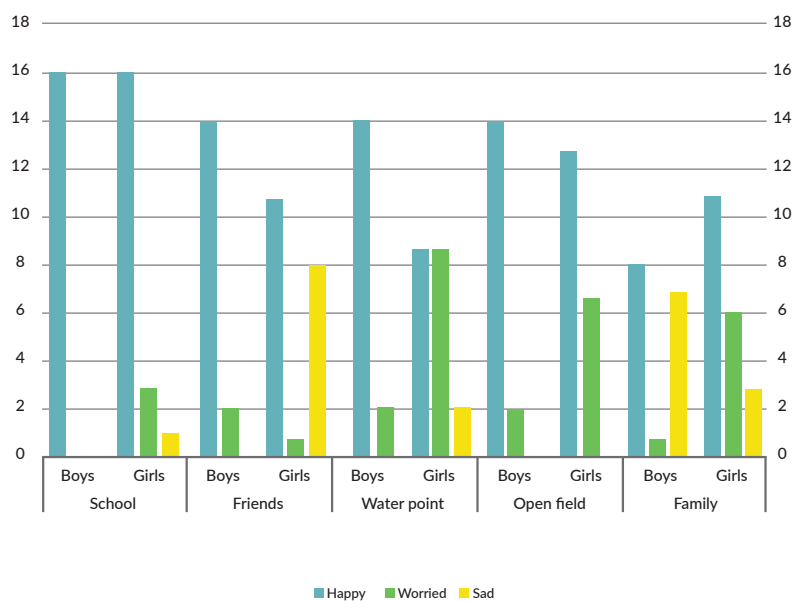


Graph 4: Where children felt body protection safe and unsafe in their community

5.1.3 District Dera Ismail Khan, KP

The children's session was attended by 17 girls and 16 boys on the 29 May 2025

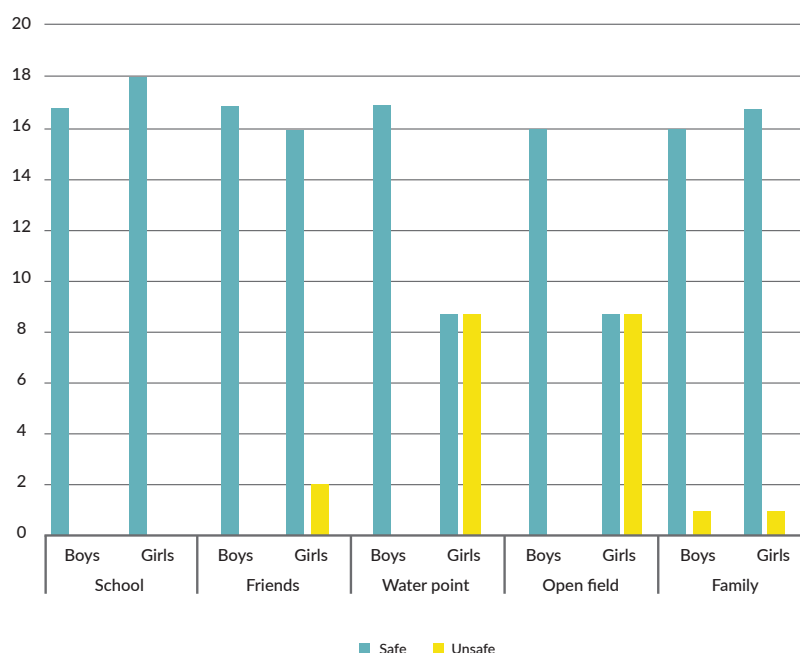
FEELINGS CHILDREN ASSOCIATE WITH DIFFERENT PLACES IN THEIR COMMUNITY



Graph 5: Feelings children associate with different places in their community

According to Graph 5, both boys and girls felt happiest at school. Similarly to the other groups polled, girls in the KP group felt most worried when visiting the water point or open field.

WHERE CHILDREN FELT BODY PROTECTION SAFE AND UNSAFE



Graph 6. Where children felt body protection safe and unsafe in their community.

Graph 6 shows that both boys and girls felt most body protection safe at school. Girls felt most body protection unsafe at water points and in open fields. The water point in this area is a nearby pond. In both communities the saddest and most body protection unsafe places for boys and girls were in the open field followed by the water point in KP.

5.2 Thematic analysis using health and wellbeing indicators

The following section is a detailed discussion of the recommendations of this report, which are based on its findings. These recommendations have been organised based on the health and wellbeing headings, which have been derived from the output tool developed from this research. All of these recommendations are explicitly or implicitly directed at policy and advocacy change.

5.2.1 Personhood

A central concept identified within the health and wellbeing indicators is personhood. The ability to express oneself, the space for introspection, independence and self-worth through actions is core to

the individual capabilities linked to mental health.

The collective findings show that, irrespective of age, gender, economic or social standing within the community or family setting, the ability to develop a creative expression supports one's mental health. During the first sharing circle, the women from Sindh discussed how they missed daily activities like sewing and weaving. These activities not only boosted the family's income and the women's sense of independence, but brought added purpose to their daily activities, and contributed to local traditions. The team observed boredom within the women and children, with few activities that contributed to their self development in their post-flood lives. Similarly, when discussing what made them happy, the children spoke about play. Play helps children process difficult and traumatic experiences and emotions (Kar 2009). Through games, safe spac-

es can be carved out in a disaster-affected child's chaotic environment where they can work through feelings such as pain, fear and loss. Play is directly linked to creative expression. New realities and identities can be explored through creative expression and play. The findings revealed that the experience of disaster, displacement, and psychosocial trauma leaves imprints in people and communities. This was clear as mothers emotionally discussed their children's health. So, rather than an ideal of people bouncing back, the discussion around personhood takes into account the changes that one goes through when affected by a crisis.

Empowerment is a multi-dimensional process to gain control over one's life and foster power in individuals and communities. Regardless of gender, or which group they participated in, all participants in the research showed a willingness to take part in family and community dynamics. The findings show that the members of the affected communities were able to express what made them happy and understood the challenges they faced. Therefore, the findings support the idea that development initiatives forge solutions *with* the communities and not only *for* them. The expansion of more creative programmes, such as communal sewing rooms, and more funding for education and play activities can create safer and happier environments for communities.

A central line of inquiry with the child participants was to identify what made them happy and what made them feel safe. The ability to support these communities to adapt and find balance are the underpinnings to understanding how best to support their health and wellbeing. The cultural nuances within this research highlight the need to take into account local understandings of wellbeing. Building on acts of compassion and care within the communities is essential. The men in the Dadu village showed care and compassion through their role as the head of their households, bringing their families together both through prayer and humour. Similarly, the women showed compassion and tolerance as they soothed their children and cared for them the best they could. In the village in Dera Ismail Khan, women had a more dominant role in the household decision making, while the men seemed to be more

passive. This community was dependent on agriculture for their income, with both men and women contributing. Men were also involved in construction work and daily wages labour, while women were skilled in tailoring and embroidery. The intersection between personhood and the external environment indicated that access to resources and development are necessary for movement and notions of freedom.

Recommendation 1: Women's mental health and empowerment initiative

To develop a community sewing and vocational training scheme run by the female community members. Supply the women with several sewing machines in flood-prone areas. Women can book slots to use the machines for personal or sales purposes, allowing households to recover from economic hardship and providing a space for gathering. The machines will also be used for vocational training for younger girls.

Recommendation 2: Safe spaces for children

Local government and civil society should collaborate with the community to explore how safety in open areas can be improved and provide some safe outdoor play areas.

Recommendation 3: Research on psychosocial pedagogical approaches

Introduce teacher training programmes on methods/techniques and pedagogy to support children traumatised by crisis and disasters. This recommendation is directly related to the findings on the issues of body protection following displacement and the risk of sexual violence children in this area face. Overall this recommendation aims at addressing societal taboos on such sensitive topics.

5.2.2 Freedom of movement

Due to the limited financial support from external bodies, the affected communities expressed a feeling of having been forgotten. Families and communities experienced huge material losses, became uprooted and surrounded by uncertainty, provoking a sense of disorientation. The absence of familiarity constricts the physical movement of many, particularly, women and children. Our observation in a more urban area close to Gujarat highlighted these similar issues. Safety is a key component to freedom. In the Gujarat community, female elders had self-mobilised and, with Islamic Relief Pakistan's support, were taking on a safeguarding role in their communities. This had positively impacted areas with high levels of delinquency, while the installation of security cameras reinforced other safety measures. Despite the different contexts, the research team would encourage a similar setup to have women self-mobilise and create informal child protection roles and spaces when out in open fields. For this to happen, there needs to continue to be a close working relationship with humanitarian actors and affected communities. Physical, mental and spiritual freedom are essential and interlinked with the concept of personhood. The communities expressed an inability to fully meet their needs and those of their families. Their socioeconomic situation was difficult before the floods and became

much worse. The lack of attention given to these marginalised communities is consistent with the lack of preparedness from a policy level. When discussing freedom of movement, those whose movement is more restricted, for example women, are forced to become more self sufficient, which directly affects their mental health. Also linked to the external factors is access. Many of these affected communities are unable to move freely to access key services. The findings show that there is a deprivation of needs caused by social, political, cultural, economic and environmental factors. The research finds that human development should be at the forefront of all humanitarian intervention, and this should apply regardless of gender norms. Contentment is an essential part of empowerment, and this was expressed by the participants in this research.

There will continue to be an increased likelihood of flooding in Pakistan, particularly during El Niño, which most recently commenced in 2024.

Recommendation 4: Decentralised storage sites

Government and stakeholders should create decentralised storage sites containing emergency shelter materials, Non-Food Item (NFI) kits, and food and water stores to be distributed for immediate relief. This recommendation draws on a need for policy change, and to work closely with local government and provinces vulnerable to disasters.

Recommendation 5: Warning system through Facebook

Islamic Relief Pakistan should encourage and support all relevant stakeholders to maximise their presence on Facebook and connect with affected communities via Facebook as the common social media platform they currently use to share flood events and information.

Recommendation 6: Emergency preparedness committees

Government and civil society should collaborate with communities and support the development of a community-led flood emergency preparedness committee. The committee should identify houses that are less likely to become submerged in floods so that their roofs can be used to store items during flood events. This recommendation would require policy change, and we recommend a similar model to that of Cuba's local disaster committees, which showcases the success of such a model.

Human development, a central theme interwoven with discussions on mental health cannot be addressed in isolation. Therefore, the income component to which basic capabilities are attached are also factored in. Development as freedom is a concept that is interwoven into the report's analysis. In moving forward, any development initiatives ought to build on what the affected communities feel is most beneficial to enhancing their quality of life and wellbeing.

From a psychological standpoint, freedom of experience is key. This finding is linked to the discussion on personhood and supported by the literature on creating safe spaces. The psychosocial programmes

that the research team attended saw women-only groups that allowed for the free expression of feelings. When community members can think, move and express themselves freely, it fosters a space for critical awareness and growth.

5.2.3 Collectivism and solidarity with each other and faith

There was a strong religious component to the coping strategies discussed in the various sharing circles. The bond between the communities was cemented by their Islamic faith. In Islam, there is a strong faith in divine intervention, accepting the circumstances that are outside one's control and surrendering to the process. When calamities strike, whether they be natural disasters or personal crises, people often find refuge in praying to Allah, and believe their dua (prayers) will alleviate hardships and provide strength to endure the challenges they face, in the hope that the process will deliver them to a better, more peaceful and stronger state. A sense of togetherness was also vital. Communal gathering, children playing together, and families and others eating together was observed in the participating communities, the members of which had also been first responders during the floods. The ability to self-mobilise and share food and limited resources with each other suggests community-led humanitarian responses could be strengthened by external actors. This seemed particularly the case, in the village of Dera Ismail Khan, where community connections were strong and relief efforts were well coordinated by local NGOs and authorities working in the region post-floods.

5.2.4 Dignity and respect

Dignity is defined as 'worthiness' whereas respect can be defined as 'showing consideration or regard for someone/something'. A life with dignity and respect is at the core of the International Declaration of Human Rights, which Pakistan played an instrumental role in drafting (Human Rights - Pakistan Mission to the UN, Geneva, n.d.). Throughout the sharing circles, it was evident that dignity and respect were

valued by the communities. All members listened to each other intently and patiently awaited their turn to participate.

Access to washrooms

Prior to the 2022 floods, people practised open defecation due to a lack or total absence of toilets. Women and girls would wait until the evening to enter the fields to defecate. Islamic Relief Pakistan constructed communal permanent toilets as part of their shelter and reconstruction programme. During the sharing circles with the women, they commented on the importance of these toilets, saying they were used by everyone in the community and well maintained. Observations confirmed the washrooms were used by all community members and maintained well.

“This is much better and they are much safer for all of us”

Female sharing circle member, Sindh, 2024.

This statement was shared by all members. Islamic Relief Pakistan constructed the toilets in central or busy locations. Unlike individual latrines, these toilets were well-planned to offer more discretion and privacy to users. Poorly located latrines can cause an increase in opportunistic attacks, particularly on women and children. Stand-alone toilets or latrines often lack privacy and as such, deter usage. The toilets reduced open defecation, groundwater contamination and associated illnesses. On top of this, they provided users with privacy, and dignity and greatly improved safety and protection.

Recommendation 7: WASH

The findings demonstrated a major shortage in safe and appropriate toilets. Further funding for a national roll out of toilets to similar communities in need is recommended.

5.2.5 Security and protection

Feeling safe and protected both physically and mentally is critical for good health and wellbeing. Feeling unsafe in any part of your daily routine or life impacts negatively on your ability to think, study, work and function as a member of society. Feeling unsafe and at risk both during and post-flooding was discussed in depth by all participants of the study.

Protection and accountability

Protection was a major concern for all study participants. Immediately following the floods families lived largely in tents that offered protection from weather, but little else. The main protection concerns in the communities were for children. Parents explained how they would try to ensure their children were with them at all times and would constantly reinforce the importance of staying in sight to their children, but said this was challenging in practice when they needed to collect water, food, or aid supplies.

The floods brought a large number of snakes into the community. These included three venomous species - the bite of one of which can result in death within an hour if untreated. All children mentioned their fear of the water because of the snakes. There is no anti-venom in the area and a lack of healthcare facilities in the region is a major issue.

Recommendation 8: Designated child-friendly community safe keepers

Civil society and stakeholders should encourage communities to nominate safe keepers to watch over children. For example, a small group of women could be identified to care for the children while others seek out food, water and other resources. Those collecting would also gather resources for the carers.

Recommendation 9: Buddy system

Civil society and stakeholders should collaborate with communities to establish buddy systems for walking to school and collecting water or other resources.

Recommendation 10: Destigmatising mental health through child-friendly initiatives

Civil society and stakeholders should team up with local schools and explore setting up a worry box system. The aim is to allow children to anonymously submit any worries they have either in a written format or as a drawing. There could be separate boxes for girls and boys.

Body protection

Body protection refers to all aspects of potential harm and threats to a person's body and mind. Child abuse is systemic throughout these communities and a completely taboo subject. According to the findings of this report, the areas where children feel least protected and most at risk are when walking to school or collecting water. The older girls in the villages in Dadu explained they were often harassed while on these journeys. Boys often felt sadder with their families than at other times and places, explaining that they did not like receiving punishments at home. Whereas girls felt more unsafe in open areas than at home. Given the taboo topic and new, international nature of the research team, the researchers worked carefully, drawing on their experience to build trust and draw out as much as possible while protecting the safety and dignity of all involved. Further collaborations with the communities around such topics would allow an increase in trust building. This could be developed with local Islamic Relief Pakistan staff.

Protection from the elements

Islamic Relief Pakistan initially planned to provide communities with mud shelters traditional to the areas they live, known as katchi or kuccha houses, but the communities refused, requesting permanent brick structures instead. Traditional mud structures are better at staying cool, but communities recalled the devastation they felt at returning post-flood to find all traces of their homes gone. The desire to have a home to return to after future flooding events, was much stronger among communities than the need to reduce heat. The flood waters reached 3-4 feet in 2022, so the new houses have roofs much higher than this. The new homes have flat roofs, providing a space for families to store items, including grain stores, prior to flood events.

Recommendation 11: Disaster management toolkit

Government policy should include a disaster management toolkit for families in flood prone areas. Families should be provided with tarp and rope to secure items on the roofs of buildings during flood events.

Basic human rights

These communities lost many basic human rights during and following the 2022 floods.

5.2.6 Resource access

During the 2022 floods, communities lost everything - homes, food stores, livestock, crops, livelihoods (sewing and bed weaving machines) were swept away. Communities suffered a huge sense of loss. Access to certain resources are critical to health and wellbeing.

Material resources

Following the floods, most families lacked material resources. Families expressed the desire for sewing machines to mend clothes. Families are also struggling to rebuild grain stores swept away in the floods. The floods hit KP first and families supported each other to reach higher ground, sharing food and water as well as makeshift sleeping quarters in buildings such as the local mosque. Disasters often result in coming together in a shared struggle. This unity should be encouraged to continue post-disaster to strengthen future disaster preparedness. When developing interventions and projects, Islamic Relief Pakistan should be mindful of other possible hazards, for example, given the soaring temperatures in the regions, future wildfires are a high possibility. Islamic Relief Pakistan and communities must be sure to consider this when planning the locations of storage areas.

Recommendation 12: Research on the community grain bank initiative

Funding should be provided for research on the development benefits a community grain bank could have for flood affected communities.

Access to clean water

Access to clean and safe potable water is directly and indirectly vital for health and wellbeing. Islamic Relief Pakistan provided shallow wells in Dadu that were centrally located, allowing safe access to water. In the village in Dera Ismail Khan, communities relied on water from the pond where animals also drank. The community has developed their own method of filtration for drinking water using a cloth to drain impurities and a local herb to fight bacteria, but the water was still not fit for drinking and doing so resulted in many gastrointestinal ailments.

Recommendation 13: Water filtration plant

Government funding should be provided for the construction of shallow wells or a better water filtration plant for communities in KP.

Access to equitable healthcare

Men and women explained the exacerbated challenges they faced during the floods. Pregnant women had no access to healthcare and were put under great stress. They faced even longer journeys to access healthcare and give birth safely. There is a belief in the communities that home births lead to more complications and an increased likelihood of still births, hence, families feel a strong need to access healthcare facilities and skilled birth attendants.

Recommendation 14: Traditional midwives

Policy makers and academics should explore options for training local midwives or expanding the 'lady health worker'/visitor scheme in remote flood prone areas. Older members of the community who would remain in the community once trained could take on apprentices to train. This could be established with a small health clinic in each area. Funding options should be explored by the local government and civil society to seek a sustainable payment mechanism for the midwives. Midwives could also conduct educational sessions in schools.

Access to educational facilities

There is a lack of access to formal education in the Dadu community. The only teacher lives elsewhere, so during flooding events, cannot travel to the area. Similarly, teachers in the village of Dera Ismail Khan travelled daily from the city of Dera Ismail Khan to teach and, due to the hot temperatures, they return to their homes before midday. Returning to routines and activities that offer some sense of normality during disaster events is critical to rebuilding mental health and for dealing with trauma. During the flood, children had nothing to do other than fear the water and snakes. Parents explained the children were frightened of any water, including the rain, and a common coping mechanism was for children to cover their eyes whenever they walked near the water or when it rained. Providing children with some form of education during flood events is critical for their health and wellbeing. Many of the children and young men and women expressed a desire to learn traditional vocational skills, such as farming and blanket weaving.

When formal education did resume, the teachers explained their inability to cope with children's trauma, and requested further training in building

resilience with the understanding that future flooding will occur.

Recommendation 15: Community-based education in emergencies programme

Civil society and stakeholders should collaborate with communities to identify a team of men and women and support them in developing an emergency education programme. This could involve non-formal education style training. For example, members of the community may offer sessions on:

Readings from the Qur'an

Traditional weaving

Traditions and culture

Local children's stories

Farming techniques

Blanket weaving (communities would need access to sewing machines for such activities)

Recommendation 3: Research on psychosocial pedagogical approaches

Teacher training programmes on methods/techniques and pedagogy should be established to support children traumatised by crises and disasters.

Access to roads and transportation

The floodwaters remained for several months, effectively cutting off all access to aid. Eventually, Islamic Relief Pakistan began accessing the area

via boats. These communities are several hours' drive away from main roads that were still passable, so aid that did reach communities only made it to those nearest the roads. What communities needed most at first were emergency shelter, food and water. Future floods will occur and the same roads and access will be impeded again. Unlike before, however, Islamic Relief Pakistan has staff embedded in and near these communities. These staff are well known in the communities and can collaborate to make flood preparations and responses.

Recommendation 4: Decentralised storage sites

Government and stakeholders should create decentralised storage sites containing emergency shelters, Non-Food Item kits, food and water stores for immediate relief.

Two overarching and interconnected themes that encompass the range of health and wellbeing indicators were evident in our research - the inner dimensions of empowerment and external factors for development. Individuals, families and communities do not live in silos with compartmentalised issues. Both external risks and challenges and internal dilemmas and threats impact health and wellbeing in direct and indirect ways. For example, it is rarely possible to feel both physically and mentally healthy when you lack a secure livelihood, safe access to water, adequate protection and are at risk of displacement due to future flooding catastrophes. Below provides an explanation of the themes and indicators.

5.2.7 Practical implementation of health and wellbeing indicators

The research team have designed a blueprint for a physical and digital application of the health and wellbeing indicators that emerged from the report's findings. The figure below proposes a convenient monitoring and evaluation design that uses a traffic light system that can be applied by humanitarian

workers and communities themselves. With the main inner dimensions and external factors as the core indicators, a general evaluation can be made, and below, more specific to that category, are the sub-categories which can be evaluated individually. This model is age, sex, and gender neutral. The ability to identify the varying levels of a person's state, both internally and within their external environment, will allow Islamic Relief Pakistan to assess progress within the communities they are working with. The monitoring and evaluation health indicator system is focused on core psychosocial categories that will allow an overall assessment of individuals, groups or children's wellbeing. The report is substantiated by previous studies that acknowledge that children's mental health is dependent on the community's and family's wellbeing. This model can be turned into a physical circular object made from recyclable card. The traffic light tabs can be reset, so for the placard to be used again and again. Through various techniques, it can offer anonymity to users. Additionally, and for a large group evaluation, a digital version can be created, with workers using a tablet to go through these categories. This evaluation will also help determine the impact of future mental health and development initiatives.

Based on the research observations, issues relating to psychosocial trauma need to be managed with care. The monitoring and evaluation apparatus will enable for sensitivity around these issues, while facilitating conversations around body protection. This design is a blueprint and is adaptable for further modification to fit specific contexts. Continued use of this method will allow the development of an evidence base of community health and wellbeing for Islamic Relief Pakistan.

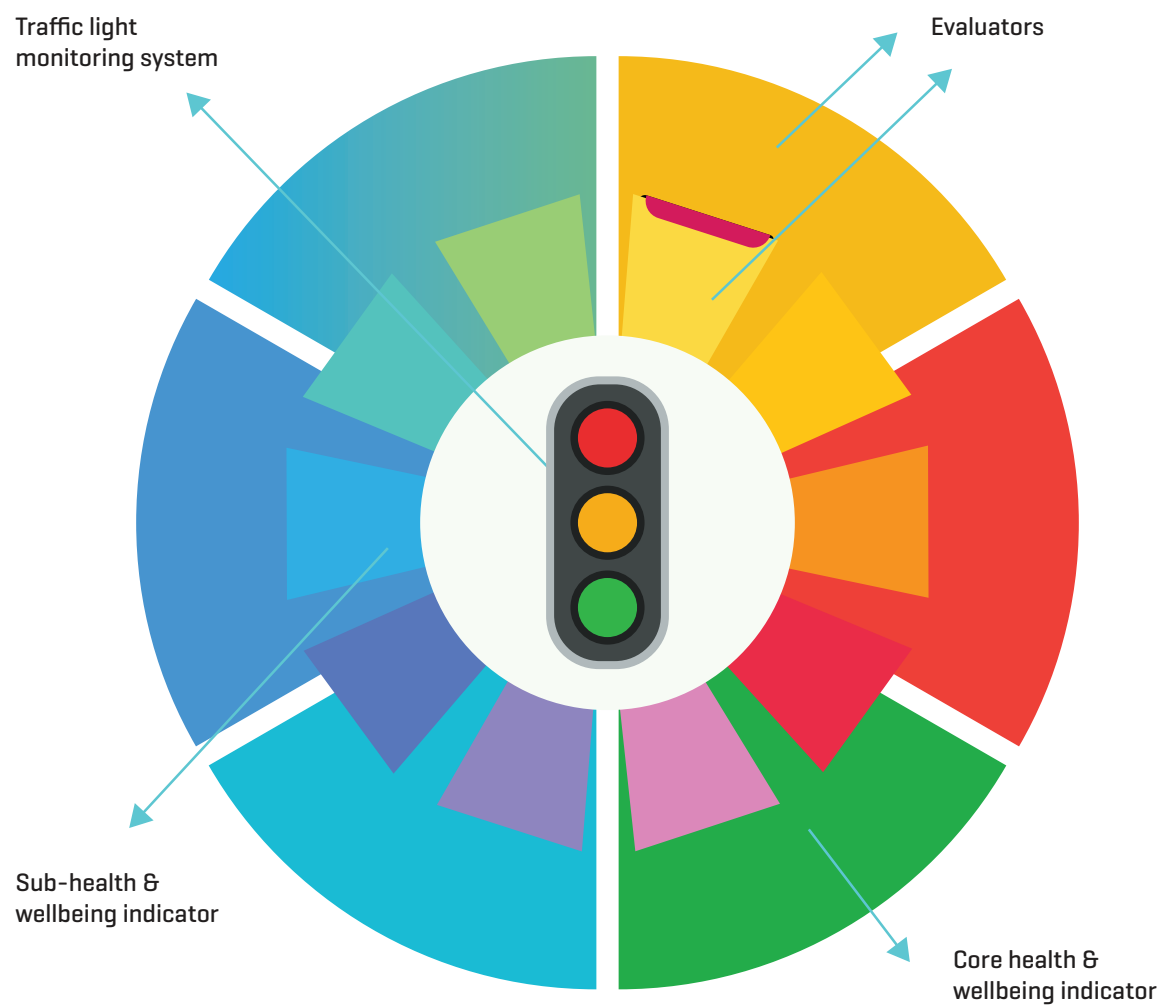


Figure 11: Digital blueprint of the monitoring and evaluation apparatus

5.3 Recommendations

The recommendations have been woven through the discussion and analysis section to demonstrate where they emerged. The recommendations are categorised as short, medium and long term. In addition, the recommendations are significant to the overall health and wellbeing of the affected communities, particularly as the overall state of community, family and resource access significantly impacts the mental health and wellbeing of children. Some of the recommendations support multiple issues and are directed at policy makers, civil society, academia, health workers and other stakeholders that are part of disaster response and intervention. Below we provide the full list of recommendations for ease of access.

5.3.1 Short-term recommendations

Recommendation 1: Women's mental health and empowerment initiative

To develop a community sewing and vocational training scheme run by the female community members. Supply the women with several sewing machines in flood-prone areas. Women can book slots to use the machines for personal or sales purposes, allowing households to recover from economic hardship and provide a space for gathering. The machines will also be used for vocational training for younger girls.

Recommendation 5: Warning system through Facebook

All relevant stakeholders should maximise their presence on Facebook and connect with affected communities via Facebook as the common social media platform they currently use to share flood events and information.

Recommendation 8: Designated child-friendly community safe keepers

Civil society and stakeholders should encourage communities to nominate safe keepers to watch over children. For example, a small group of women could be identified to care for the children while others seek out food, water and other resources. Those collecting would also gather resources for the carers.

Recommendation 9: Buddy system

Civil society and stakeholders should collaborate with communities to establish buddy systems for walking to school and collecting water or other resources.

Recommendation 10: Destigmatising mental health through child-friendly initiatives

Civil society and stakeholders should team up with local schools and explore establishing a worry box system. The aim is to allow children to anonymously submit any worries they have in either a written format or as a drawing. There could be separate boxes for girls and boys.

Recommendation 14: Traditional midwives

Policy makers and academics should explore options for training local midwives or expanding the 'lady health worker' visitor scheme in remote flood prone areas. Older members of the community

who would remain in the community once trained could take on apprentices to train. This could be established with a small health clinic in each area. Funding options should be explored by the local government and civil society to seek a sustainable payment mechanism for the midwives. Midwives could also conduct educational sessions in schools.

5.3.2 Medium-term recommendations

Recommendation 2: Safe spaces for children

Local government and civil society should collaborate with the community to explore how safety in open areas can be improved and provide some safe outdoor play areas.

Recommendation 4: Decentralised storage sites

Government and stakeholders to create decentralised storage sites containing emergency shelter materials, Non-Food Item kits, food and water stores for immediate relief.

Recommendation 6: Emergency preparedness committees

Government and civil society should collaborate with communities and support the development of a community-led flood emergency preparedness committee. The committee should identify houses that are less likely to become submerged in floods so that their roofs can be used to store items during flood events.

Recommendation 11: Disaster management toolkit

Government policy should include a disaster management toolkit for families in flood-prone areas, and provide families with tarp and rope to secure items on the roofs of buildings during flood events.

Recommendation 13: Water filtration plant

Government funding should be made available to construct shallow wells or a better water filtration plant for communities in KP.

Recommendation 15: Community-based education in emergencies programme

Civil society and stakeholders should collaborate with communities to identify a team of men and women and support them in developing an emergency education programme. This could involve non-formal education style training. For example, members of the community may offer sessions on:

- Readings from the Qur'an
- Traditional weaving
- Traditions and culture
- Local children's stories
- Farming techniques
- Blanket weaving (communities would need access to sewing machines for such activities)

5.3.3 Long-term recommendations

Recommendation 3: Research on psychosocial pedagogical approaches

Introducing teacher training programmes on methods/techniques and pedagogy to support children traumatised by crisis and disasters.

Recommendation 7: WASH

National roll out of washrooms in the future for similar communities in need.

Recommendation 12: Research on the community grain bank initiative

Funding should be made available for research on the development benefits a community grain bank could have for flood-affected communities.

6. Conclusion

The geographical and cultural diversity within Pakistan is an important factor within our overall findings and recommendations. This is reflected within the researchers' approach in developing core capabilities as factors to enhance mental health and wellbeing, rather than pre-prescribed actions. The psychosocial importance within disasters is evident, and more resources need to be mobilised in order to ensure that these topics are expressed more readily. The research aim has been fulfilled and the psychosocial trauma of children and communities have been mapped out effectively. Furthermore, the complex economic, geographical, social, cultural and political environment of these affected communities has been factored in, ensuring that mental health and wellbeing has been understood from the voices on the ground. A one-size-fits-all approach to climate change policy, and consequently to psychological care, in the country is not a recommended approach. Understanding cultural sensitivity and working on strengthening the existing social fabric can continue by ensuring that ground staff remain close to communities and trust continues to be built.

This report acknowledges that climate change will continue to affect Pakistan in different ways and therefore, as much as the communities need support, local staff also need training to build their capacity to understand the close link between

mental health, displacement, and disaster. Normalising the psychosocial trauma that comes with experiencing disaster and uneven development is an important task that can be led by communities and local staff through future sharing circles and campaign movements to break barriers and taboos. The mental health of children is intrinsically linked to the wellbeing and functionality of their communities and families. It is therefore paramount that any future research looks at the wider family context, including access to healthcare, schools and training. A holistic and integrated approach is necessary to inform policy. The gaps in disaster preparedness and the economic landscape of the most vulnerable communities are exacerbated by a limited capacity to save money and resources, thus exacerbating the fragility and impact of disasters. This report includes a practical tool that can help both communities and staff to work towards monitoring projects and the impact of disasters on communities' health and wellbeing.

It's not a question of if communities in Sindh and KP will be affected by floods again, but when. Efforts are needed urgently to increase the disaster preparedness of communities and local staff in parallel and synergy with other disaster response preparations. This needs to occur with all stakeholders, including communities, local, regional and head-quarter level staff.



Appendix 1

Suggested for community flood preparedness committee

1. Identify members of the community who can take on key roles in the lead up to and during flood events.
2. Identify a team of men to lift belongings onto the roofs of buildings in the community that are least likely to become submerged.
3. Identify a team of women who will collectively look after children. Different teams could be responsible for different age groups. Identify other members of the community to support these women, for example by bringing them food and water.

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