



Reproductive Health Response in Crises Consortium

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Needs of Women and Girls Must be Addressed in Pakistan Flood Response and Recovery

"[She] went into labor in her eighth month and had to give birth without any medical aid, assisted just by myself and a few other women who could get there."

- Woman affected by the Pakistan flood

As a consortium of organizations dedicated to the promotion of health among all persons affected by crisis, we call attention to the lifesaving reproductive health services needed by women and young people displaced by the Pakistan flood. We applaud the ongoing relief efforts to provide water, sanitation, food and medicines. However, even in natural disasters, the provision of lifesaving reproductive health services is essential.

About 3 million people have been affected by the deadly flood in Pakistan that has already killed 1,500 people. Those displaced from their homes, 85% of whom are women and children, are fleeing to temporary relief sites for aid and services. Seeking aid is especially difficult for women in areas with cultural norms that place shame upon receiving aid or medical care from a male. Women may avoid seeking needed care if there is no woman to provide them. Without access to reproductive health services, some pregnant women caught in the flood will die or be disabled because of pregnancy-related complications. Pakistani non-governmental organizations and the Ministry of Health (MOH) who were on the ground providing RH services before the flood should be supported. They are best suited to provide culturally appropriate care, and we applaud their efforts.

Unfortunately, reproductive health is often overlooked in crisis situations. To ensure reproductive health services are provided in emergencies, donors can support efforts to provide services, especially in a country with a high maternal mortality ratio: 320 women die per 100,000 live births. Thirty percent of reproductive aged women in Pakistan are using contraceptives, and these women should have the choice to continue contraceptive use. Additionally, as seen in Haiti, the risk for gender-based violence often increases in crisis, so clinical response to survivors should be provided. Providing reproductive health services in emergencies and during recovery can save lives. As we work towards achieving the Millennium Development Goals, the global community cannot ignore crisis-affected areas, many of which lag behind in reducing maternal deaths and achieving universal access to reproductive health.

As we respond to Pakistan's crisis, it is essential that all displaced women and girls have access to appropriate services of the Minimal Initial Services Package (MISP), an international standard of care in emergencies. The MISP meets the requirements of the Central Emergency Response Fund's life-saving criteria and includes:

- Ensure pregnant women and girls have access to emergency obstetric care, including cesarean sections and inform communities about how and where to seek this care
- Give clean delivery kits to all visibly pregnant women
- Enforce standard precautions to avoid HIV infection when there is potential exposure to blood and body fluids
- Ensure survivors of sexual assault have access to clinical care and inform communities about how and where to seek care
- Plan for providing comprehensive reproductive health services, and implement these services once the flood water recede
- Ensure contraceptives are available to meet demand, antiretrovirals are available to continuing users and care is provided to people presenting with sexually transmitted infections

The RHRC Consortium also recommends that services are delivered in a culturally sensitive manner and that humanitarian actors identify and work closely with local partners in implementing reproductive health services.