

## Incorporating Sexual and Reproductive Health (SRH) into Disaster Risk Reduction (DRR) in Crisis-Affected Pakistan

### Introduction

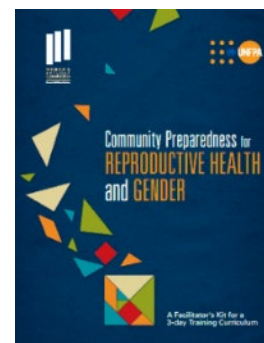
Emergencies have a disproportionate effect on the poorest and most vulnerable. These include women, children, adolescents, those expressing non-binary gender identity or sexual orientation, persons with disabilities, and particularly those with intersecting vulnerabilities.<sup>1</sup> A multisectoral and multidisciplinary health emergency and disaster risk management system protects public health and reduces morbidity, mortality, and disability associated with emergencies.<sup>2</sup> A proactive approach that strengthens health systems and builds national, sub-national, and community capacity can reduce lives lost and mitigate the impact of disasters, especially for marginalized and vulnerable communities.

Sexual and reproductive health (SRH) is a significant public health need in all communities, including those facing emergencies. The Minimum Initial Service Package (MISP) for SRH is the standard of care for SRH interventions in humanitarian settings. It is a coordinated set of priority activities aimed at preventing sexual violence and responding to the needs of survivors; preventing the transmission of and reducing morbidity and mortality due to HIV and other sexually transmitted infections (STIs); preventing excess maternal and newborn morbidity and mortality; preventing unintended pregnancies; and planning for comprehensive SRH services that are integrated into primary health care. The standard also calls for safe abortion care to be available to the full extent of the law, in health centers and hospitals.<sup>3</sup> The *Sendai Framework for Disaster Risk Reduction 2015-2030* was a landmark development for the integration of SRH within disaster risk reduction (DRR) strategies, and was the first framework to focus on community-level preparedness to build resilience.<sup>4</sup>

### Project

With support from the U.S. Centers for Disease Control and Prevention, the Women's Refugee Commission (WRC), the International Planned Parenthood Federation (IPPF) South Asia Region's Sexual and Reproductive Health Programme in Crisis and Post-Crisis Situations (SPRINT) Initiative and its member association, Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP), implemented a five-year project to build the evidence base and tools for incorporating SRH into DRR for communities affected by crises in Pakistan. Specifically, the project aimed to:

1. **build the community-level health workforce** to prepare and respond to SRH risks, using the WRC/UNFPA *Facilitator's Kit: Community Preparedness for Reproductive Health and Gender*, and establishing a supportive and coordinated environment for community-level actions on SRH in Pakistan;
2. **develop the evidence base and tools** that incorporate SRH into disaster risk management for health for communities affected by crises, based on achievements and lessons from piloting the WRC/UNFPA *Facilitator's Kit* in Pakistan; and



<sup>1</sup> EWEC (2018). *Deep Dive Report: Commitments in Support of Humanitarian and Fragile Settings 2015-2017*.

<https://www.everywomaneverychild.org/wp-content/uploads/2018/09/commitments-humanitarian-fragile-settings-2015-2017.pdf>.

<sup>2</sup> United Nations International Strategy for Disaster Reduction (2012). *Towards a post-2015 framework for disaster risk reduction*, Geneva. <https://www.undrr.org/implementing-sendai-framework/what-sendai-framework>.

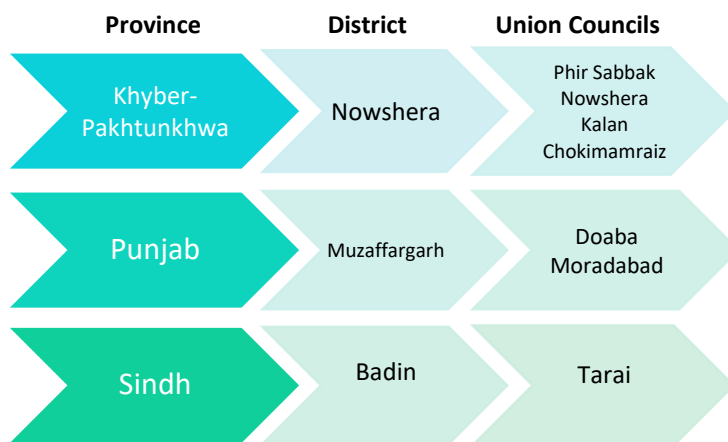
<sup>3</sup> Inter-agency Working Group on Reproductive Health in Crises. *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings* (New York, 2019). <https://iawgfieldmanual.com/manual>.

<sup>4</sup> United Nations Office for Disaster Risk Reduction (2015). *Sendai Framework for Disaster Risk Reduction 2015-2030*, Geneva. <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>.

3. **scale up interventions for SRH integration within disaster risk management for health** to institutionalize inclusion of SRH into existing disaster risk management efforts among specific community-based stakeholders.

At the policy level, Rahnuma-FPAP coordinated closely with the National Disaster Management Association (NDMA), Provincial Disaster Management Associations (PDMAs), and District Disaster Management Associations (DDMAs). They engaged public departments, held RH working group meetings at federal and provincial levels, and conducted interactive sessions with parliamentarians.

At the community level, Rahnuma-FPAP conducted community-level trainings in the selected union councils (UC) in three districts in crisis-affected Khyber-Pakhtunkhwa (KP), Punjab, and Sindh Provinces. The trainers in turn trained community groups and critical stakeholders, including women’s and youth groups and local organizations; district actors, including the District Administration, Department of Health, and local UC representatives; Community leaders; and Rescue 1122, Pakistan’s emergency services.



During the community trainings, participants developed action plans for their respective UCs that aimed to address gaps to implement the MISP for SRH. Communities then spent 1.5 years implementing their action plans to strengthen their capacity to respond to SRH needs in emergencies. Rahnuma-FPAP followed up with trainees every two months; developed information, education, and communication (IEC) materials; mentored trainees; and monitored the implementation of action plans.



Training in Muzaffargarh, June 2018. Credit: FPAP Youth officer, Mr. Kamran

### Action Plan Priorities

While each UC identified its own action plan priorities, many of them addressed similar gaps. Few of the primary activities aimed to:

1. Develop a referral system for sexual and gender-based violence (SGBV) survivors through mapping of GBV services in the public and private sectors;
2. Sensitize male members of the community about STIs/HIV and address associated stigma;
3. Establish a “Blood Donors” group to make blood transfusions feasible in emergencies;
4. enhance free availability of condoms;
5. Introduce birth planning to every pregnant woman in the UC; and
6. Strengthen transport availability for emergency obstetric and newborn care services.

## Select Outcomes

The UCs implemented their action plans, demonstrating numerous outcomes. Some highlights include:

- In Chowki Mamrez UC, peer group activities were organized for the community. As a result, the Rahnuma-FPAP Clinic saw 17% more young clients seeking SRH services.
- In Nowshera Kalan UC, a blood donor club comprising 37 donors was established after testing the blood samples of 40 men in the UC. They had given their contact number and address to be shared with blood banks. In 2019-20, the Blood Donor group donated blood to nine emergency patients who were in critical condition after a major road traffic accident when two buses collided.
- In Doaba UC, a transporter group was created to provide transport for obstetric emergencies. The transporter group provided hospital transport to four women in labor during the heavy monsoon when no transport was available.
- In all UCs, a GBV referral system was developed, and awareness provided to communities to respond to GBV cases and refer survivors to appropriate services. Based on efforts, the UCs saw increased reports of intimate partner violence, reflecting enhanced self-confidence and empowerment among women and adolescent girls.



FPAP ambulance, Badin District. Credit: Zulfiqar Ali

### Birth planning: Shehnaz's story

Shehnaz is a married woman who lives in Pir Sabaq UC in Nowshera District. She has four children. She lost one baby due to obstetric hemorrhage. When Shehnaz was pregnant again, a Rahnuma-FPAP worker contacted her and developed a birth plan, which instructed her to save small amounts of money in case of an emergency. Shehnaz began saving money in the lockable money box provided by the FPAP worker. After enrolling and filling out the birth plan document with FPAP, Shehnaz now knows how, when, and where to access emergency services if she needed them. The intervention has also changed her husband's attitude toward accessing reproductive health services, including family planning. Shehnaz says, "Now I feel good ... I benefited a lot. The money I saved helped me to take care of additional nutritional requirements needed in the postpartum period. I want other females to also get awareness about these issues."

### Obstetric emergency referrals and blood transfusions: Sidra's story

Sidra is a 17-year-old pregnant adolescent girl from Moza Dhandwala, Doaba UC, Muzaffargarh District in Punjab Province. When Sidra's labor was not progressing, her family called the Rescue 1122 ambulance to take her from a public hospital to a private hospital. When the doctor at the private hospital told them that Sidra would need a cesarean section and a blood transfusion, Sidra's family called a member of a community-based organization, who had received training on MISAP and was part of action planning. He helped obtain blood for Sidra from the blood donor groups enrolled in the union council. Sidra gave birth to a healthy baby boy. Sidra says, "two of my sisters passed away due to post-partum haemorrhage. Therefore, all of our family members were very scared. When blood was arranged during the operation (caesarean section), I was satisfied that now, everything will go well. After returning home, I told the people that due to R-FPAP, me and my baby's life were saved."

*In recent floods of August 2020 in Muzaffargarh, the health department identified and provided safe places, quality maternity services, gender-separate latrines, water tablets, light, and blood transfusion services. The purpose was to minimize the losses by the disaster.* Female rep., Health Department

Achievements at the community level were supported by critical developments at national, provincial, and district levels. At the national level, a memorandum of understanding was signed between the NDMA and Rahnuma-FPAP to integrate the MISP into DRR and disaster risk management efforts. This partnership had trickle-down effects to provincial and district levels. Specific achievements include:

- The MISP is mentioned in the National Planning Division's 2020-2021 National Action Plan.
- The MISP has been integrated into Rescue 1122 community response team activities.
- Clean delivery kits are placed in Rescue 1122 emergency service ambulances.
- DDMA RH working groups were formed and strengthened in disaster-prone areas.
- SRH has been included in the Federal National Health Response Plans for COVID-19.

### Reflections and Lessons Learned

- Investing in preparedness is beneficial for emergencies, as well as to strengthen core services in stable times. While initially, priority setting was challenging for actors accustomed to providing comprehensive services, the action planning process highlighted gaps in critical SRH services, including response services for GBV survivors, mechanisms to identify pregnant women, and referral and transport for obstetric emergencies. The SRH trainings enhanced quality service provision, and community-level awareness-raising directly led to increased uptake of SRH services in Rahnuma-FPAP clinics, creating demand for SRH services in advance of emergencies.
- A clear vision, plan, and coordination within the RH Working Group and across sectors, as well as direct involvement of relevant government agencies, including the NDMA, PDMA, and DDMA have been integral for building resilience and securing political and financial support for community-driven efforts.
- Identification and utilization of local resources are critical to building community capacity and ownership. Community members themselves mapped various resources and identified persons at risk. These included health facilities, private practitioners and the private sector, blood banks, blood donors, local ambulances, and Rescue 1122. Lists of available resources were shared widely in each village, enabling their activation in emergency situations.
- The project has highlighted the need to actively facilitate greater inclusion of marginalized and underserved populations in the community action planning process. This would better ensure that those most vulnerable are included in all aspects of building community resilience.



Community session in Muzaffargarh District. Credit: Rahnuma

*The secret of success of any project is community. If the community follows it, we are successful; people are successful.* Representative, Health Department

### Next Steps

IPPF and Rahnuma-FPAP have secured additional funding from the Australian Government to sustain preparedness initiatives, and the RH working group will support ongoing community efforts. Partners intend to share experiences and learning from this project to continue advocating for institutionalization of SRH into disaster risk management efforts at global, national, and local levels.

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