SAFEGUARDING WOMEN & GIRLS IN PRE & POST EMERGENCY SETTINGS IN PAKISTAN
HUMANITARIAN CONTEXT IN PAKISTAN

Pakistan is a country that is vulnerable to the effects of natural hazards, including floods, droughts, and earthquakes. People in Pakistan are also highly affected by regional geo-political issues, conflicts, and refugee crises, as well as the impacts of sectarian violence. Such conditions require strengthened preparedness, relief and response operations, particularly for women and girls, to ensure their safety before, during, and in the aftermath of emergency settings.

IMPORTANCE OF SEXUAL REPRODUCTIVE HEALTH NEEDS

During conflicts, disasters, and other emergencies, sexual and reproductive health needs are often overlooked. Pregnant women risk life-threatening complications without access to reproductive health services and information. Women and girls may lose access to family planning, exposing them to unwanted pregnancies, and vulnerabilities increase to sexual violence, exploitation, and HIV infection. The hygiene needs of women and girls of reproductive age are also neglected in such emergency settings.
4% of women will be pregnant at a given time

15% of pregnant women are expected to have life-threatening complications

5% of all pregnancies will require C-section

*Data based on MISP Calculations
PREPAREDNESS

Sudden emergency situations can threaten the lives, livelihoods and long-term well-being of affected populations, particularly women and girls. This is why preparing for disasters is crucial to significantly reduce mortality, morbidity and disability among populations affected by disasters.

UNFPA chairs the Reproductive Health Working Group and the Gender-based Violence sub cluster at national and subnational levels in Pakistan. Through this leadership, UNFPA drives a coordinated approach and ensures capacity-building of the government, civil society, and other partners, to ensure better preparedness to meet reproductive health needs during emergencies.
UNFPA strengthens the government and local organizations to meet the sexual and reproductive health needs of women and girls through provision of key health providers, equipment, and supplies. UNFPA also establishes women-friendly health spaces to prevent and respond to gender-based violence.

**RESPONSE**

During emergencies, skilled birth attendance and emergency obstetric care often become unavailable, exacerbating the vulnerability of pregnant women. The breakdown of protection systems often lead to a rise in gender-based violence, and the absence of health services increase the risks of contracting HIV and other sexually transmitted infections. Restoring access to reproductive health services and information protects the lives and well-being of women and girls.
RESILIENCE

Building resilience involves strengthening reproductive health systems to safeguard those most affected by disasters. It is an ongoing process, requiring continuous efforts to address socioeconomic and structural vulnerabilities. Resilience-building must be prioritized at every level and guided by local adaptation strategies and indigenous knowledge. This requires the involvement of actors across the humanitarian and development continuum.

UNFPA advocates with the Government for budgetary allocation in health and disaster management policies and frameworks. This entails development of contingency plans, inclusive of prepositioning of life-saving supplies*, setting up coordination mechanisms, and building capacity of people at the forefront of emergencies.

*clean delivery kits, newborn kits, dignity kits, and medicine
WHAT IS MISP?
The Minimum Initial Service Package (MISP) is a series of life-saving interventions required to respond to sexual and reproductive needs at the onset of a humanitarian crisis. It is a coordinated set of priority interventions designed to prevent and respond to sexual violence, reduce HIV/STIs transmission, prevent excess maternal and newborn morbidity and mortality, prevent unintended pregnancies, and plan for comprehensive sexual and reproductive services, which are integrated into Primary Health Care.

IMPLEMENTING MISP IN PAKISTAN
UNFPA works closely with the Government of Pakistan and civil society partners to implement MISP within 48 hours of an emergency. This has been achieved by building national and provincial capacity through policy & advocacy, capacity-building on MISP, and provision of reproductive health kits and supplies.
WE WORK WITH

**Government of Pakistan:**
- Federal and Provincial Ministries of Health and Population Welfare
- Provincial Department of Health
- Disaster Management Authorities at National and Provincial levels

**International Governments:**
- The Australian Government
- The Danish Government

**Internationals and National Organizations:**
- International Medical Corps
- American Refugees Council

**UN Agencies:**
- World Health Organization (WHO)
- United Nations Children's Fund (UNICEF)
- United Nations Refugee Agency (UNHCR)

**Academic Institutions:**
- Quaid-e-Azam University
- Fatima Jinnah University