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The effects of floods on access to sexual and reproductive health and family planning in Pakistan

RESEARCH BRIEF 2023

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ABOUT THIS DOCUMENT

Between June and August 2022, torrential rains combined with flash flooding led to an unprecedented disaster in Pakistan. The floods in Pakistan have had a significant impact on vulnerable populations, particularly women. This brief highlights the effects of the floods on access to sexual and reproductive health and family planning services for women, with a focus on currently married women of reproductive age (CMWRA), currently pregnant women (CPW), and adolescent girls in the relief camps.

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ACKNOWLEDGEMENTS

This research study was conducted by Integrity with funding from British High Commission's Delivering Accelerated Family Planning in Pakistan (DAFPAK) programme (October 2017–June 2024). The study followed a mixed-methods approach using both qualitative and quantitative techniques. The survey targetted currently married women of reproductive age (CMWRAs), currently pregnant women (CPW) and adolescent girls and was conducted in the six most flood-affected districts. Indepth interviews were held at community, district, provincial and national levels. Data collection took place from 16 November to 5 December 2022. The programme comprises multiple implementing partners to increase demand and acceptability for family planning, expand the availability of quality family planning services in both private and public sectors, provide technical assistance and support a more conducive, coherent, and supportive policy framework for family planning. During recent floods in Pakistan, the DAFPAK programme repurposed its activities to support access to maternal health and family planning services in the flood-affected areas. We acknowledge the support of the participants in providing time for the interview and to the field teams in conducting this research work. Additionally, we would like to acknowledge the support extended by the British High Commission team in providing valuable guidance for this research.

For further information on the research study please contact ahmed.jawad@integrityglobal.com

LEGAL NOTICE AND DISCLAIMER

DAMAGE DUE TO FLOODS

8M DISPLACED | **1,700+** DEAD

5.1M WOMEN OF REPRODUCTIVE AGE AFFECTED

- 410,846 women currently pregnant
- 130,000 pregnant women in need of urgent health services

Source: UNFPA Pakistan Flood Response Plan (2022) www. UNFPA.org

1,915 HEALTH FACILITIES DAMAGED

Affected or damaged in Pakistan due to floods

Source: Post Disaster Needs Assessment (PDNA) Pakistan Floods (2022)

90 DISTRICTS AFFECTED DUE TO FLOODS

24 in Sindh, 32 in Balochistan, 17 in Khyber Pakhtunkhwa, 3 in Punjab, 9 in Gilgit Baltistan, 5 in Azad Jammmu and Kashmir

Source: NDMA Sitrep Nov 2022

BARRIERS TO ACCESS

TOP 4 BARRIERS TO ACCESSING HEALTH SERVICES REPORTED BY WOMEN (CMWRA)*

89% distance
30% transportation
28% affordability
26% security

TOP 4 HEALTH PROBLEMS

86% fever
74% ill health
57% diarrhea
56% skin infections

TOP 3 CHALLENGES REPORTED BY ADOLESCENT GIRLS

- Lack of sanitary and hygiene kits
- Discontinuation of schools
- **91% reported that they had limited access to separate latrines**

*CMWRA = Currently Married Women of Reproductive Age

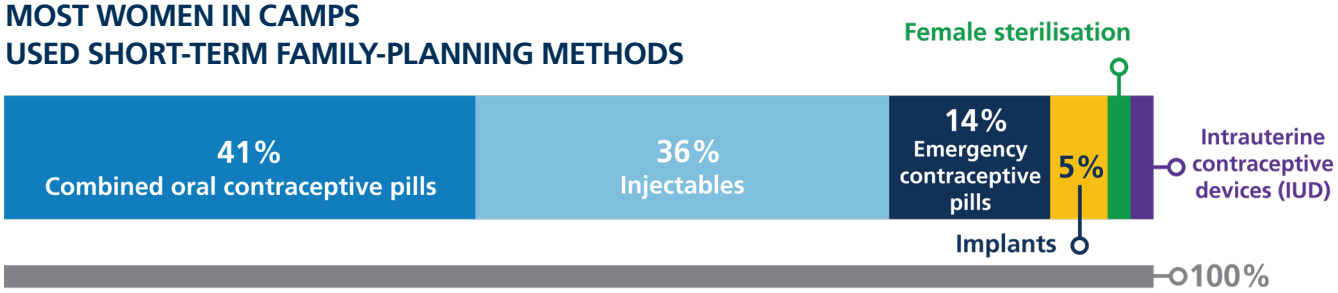
BARRIERS TO REPRODUCTIVE HEALTH SERVICES

Limited usage of FP methods: In the camps, only 44 out of 144 sampled CMWRA* reported using family-planning methods.

Supply side issues: Family-planning choices are restricted by barriers to access, availability of supplies, and absence of female health care providers at the relief camps.

Limited access to information: Only 26% of women reported having access to information, education, and communication materials and counselling services on family planning.

MOST WOMEN IN CAMPS USED SHORT-TERM FAMILY-PLANNING METHODS



*CMWRA = Currently Married Women of Reproductive Age

BARRIERS FOR CURRENTLY PREGNANT WOMEN

Damage to the health facilities resulted in reduced access to antenatal care services for pregnant women. Health service providers in the relief camps were very concerned about pregnant women who were due to give birth imminently.

Most pregnant women were transported to safe regions using boats. However, due to severe flooding, and restricted access to hospitals and health facilities, some expectant women could not reach the facilities and deliveries were conducted in the camps or at home.

44% of pregnant women said they preferred to seek antenatal care services from public facilities.

61% of CPW* reported their youngest child was under two years old, indicating inadequate intervals between children.

SERVICES TO PREGNANT WOMEN IN CAMPS WERE LIMITED

18% received hygiene kits
19% received delivery kits
29% received information and counselling on pregnancy care
43% received medicines and supplies

*CPW = Currently Pregnant Women

> "I was worried because we had no hospital around and the one available was [far] away. The whole village was covered with water. We had to go on a truck to the hospital."
>
> Woman who recently gave birth

> "Women faced many problems. There was no link to connect due to heavy water. Some women gave birth without proper access to the facility and [a] trained person."
>
> Medical Officer

HEALTH SYSTEM PREPAREDNESS AND RESILIENCE

Despite the disaster management and health contingency plans that were in place, the magnitude of the flood emergency meant that there were major resource constraints on implementing the plans. The health sector was not resourced to respond and fully integrate sexual reproductive health into the crisis response, nor was the health system adequately prepared to follow the standards in the WHO climate resilience framework.

STRENGTHS AND GAPS/LIMITATIONS TO CRISIS RESPONSE

AREA	STRENGTHS	GAPS/ LIMITATIONS
Planning and implementation	• The national, provincial, and district disaster management authorities **have emergency preparedness plans** to cater to humanitarian crises. • The Punjab health department was most prepared while Khyber Pakhtunkhwa was organised and sought help from development partners.	• Effective implementation of disaster management plans **varied among provinces and districts**. • Balochistan and Sindh faced **great capacity and resource constraints**, affectingcoordinationbetween departments, programmes, and districts.
Coordination	• National-, provincial-, and district-level coordination mechanisms were established. • UNOCHA and the UN agencies established coordination mechanisms with international and national NGOs. • **District-level coordination was more effective**, between government departments and development partners compared to provincial level coordination.	• **Preparedness not commensurate to the scale of the disaster.** • Provincial-level coordination within departments **was weak in Sindh**, specifically between the IRMNCH programme and the health department.

AREA	STRENGTHS	GAPS/ LIMITATIONS
Service delivery	• Camps and tent cities (specifically in Sindh) were established for people in flood-affected districts • Free medical camps were set up that included antenatal, natal, and postnatal care and family planning services. • Special attention was given to pregnant and lactating women.	• There were significant **distribution challenges. Supplies of health commodities were inadequate** to address needs of women. • **Limited resources** greatly affected immediate response and service delivery in Balochistan and Sindh.
Health information	• A pre-monsoon warning was given by National Disaster Management Authority (NDMA) on 15 June 2022. • The national- and provincial-level (Punjab) Integrated Disease Surveillance and Response **(IDSR) system was used** to collect data on cases of cholera, dengue, and malaria.	• Data reporting from the flood-affected areas was challenging in the initial phase of the emergency, especially in Khyber Pakhtunkhwa and Balochistan. • Lack of staff/health workers meant records and registers were not kept. **Registration of pregnant women was challenging.**
Health workforce	• Government health and population welfare departments, in coordination with development partners, **were able to quickly mobilise the health workforce** to deliver services at medical camps and facilities	• In Sindh and Balochistan, there was a **shortage of health care professionals including community-based workers** as they were affected by the floods. • A **lack of psychosocial support** for service providers and communities was identified.

KEY ACTIONS – RECOMMENDATIONS FOR POLICY UPTAKE

IMPROVING SEXUAL REPRODUCTIVE HEALTH SERVICES IN CRISIS

SUPPLY AND DEMAND SIDE

Ensure **continuity** of both short- and long-term family planning products.

Ensure **targeted behavioural change communications** for CMWRA and CPW to promote family planning uptake in crisis settings.

Protect access to antenatal care and delivery services at health facilities to reduce risks of home-based delivery by untrained persons.

Maintain supplies via both public- and private-sector facilities and outreach workers.

Provide cash grants to pregnant women as part of the relief package.

Strengthen linkages between outreach workers and health facilities during crisis to address antenatal care, delivery, and family planning needs of women.

Further **institutionalise sexual and reproductive health** into disaster risk reduction efforts and fully adopt best practices policies and frameworks, such as the Minimum Initial Service Package (MISP).

STRENGTHENING PREPAREDNESS AND RESILIENCE OF HEALTH SYSTEM

CLIMATE RESILIENCE HEALTH POLICY AND FRAMEWORKS

The Pakistani government **should apply the WHO's climate resilience framework** to build climate-resilient health infrastructure.

Pakistan's national climate change policy, developed in 2021, should be reviewed and **updated based on the lessons learned** from the 2022 flood response.

PLANNING & PREPARDNESS

All provinces should develop contingency plans before the monsoon season in March–April. A **more proactive and anticipatory approach is needed** to ensure these plans are implemented at provincial and district level.

The relief response should be holistic, with **a multi-sectoral approach**, including health, water, sanitation, and hygiene.

The emergency response plans need to have a strong **focus on early warning systems** and preparedness.

COORDINATION AND FINANCING

The Ministry of National Health Services Regulation and Coordination should **collaborate with the Ministry of Climate Change and the National Disaster Risk Management Fund to leverage climate funding for health system projects.**

Additional donor funding needs to be secured to build health system resilience.

RESEARCH METHODS AND SURVEY RESPONDENTS

The study followed a mixed-methods approach using qualitative and quantitative techniques. It focused on the results of a survey conducted in the six most flood-affected districts, followed by in-depth interviews. Boxes 1–3 provide details of the research study sample. Field data collection took place from 16 November to 5 December 2022.

DISTRICTS COVERED

- Punjab: Rajanpur
- Balochistan: Jaffarabad
- Sindh: Khairpur, Sanghar, and Badin
- Khyber Pakhtunkhwa: Dera Ismail Khan (DI. Khan)

QUANTITATIVE CROSS-SECTIONAL SURVEY: SAMPLE SIZE 447

- Adolescent girls (154)
- CMWRA (144)
- CPW (149)

QUALITATIVE – IN-DEPTH INTERVIEWS

Community level

- 13 community midwives/ lady health workers
- 12 women who have recently delivered (3 from each province)
- 9 medical officers working in the camps

District level

- 12 district disaster management authorities, district health offices, and social welfare offices

Provincial level

- 10 provincial government health and population welfare departments in all four provinces' management authorities, district health offices, and social welfare offices

National level

- 4 key informant interviews with the Ministry of National Health Services Regulation and Coordination, WHO and UNFPA representatives.
- 7 DAFPAK implementing partners

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