

Islamabad, Pakistan, September 15 – October 2, 2013

Integrating Sexual and Reproductive Health into Disaster Risk Reduction Planning

Carolyn Baer, Senior SRH Technical Advisor for Emergencies, is telling the story of her most recent trip to Pakistan for SRH integration into Disaster Risk Reduction (DRR)

Greetings from Islamabad where I am here for two weeks to work with the very welcoming and hospitable CARE Pakistan team to discuss ways of integrating sexual and reproductive health (SRH) into national and provincial disaster risk reduction policies and programs. Pakistan is at high risk of annual flooding and spontaneous earthquakes and faces a chronic threat of political/religious instability. This makes emergency preparedness planning a key component for all programs.

CARE Pakistan's Long Range Strategic Plan (LRSP) identifies sexual and reproductive health as one of the key focus areas within the health sector. In consequence, the inclusion of SRH into the emergency preparedness and disaster risk reduction planning is paramount for ensuring a proper and unified response within CARE and among partners.

To this end, CARE Pakistan sponsored and participated in the UN International Strategy on Disaster Risk Reduction global field review of the appropriateness and effectiveness of the "Integrating Sexual and Reproductive Health into Health Emergency and Disaster Risk Management" checklist. This checklist reviews the potential gaps of SRH Emergency programming at the national, provincial, and community level throughout the country. Currently, no other comprehensive tool exists and the intent is that, once this tool is finalized, it will become the definitive tool and reference for SRH emergency planning.

During the week of Sept 22, 2013, CARE Pakistan and myself, along with a consultant, met with key stakeholders including representatives from the department of health, INGOs, national and provincial disaster management authorities, health care professionals, implementing partners, and UN agencies (WHO and UNFPA) to seek input on the effectiveness, feasibility, and appropriateness of this checklist. Based on these findings, a series of tangible recommendations and actions will be developed to help improve preparation for meeting SRH needs during an emergency. CARE Pakistan's participation will lead to several practical benefits such as the inclusion of CARE Pakistan's SRH programs in the global analysis and report; the continued identification and strengthening of key partners in SRH at the national, provincial, and community levels; the engagement of CARE staff and partners in building the knowledge base for SRH DRR; and a stronger leadership role for CARE International in SRH DRR.

The CARE Pakistan office is a bustling compound complete with a mini - cafeteria, a small front yard, and multiple small office additions connected by makeshift pathways between the separate structures. As I make my way through the many corridors towards the health office, I hear a constant comforting buzz of CARE staff talking to each other or on their phones – depicting a productive and energetic office setting. Each available space is thoughtfully occupied: tea and coffee station, small bookcase with printer perched on top, a potted plant, or an extra chair for a co-worker to sit nearby.

At the end of each day, the car park is cleared, a portable ping pong table is pulled out and assembled, and a vigorous game of ping pong is immediately underway. The lawn is simultaneously used by a lighter more relaxed round of badminton as the sun sets behind the compound.

The CARE Pakistan team comprises approximately 100 staff (field and HQ) all committed to the various program, emergency, operational and administrative needs.



Acknowledgements

First, I would like to thank the CARE Pakistan Country Director, Waleed Rauf, whose vision of CARE Pakistan as a lead agency for SRH in Emergencies programming, led to a successful and productive trip that will advance this goal.



Second, a large thank you is given to the entire CARE Pakistan team (drivers, admin staff, IT, finance, ERT, PDQ, Health, staff house, security, etc) for their warm and friendly welcome. I hope that I can one day return this level of hospitality.

And last but certainly not least, my biggest thanks and appreciation goes to my two “handlers” who were with me every step of the way: **Dr. Yousaf Hayat**, Health Coordinator, and **Amjad Ali**, Emergency Coordinator. They opened up every door (literally and figuratively) for me to meet with the appropriate people in Pakistan to learn about the current SRH and DRR landscape and where a complimentary and natural merger between the two might occur.

From left to right: Dr. Yousaf Hayat, Ms Carolyn Baer and Mr Amjad Ali

** Note that Dr. Yousaf is holding the IAWG field manual for Reproductive Health in Crisis!*

For questions or further information, please contact Carolyn Baer, Senior SRH Technical Advisor for Emergencies, cbaer@care.org

Also please visit SAF PAC at: <http://familyplanning.care2share.wikispaces.net/SAF-PAC>