

Emergency Humanitarian Crisis in Nepal: How the earthquakes have impacted the sexual and reproductive health and rights (SRHR) of Nepali women and girls

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Sexual and reproductive health (SRH) needs and rights do not magically cease to exist during a time of humanitarian crisis, be it conflict or disasters. Babies continue to be born, women and girls continue to menstruate and SRH services and professionals continue to be needed. However, sexual and reproductive health and rights (SRHR) are often overlooked by the wider humanitarian aid community during a humanitarian crisis, particularly during the acute response phase.

The United Nations Population Fund (UNFPA) estimates around two million women of reproductive age have been affected by the 7.8 and 7.3 magnitude earthquakes and subsequent aftershocks, that rocked Nepal in April and May 2015. Of these, there are approximately 126,000 currently pregnant women who are in urgent need of clean delivery and reproductive health care services.

Worldwide, more than a third of maternal deaths occur in crisis settings due to a lack of access to skilled health professionals and basic emergency-obstetric services. While the maternal mortality rate in Nepal has significantly decreased in recent years as a response to the Millennium Development Goals, for women, particularly those in rural and remoter regions, access to safe delivery services is often difficult at the best of times. In the aftermath of the earthquakes, health facilities in Nepal are overwhelmed, and in many of the earthquake affected areas, damaged or completely destroyed. Clean delivery kits are essential to provide women with basic and hygienic supplies to assist in delivery. It is also essential that effective referral hierarchies are established to transfer and transport high risk or complicated deliveries.

SRH services and trained health care professionals are needed to provide women with access to sanitary items, contraceptives (particularly condoms and oral and injectable contraception during the acute phase and incorporating intrauterine devices (IUDs) during the long-term phase), treatment for sexually transmitted infections (STIs) and management of miscarriage and complications of abortion.

During times of humanitarian crisis, sexual and gender based violence surges and the vulnerability of already disadvantaged populations, dramatically increases. UNFPA estimates approximately 40,000 Nepali women of reproductive age, including those at camps for the displaced, are at an increased risk of sexual and gender based violence. For women and girls, the psychological impact of living through a natural disaster, to then be compounded by the emotional and physical impact of sexual violence, is devastating. Strategic and practical measures must be taken to keep women and girls safe from trafficking and abuse, and to ensure women and girls who experience sexual assault can access trained healthcare professionals, emergency contraception, counselling, medical abortion (mifepristone and misoprostol tablets, legal in Nepal), and post-exposure prophylaxis for HIV and STIs.

Along with the cry for water, oral rehydration tablets, tents and food, in the aftermath of the earthquakes, the call has gone out many times on social media to provide women's sanitary items to those who have lost everything. UNFPA 'Dignity Kits' have been distributed to women in the affected areas and contain items such as reusable sanitary napkins, new clothes, a torch, towels, soap and other essential hygiene supplies that women and girls desperately need.

In response to the 25th April earthquake, UNFPA has entered into partnerships with International Planned Parenthood Federation (IPPF) in conjunction with the Department of Foreign Affairs, Australian Government (DFAT) through the SPRINT Initiative (**S**exual and **R**eproductive Health **PR**ogramme **I**N crisis and post-crisis **si**Tuations) and UN Women. The organisations are working with in-country and regional partners to ensure that the need for sexual and reproductive health care of young girls, women, pregnant women and lactating mothers is urgently addressed in the wake of the earthquakes' devastation. Along with the distribution of Dignity Kits and Reproductive Health Kits, mobile medical camps have been established in affected areas to provide critical SRH services,

Photo credits: IPPF/Nepal/ Sharbendu De



SPRINT staff at an IPPF mobile health clinic providing SRH care to a Nepali women after the 25th April earthquake in Nepal

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counselling, medical examinations and medicine. Sexual and reproductive health and rights are not a privilege – they are basic human rights and should be afforded to all, regardless of race, religion, socio-economic status, country or circumstance.

The earthquakes and subsequent aftershocks have claimed approximately 8,583 lives with more than 21,045 people injured. The impending monsoon season is compounding fears of further devastation and loss of life in the region. When the media crews pack their bags and the global community turns its attention away, vital lifesaving medical care, including sexual and reproductive health and services, will continue to be needed in Nepal for a long time to come.

An article from the President

By Heather Yeatman, PHAA National President

It is with great pleasure that I award a PHAA President's award to Melissa Sweet for recognition of outstanding journalism in the development and ongoing sustainability of the 'Croakey' blog and building public health capacity in social media.

Melissa has been a long-term health journalist in both mainstream and social media. She is the founder and manager of the Croakey Blog, a forum for debate and discussion about health issues and policy. Melissa has worked very closely with PHAA to ensure health ideas, innovations and stories receive appropriate exposure and engagement.

Melissa's group of "champions" includes many PHAA members who are encouraged to write thoughtful and insightful comments. The nature of her blog is that there often is strong public health content and further comment from interested parties is encouraged.

Melissa has been using the Croakey blog to drive change. She has been an active participant at a number of PHAA conferences and workshops (as well as with other organisations) explaining the advantages of and making more and more people familiar with the many social media tools. The influence of Melissa Sweet has helped to ensure the success of PHAA's Twitter account and our growing engagement in social media.



Melissa Sweet

Melissa Sweet has made a major contribution to public health and to the PHAA. She is a deserving recipient of the PHAA President's Award.