In humanitarian and crisis settings, women’s healthcare is often de-prioritised. Without access to services such as contraception, emergency contraception, safe abortion or post-abortion care, women are denied control of their own bodies, putting their health, lives and futures at more risk. Many women in crises are facing displacement and, with their lives in upheaval, it’s vital they have the reproductive healthcare they need to prevent unintended pregnancy, for as long as it’s needed.

In many conflict and emergency settings, sexual violence is a brutal reality. Amid conflict in Northern Ethiopia for instance, the UN has reported that thousands of women and girls have experienced sexual and gender-based violence. It’s crucial that survivors of violence can access the healthcare and psycho-social support they need.

In these challenging settings, MSI steps in for women, keeping services open wherever we can, delivering high-quality, empathetic care to anyone who needs it.

Our local MSI mobile outreach teams travel directly to the areas with greatest need, providing specialist support with reproductive healthcare and counselling for survivors of sexual and gender-based violence. In camps for people who have been displaced, alongside our healthcare services we’re distributing ‘dignity kits’, including clean underwear, sanitary products, soap and dental hygiene products.

Our impact: a snapshot

| In a year, MSI provides lifesaving and life-changing healthcare to over 2.5 million people in humanitarian settings | Responding to the devastating climate-related flooding in Pakistan, our local teams visited 1,600 emergency flood relief camps serving 185,000 people with essential healthcare |
Dr Tasneem Fatima is the director of health services for MSI’s partner organisation in Pakistan. She shares her story from the frontlines of Pakistan’s flooding crisis.

For those not living through it, the situation here in Pakistan must be difficult to imagine. In the summer of 2022, more than a third of our country – an area larger than Britain – was submerged under flood water in a climate disaster. Violent monsoon rains and water from melted glaciers swept away villages, affecting 33 million people. People have lost their homes, businesses, even their clothes – and certainly any conventional access to healthcare.

Amid all of this, our team remained resilient, and I could not be prouder. We’re the main organisation here providing sexual and reproductive healthcare, supported by the global MSI partnership. Our unique offering to this emergency response has been our 15 mobile outreach teams traveling into affected areas to reach people where they are.

Anyone travelling into the flood-affected areas is risking their life, myself included. Some of the people we’ve come across have told me: “You are the first people to come here and help us.” Almost all our providers are women – their bravery has been extraordinary.

We’ve travelled to over 1,600 emergency flood relief camps, serving over 185,000 people with sexual and reproductive healthcare like contraception, also pitching in to provide primary healthcare where possible.

We’ve been distributing menstrual health kits so women and girls can manage their own menstrual health – an essential part of their dignity.

Displaced women are coming up to our vans seeking antenatal and postnatal care, emergency contraception, condoms, and clean birth delivery kits. I know of two women who have come to us in labour – our midwives brought them into our care, delivering their babies safely into the world in the back of a van. I remain deeply concerned for the health of the estimated 650,000 pregnant women in these flood-affected areas.

In Pakistan, we are living through the stark reality of the climate crisis. We must prepare for the future. That means delivering climate-resilient reproductive health programmes and strengthening community health infrastructure.

Women and girls should always have access to essential reproductive healthcare – both in normal times and during an unthinkable crisis like this.