

Supplemental Appendix 1: Reflexivity Statement

Based on Table 1: Structured Reflexivity Statement from Morton B, Vercueil A, Masekela R, et al. Consensus statement on measures to promote equitable authorship in the publication of research from international partnerships. *Anaesthesia*. 2022;77(3):264-276. doi:10.1111/anae.15597

1. How does this study address local research and policy priorities?

This project was designed by Rahnuma-Family Planning Association of Pakistan (Rahnuma-FPAP), Women's Refugee Commission (WRC), and the U.S. Centers for Disease Control and Prevention (CDC). The purpose was to build community capacity to prepare and respond to sexual and reproductive health (SRH) risks in select disaster-prone areas in Pakistan, and link communities to existing disaster risk management structures at national, regional, and district levels.

At the community level, Rahnuma-FPAP trained and worked with women's and youth groups; the District Administration, Department of Health, and the local Union Councils; international non-governmental organizations; community leaders; and Rescue 1122, Pakistan's emergency ambulance services. Together, they identified gaps and developed action plans for their respective union councils to strengthen capacities and preparedness for SRH at the community level.

At the policy level, Rahnuma-FPAP coordinated closely with the National, Provincial, and District Disaster Management Associations. They engaged public departments, established and held regular RH working group meetings, and conducted interactive sessions with parliamentarians.

2. How were local researchers involved in the study design?

This project is not a research study. However, as mentioned above, Rahnuma-FPAP worked with community stakeholders to develop action plans to strengthen capacities and preparedness for SRH at the community level. Community stakeholders themselves identified priorities to address SRH preparedness based on a community needs and capacity assessment that compared the Minimum Initial Service Package (MISP) for SRH standard to what services were available and functioning in each of the union councils.

The project's endline evaluation among the trained community stakeholders was designed, organized, and implemented by Rahnuma-FPAP staff and their colleagues.

3. How has funding been used to support the local research team?

Funding was used for community action planning and strengthening of SRH services.

4. How are research staff who conducted data collection acknowledged?

Senior project staff from Rahnuma-FPAP (AR, NG, NM) are co-authors of the manuscript.

5. Do all members of the research partnership have access to study data?

All members of the partnership have access to the project data.

6. How was data used to develop analytical skills within the partnership?

The project collected monitoring data, which were reviewed by project staff from Rahnuma-FPAP, the WRC, and CDC.

7. How have research partners collaborated in interpreting study data?

All authors took part in writing and reviewing the manuscript.

8. How were research partners supported to develop writing skills?

The authors worked for Rahnuma-FPAP, WRC, or the CDC at the time of project implementation. The manuscript went through various stages of internal review between the co-authors and their organizations. The inputs not only provided scope to improve personal writing skills, but also helped the co-authors reflect on their own writing while reviewing edits made by others. The internal review and iteration process helped develop writing skills.

9. How will research products be shared to address local needs?

Learning from this project has been shared with the RH Working Groups at the national, provincial, and district levels in Pakistan. Ministries of Health and Disaster Management are also part of this working group, which would ensure that some of these priorities and needs of the community are taken into consideration when designing and planning programs.

10. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?

Author AR was overall responsible for the project from Rahnuma-FPAP, and was joined by NG and NM. All three colleagues are listed as authors in the project.

11. How have early career researchers across the partnership been included within the authorship team?

All project team members have project implementation experience.

12. How has gender balance been addressed within the authorship?

Five authors are female (MT, MH, AR, NG, SK) and one author is male (NM).

13. How has the project contributed to training of LMIC researchers?

Three authors (AR, NG, NM) are from low- and middle-income countries.

14. How has the project contributed to improvements in local infrastructure?

The primary focus of the project was to strengthen local policy and service infrastructure.

15. What safeguarding procedures were used to protect local study participants and researchers?

While this was not a study, security considerations were taken into account in the design, implementation, monitoring, and evaluation of the project.