and patients. Since migrants constitute a considerable health-seeking behaviour are challenging for both physicians and policymakers. The study shows that a significant area of concern is the communication and institutional barriers faced by these women. It is guided by social quality and capability approaches and the need for dedicated research on migrant women. The study specifically looks at Pakistani Muslim women in accessing health care services. The secondary research is conducted to analyses the health policies and provide insight into the challenges faced by these women. The institutional challenges, including language and culture, are examined. Most of the women know the language, but some may face language barriers. It is seen that these women have almost overcome the language barrier in their health-seeking behaviour. The study highlights the challenges and solutions for addressing these barriers. It is important to note that the language barrier is not the only challenge faced by these women. Other factors, such as cultural and social barriers, also play a crucial role. The study findings suggest that there is a need for more research on this topic to better understand the challenges and solutions for accessing health care services for these women. The study findings also suggest that there is a need for more research on other ethnic groups and their health-seeking behaviour. This paper analyses a range of problems experienced by Pakistani Muslim women and provides insight into the challenges faced by these women in accessing health care services. The study findings suggest that there is a need for more research on this topic to better understand the challenges and solutions for accessing health care services for these women. The study findings also suggest that there is a need for more research on other ethnic groups and their health-seeking behaviour.
Background and objectives:
The Pisagua, Chile, earthquake in 2014 damaged vulnerable local communities and healthcare services in the city of Iquique. Iquique has a growing immigrant population (8% of city population), but there is little understanding of how access to healthcare was affected among vulnerable immigrants after this event. We aimed to spatially characterise the access to healthcare services after the earthquake among vulnerable immigrants.

Methods:
We identified vulnerable immigrants' location at census block level (Census 2012), considering the following variables: i) disability, ii) low level of education, iii) unemployment. For measuring the spatial access to healthcare we used two indicators (GIS): i) distance to the closest available facility (before event), ii) distance to the closest available facility (after event).

Results:
After the earthquake two primary healthcare centres were closed in the north and centre of the city. These areas also had the highest concentration of the most vulnerable immigrants in the city. After the earthquake, the average distance to the closest healthcare centre duplicated in some cases (from 1 km to 2 km), with a range of increased distance of 150-200% compared to before the earthquake, impacting on the spatial access to healthcare centres among vulnerable immigrants.

Conclusion:
In order to provide medical attention for deprived immigrant populations, it is important to mitigate the consequences of disasters for the healthcare infrastructure, through considering the spatial relationships between deprived populations and healthcare centres.

Main message:
These results suggest the importance of developing territorial and health strategies in order to mitigate the impact of natural disasters on access to healthcare services among the most vulnerable population, including immigrants experiencing socioeconomic deprivation.