

# UNFPA and Disaster Risk Reduction

*placing women, girls and young people at the centre of disaster risk reduction*



At times of upheaval, pregnancy-related deaths and sexual violence increase. Reproductive health services—including prenatal care, skilled attendance at birth and emergency obstetric care—are often impacted and sometimes unavailable. Young people become more vulnerable to unsafe sex leading to HIV and other sexually transmitted infections, and sexual exploitation. And many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions.

The United Nations Population Fund's 23 country offices across the region, supported by the UNFPA Asia-Pacific Regional Office in Bangkok, assist governments and civil society partners in responding to emergencies, reducing immediate risk and preparing for future disasters—underpinned by UNFPA's unique mandate encompassing sexual and reproductive health, gender equality, population data and youth empowerment.

## A FEW EXAMPLES OF WHAT WE DO...

### AFGHANISTAN

With frequent natural disasters, harsh winters and years of instability and conflict, Afghanistan faces formidable challenges in disaster risk reduction, especially for women and young people. Wide-scale displacement significantly contributes to reproductive health challenges, including a very high maternal mortality rate. In 2016 over 1 million people are expected to move internally and across borders, with over **3.5 million people** in need of immediate and long-term humanitarian assistance.

UNFPA has responded by strengthening midwifery services, providing trainings and forming **mobile health teams** to increase the number of trained birth attendants operating in fragile environments. Reproductive health services have been provided to approximately 40,000 women of childbearing age in 2016, including provision of supplies and dignity kits. This helps ensure that women can access appropriate obstetric health care at the right time, mitigating the impacts of displacement upon their sexual and reproductive health (SRH).

UNFPA has also trained the Afghanistan Disaster Management Authority (ANDMA) directors in all 34 provinces to strengthen **district-level disaster preparedness and response plans**, and to better integrate SRH and gender-based violence (GBV) prevention measures.

### BANGLADESH

Bangladesh is extremely vulnerable to natural disasters such as floods and droughts. Women and girls of reproductive age are among those hardest hit. **Tropical Cyclone Roanu** hit Bangladesh hard in May 2016, followed by monsoon floods from July. An estimated 5 million people were affected by the back-to-back disasters.

UNFPA has responded by quickly arranging deployment of midwives to hard-to-reach areas and **providing vouchers** to pregnant women for their communications and transport to medical facilities, along with distributing emergency reproductive health kits, life-saving medicine and dignity kits. A **midwives pool** has been formed for quality sexual and reproductive health (SRHR) response in future emergencies. UNFPA also helped establish **women friendly spaces** and community watch groups to reinforce grass-roots efforts to prevent and respond to gender-based violence (GBV) in the aftermath of disasters, laying the foundation for more resilient communities.

In 2016, UNFPA's strong advocacy efforts resulted in the establishment of a **GBV cluster** for the first time under the country's humanitarian framework. It will be co-led by the Ministry of Women and Children Affairs and UNFPA.

### FIJI

A huge challenge facing the Pacific region and its island nations is the combined impact of **El Niño, La Niña** and **climate change**. To address this risk, UNFPA is working together with Pacific island nations to enhance preparedness.

In 2015, UNFPA **prepositioned clean delivery kits** in Fiji, supported by the Australian Government. Following the devastation of El Niño-fueled Cyclone Winston in February 2016, these strategically placed supplies were swiftly utilized to help address women and girls' immediate reproductive health needs, saving lives as part of a multi-pronged response.

UNFPA is working to strengthen the quality of **baseline data** in order to provide better rapid assessments of population health, which will improve targeting and deployment of resources and personnel in the aftermath of disasters.

Fiji in collaboration with UNFPA, other agencies, and 14 Pacific island nations launched **KAILA! Pacific Voice for Action on Agenda 2030**, aiming to strengthen climate change resilience through women's, children's and adolescent health.

### INDONESIA

Part of the Asia-Pacific **'Ring of Fire'**, Indonesia has long been prone to disasters, but its vulnerability is increasing due to extreme weather events wrought by climate change.

**Accurate demographic and health data** are the cornerstone of effective humanitarian response. This is especially true in Indonesia, whose almost 250 million people represent diverse religions and ethnicities, spread across a vast archipelago. Heavy floods and landslides have affected many provinces nationwide in 2016.

UNFPA supports data collection efforts in Indonesia, and in particular has facilitated a successful and collaborative partnership between BPS-Statistics Indonesia and the National Agency for Disaster Management (BNPB) on the availability and use of quality **population data for disaster management**. This ensures updated and good quality data is produced, shared and used before and during times of crisis.

UNFPA also works closely with the Ministry of Health for disaster preparedness by integrating the Minimum Initial Service Package (MISP) into the existing national health emergency response. It includes **pre-positioning of basic SRH supplies** for use in emergencies, including almost 5,000 dignity kits.

### INDIA

India, with the world's second-largest population, is one of the most disaster-prone countries globally. **Severe floods and landslides** triggered by monsoon rains have devastated swathes of the country in 2016, especially in Assam and Bihar states.

**Effective partnerships with government** are crucial for humanitarian response, especially in a country the size and scale of India. UNFPA has worked closely with the Government's National Disaster Management Authority, state governments, civil society and other partners to adapt the Minimum Initial Services Package (MISP) standards for reproductive health in emergencies to an Indian context. UNFPA's efforts to build the capacity of government officials, health care providers and aid workers across the country have induced a trickle-down effect, as they in turn have facilitated training at the state and district levels and integrated the MISP into their disaster management plans.

### IRAN

Iran is highly prone to disasters such as floods, drought and earthquakes. Tehran, situated between two strong fault lines, is especially **prone to earthquakes**, and it is believed that a major earthquake is overdue to hit the city. With a population of more than 10 million and an ageing building stock, the consequences of a major earthquake could be devastating.

UNFPA is working with the Ministry of Health and the Iranian Red Crescent Society to include reproductive health services in its response plans and packages. Advocacy efforts have included **translating, adapting and disseminating** the Minimum Initial Services Package (MISP) and related documentation, as well as providing training for service delivery agencies' staff. Today, the ability to address reproductive health needs of disaster-affected communities is integrated into Iran's humanitarian response plans and services.

### MYANMAR

Myanmar faces multiple overlapping humanitarian needs. Over a quarter of the population in Rakhine, Kachin and Shan states is displaced by **continuing armed conflict**, and has long been living in camps. **Monsoonal flooding** in June 2016 affected about 500,000 people, compounding the effects of the devastating floods and landslides of 2015.

In a protracted crisis situation, it is essential to adopt an approach that combines humanitarian responses with development and peacebuilding within a human rights framework. UNFPA has launched the **'Women and Girls First' initiative** (WGFI), an almost US\$14 million multi-donor investment which seeks to achieve gender equality and universal access to sexual and reproductive health and rights (SRHR).

In the areas most vulnerable to disasters, UNFPA Myanmar has invested in preparedness efforts to address SRHR and gender-based violence (GBV) in emergencies. Under the WGFI, **rapid response teams** comprising a doctor, nurse and caseworker enable **emergency responses for survivors of GBV** and women in need of lifesaving reproductive health care.

### NEPAL

On a global scale, Nepal is a 'disaster hotspot' at high risk from earthquakes, floods and landslides. It ranks 11th globally in terms of **vulnerability to earthquakes**. A recent study shows Nepal is likely to experience an even-greater earthquake than the devastating April 2015 one. In 2016, landslides and floods affected almost 50 out of 75 districts. Hence, there is heightened awareness of the need to improve preparedness.

During 2016, UNFPA continued to support **Female Friendly Spaces** and carry out capacity building as part of the recovery process from the 2015 earthquake.

UNFPA is continuing its work of **pre-positioning relief items**, and updating disaster preparedness and response plans to incorporate Minimum Initial Service Package (MISP) components. UNFPA is collaborating with stakeholders to strengthen coordination mechanisms and capacity-build for service providers on MISP, GBV and disaster assessment.

### PAPUA NEW GUINEA

Papua New Guinea is situated in the 'Ring of Fire' and so is prone to earthquakes, **volcanic eruptions**, mudslides, drought, tsunamis and rising sea levels. These natural threats are compounded by **man-made challenges** such as tribe-related conflicts.

UNFPA together with the International Planned Parenthood Federation (IPPF) have trained over 120 health workers in the Minimum Initial Services Package (MISP) and IPPF's SPRINT initiative. UNFPA has pre-positioned reproductive health kits and are preparing to pre-position **dignity kits** with the support of the Australian Government that can be disseminated to women and girls in the event of a humanitarian crisis.

### PAKISTAN

A large proportion of Pakistan's population is exposed to risk of natural disasters, particularly flooding, which resulted in hundreds of casualties in 2016. Amid these disasters, Pakistan's large number of **internally displaced people** presents complex challenges for humanitarian assistance. Many of those displaced are women, some of whom are pregnant or lactating.

In 2014-15, UNFPA Pakistan pilot-tested integration of disaster risk reduction in reproductive health and gender-based violence interventions at the community level in Punjab. By organizing women and youth reproductive health disaster risk reduction (RHDRR) committees, UNFPA helped to kick-start **evidence-based, village-driven emergency planning**. These groups conducted hazard mapping, participated in community based disaster risk reduction (CBDRR) trainings and developed Village Preparedness Plans. This process identified context-appropriate RHDRR measures, such as preparing **accessible and resilient storehouses** to be equipped with mini-ambulances, tarpaulins, reproductive health, maternal health and dignity kits to be distributed in case of emergency. UNFPA also helped establish a pool of 26 master trainers to deliver the CBDRR trainings.

In 2016, at a policy level, UNFPA has helped institutionalize Minimum Initial Service Package (MISP) in government-led plans. Concerted efforts have been made to make the 'minimum set of actions' **culturally appropriate and acceptable** by government and communities. UNFPA has also partnered with the National Disaster Management Authority to develop policy guidance on integrating gender-based violence interventions in humanitarian action.

## PHILIPPINES

In 2016 severe drought affected thousands in the Philippines. This was followed by heavy monsoon rains and flooding, concentrated in the Luzon area, resulting in significant displacement. **Typhoon Meranti** hit the Philippines hard in September, and was followed by **Super Typhoon Haima** in October. Women and girls are particularly vulnerable to these disasters.

UNFPA also engages with government and is involved in **national preparedness efforts** given the major earthquake risk to metropolitan Manila. UNFPA's continued advocacy efforts have resulted in the signing of an Administrative Order to facilitate the inclusion of the Minimum Initial Services Package (MISP) in the government's future emergency planning.

Youth engagement is crucial, since the Philippines faces ongoing long-term threats from El Niño and La Niña cycles, a result of climate change. UNFPA works with youth networks globally to engage young people in emergency response. In the Philippines, **youth volunteers** are part of mobile teams that deliver reproductive health services, distribute dignity kits, and reach out to peers by discussing sexual and reproductive health and gender-based violence.

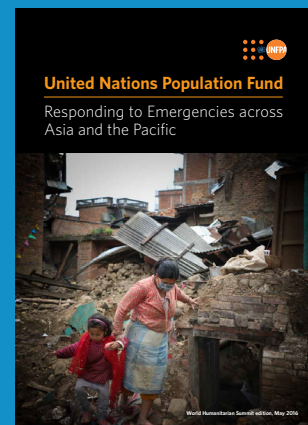
## VANUATU

Vanuatu is considered to be the world's most vulnerable country to natural hazards. This is due to a combination of Vanuatu's exposure to both **geophysical and hydro-meteorological hazards** and its limited financial and technical capacity to prepare for and respond to the associated risks. In addition, the country suffers from extreme events associated with climate variability, including sea-level and temperature extremes and droughts.

On March 13 2015, Vanuatu was hit by **Tropical Cyclone Pam**, a Category 5 storm, 80 per cent of the population were affected, leaving 24 dead, 3,300 displaced and 70 per cent of health facilities damaged.

UNFPA's engaged in the emergency response and participated in the recovery programming. UNFPA addressed **gender-based violence in humanitarian settings** (GBViE) with a wide range of services including counselling, post-rape treatment, legal support, assistance with livelihoods and support through its sexual and reproductive health programmes.

For more information, please see our latest publication: 'UNFPA Responding to Emergencies across Asia and the Pacific', UN Population Fund Asia-Pacific Regional Office, 2016, which contains more details of our humanitarian preparedness and response activities across the region. It includes facts about disaster vulnerability, details of the Minimum Initial Services Package (MISP) reproductive health kits and the UNFPA dignity kit, and explains our work on gender-based violence in emergencies (GBViE).



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