

United Nations Population Fund

Responding to Emergencies across Asia and the Pacific



UNFPA responding to emergencies

“ Having the means to prevent a pregnancy, and being safe from sexual violence - these are basic human rights. Rights don't just go away and women don't stop giving birth when conflict breaks out or a disaster strikes. The health and rights of women and adolescents should not be treated like an afterthought in humanitarian response. ”

Dr. Babatunde Osotimehin
UNFPA Executive Director

Front cover photo: Earthquake, Nepal, 2015. ©UNFPA Nepal

Back cover photo: Typhoon Haiyan, the Philippines, 2013. ©UNFPA Philippines

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Asia-Pacific is the most disaster-prone region in the world. It is also home to a number of long-running conflicts that exact a human toll. The United Nations Population Fund (UNFPA) places women and girls at the center of humanitarian response. Every year the number and frequency of disasters (whether natural or conflict-related) is increasing, with millions of people displaced from their homes. UNFPA works to fulfill the pledge of the Sustainable Development Goals, leaving no one behind: focusing on the needs of women and girls for a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled.

Globally, 60 per cent of all preventable maternal deaths occur during conflict, natural disasters and displacement. Too often women die because they simply don't have access to basic reproductive health care. Emergencies also exacerbate gender-based violence, including sexual exploitation and abuse, when populations are forced to move whether through natural disasters, drought and famine, or conflict. When health infrastructure and support services break down during emergencies, services to safeguard women's health and address gender-based violence are as essential as food, water and shelter to save lives. They must be prioritized in humanitarian response.

Advocacy is used to create awareness among humanitarian actors, policymakers and donors; and can be used to influence policy change. Additionally, advocacy is used to ensure funds and other essential resources are available to address sexual and reproductive health and gender-based violence services during times of crisis. UNFPA focuses on fully integrating these services into preparedness actions, response and recovery plans, which contribute to saving the lives of women when they are most vulnerable.

UNFPA works closely with governments, communities, young people and partners to:

- Support preparedness, disaster risk reduction and long-term resilience building, in order to reduce the impact of disasters and conflicts;
- Ensure reproductive health needs are met in emergencies through the implementation of the Minimum Initial Service Package (MISP) for reproductive health; and
- Promote the safety and wellbeing of women, girls, boys and men by implementing UNFPA's Minimum Standards for prevention and response to gender-based violence in emergencies.

UNFPA works to uphold the dignity and rights of every person in a crisis. Without the generous support of donors it would be impossible to carry out this critical work. We thank the governments, civil society partners and private sector entities who work with us. And we invite those who wish to support UNFPA including our humanitarian response activities to contact us at apro.office@unfpa.org



Cyclone Komen, Myanmar, 2015. ©UNFPA Myanmar

Asia-Pacific - the world's most disaster-prone region

“ Our region is home to more than 80 per cent of the world’s natural disasters where we also have long-running conflicts which further fuel the misery. Yet humanitarian response often doesn’t match what is needed to protect those affected. ”

Yoriko Yasukawa

UNFPA Regional Director for Asia and the Pacific

The Asia-Pacific region is the most disaster-prone area in the world and faces recurrent natural and man-made disasters, conflict and complex emergencies. Of the 15 most disaster-prone countries, nine are located in the Asia-Pacific region according to the UN World Risk Index (2014). Alongside their vulnerability, many of these countries have poor coping mechanisms and adaptive capacities.

Climate change is a significant challenge, with countries in the Asia-Pacific region increasingly facing more severe droughts, more frequent and intense storms, more devastating floods, fires and landslides, fuelled by volatile and erratic weather patterns. Reduced rainfall and drought in many countries is a result of the El Niño phenomenon, which is often followed by La Niña that could cause heavy rainfall and widespread flooding and worsen the negative effects in countries facing El Niño conditions. Robust preparedness efforts and awareness raising campaigns can help mitigate the effects of climate change and reduce the impact of both slow and rapid-onset disasters.

A number of countries in the region also experience protracted crises, long-term instability and armed conflict. Over half of the world’s refugee population is located in the Asia-Pacific region. Mass displacements, a breakdown of infrastructure, law and order and basic services, put the safety and lives of vulnerable women and girls at risk, most especially pregnant women.

These are not just humanitarian issues, they also affect development. Disasters and conflicts increase poverty by destroying infrastructure and livelihoods, and undermine progress towards sustainable development. UNFPA’s investment in preparedness, resilience and long-term risk reduction not only ensures effective and efficient emergency response, but also protects hard-earned development gains.



The 15 countries that are most at risk worldwide

Country	Risk (%)	Rank
Vanuatu	36.50	1
Philippines	28.25	2
Tonga	28.23	3
Guatemala	20.68	4
Bangladesh	19.37	5
Solomon Islands	19.18	6
Costa Rica	17.33	7
El Salvador	17.12	8
Cambodia	17.12	9
Papua New Guinea	16.74	10
Timor-Leste	16.41	11
Brunei Darussalam	16.23	12
Nicaragua	14.87	13
Mauritius	14.78	14
Guinea-Bissau	13.75	15

Sexual and reproductive health in emergencies

“If you’re not meeting basic reproductive health needs during an emergency that in itself can become another disaster - a human disaster after the emergency. When there is no access to family planning there will be unwanted pregnancies. Unwanted pregnancies can lead to unsafe abortions or unsafe deliveries.”

Dr. Stenly Sajow
UNFPA Myanmar

In crisis situations, one in five women of childbearing age are likely to be pregnant. Complications that occur during pregnancy or childbirth can prove fatal during disasters when healthcare services are disrupted. UNFPA prioritizes the Minimum Initial Services Package (MISP) for reproductive health in emergencies, so that the needs of pregnant women are adequately addressed.

What is the Minimum Initial Service Package?

Setting standards in emergencies, the MISP prescribes crucial actions to respond to reproductive health needs at the onset of every humanitarian crisis. This set of life-saving activities forms the starting point for reproductive health coordination and programming, and provides the foundation for additional services through the response and recovery period. The MISP sets out to:

- Ensure an organization is identified to coordinate the response for sexual and reproductive health
- Prevent and manage the consequences of sexual violence;
- Reduce HIV transmission;
- Prevent maternal and newborn death and illness; and
- Allow for planning of comprehensive sexual and reproductive health care, which integrates into primary health care.

UNFPA works to ensure that the MISP is integrated and institutionalized into national preparedness plans and implemented in all acute emergencies as a minimum standard.

“By 2015, over 100 health care providers had become MISP trainers, and our current country programme seeks to ensure that all vulnerable people in humanitarian settings can access reproductive health services.”

Dr. Bannet Ndyabangi
UNFPA Afghanistan Representative





Strategically pre-positioning life-saving supplies

The UNFPA Asia-Pacific Regional Office identified Nepal, Papua New Guinea, the Philippines and Fiji as high-risk countries for targeted preparedness in 2015. A pilot initiative supported by the generosity of the Australian Government pre-positioned Reproductive Health Kits and other supplies in strategic locations. The Kits were utilized in the acute phase of the 2015 Nepal earthquake and Fiji's 2016 Cyclone Winston response. They provided immediate access to basic and emergency obstetric care, contraception and treatment for sexually transmitted infections.

The pre-positioning of Reproductive Health Kits saves lives and is part of UNFPA's effort to support preparedness and build capacity to implement the MISP. Further support is sought to continue pre-positioning essential supplies and build the capacity of first responders.

Emergency Reproductive Health Kits

One of UNFPA's standard interventions in humanitarian response is providing Reproductive Health Kits. Containing life-saving medicines and supplies, the Kits are used to address the immediate reproductive needs of the community in a crisis. Emergency Reproductive Health Kits support safe delivery, the treatment of pregnancy-related complications and post-rape care. Core to UNFPA's humanitarian response, the Kits were developed and approved by the Inter-Agency Working Group (IAWG) on Reproductive Health in Crises to support the implementation of the MISP.



"I was happy when a reproductive health camp was organized in our village. I had an ultrasound scan and the doctor recommended a caesarean section."

Ishwori Dangol

Nepal earthquake survivor



Safe delivery: supporting pregnant women in humanitarian crises

When health facilities are destroyed during an emergency, UNFPA works to ensure temporary arrangements are made so that pregnant women who require basic obstetric care have access to reproductive health facilities; and those in need of emergency care can be referred to maternity units and hospitals.

The 2015 Nepal earthquake destroyed or severely damaged over 1,000 health facilities, 70 per cent of birthing centers, and 30 per cent of the country's specialized maternal and neonatal facilities, leaving women with limited or no access to life-saving health care. Collaborating with local health authorities and partners, UNFPA set up mobile reproductive health camps with temporary tents in the worst affected districts. These services reached an estimated 1.8 million people in the first five months after the earthquake. Staffed with doctors and skilled birth attendants, the facilities provided antenatal care, safe delivery services, post-partum care and family planning counseling.

Ishwori Dangol, 30, was seven months pregnant when her seven-year-old son died in the earthquake. Overcome by grief, Ishwori was worried she would have to deliver her baby alone. "As my delivery date neared, I was worried about myself and, of course, about my unborn baby's health," said Ishwori, "I was happy when a reproductive health camp was organized in our village. I had an ultrasound scan and the doctor recommended a caesarean section." Ishwori was referred to a nearby hospital where she gave birth to a healthy baby boy. Thanks to the generous contributions of partners, including the Government of Japan, 109 reproductive health camps were set up by UNFPA during the Nepal emergency.

Mobile reproductive health camps and medical missions are an integral part of UNFPA's emergency response, and similar models were implemented in the Philippines after major typhoons and in Pakistan following severe flooding.

Deploying experts in acute humanitarian emergencies

UNFPA ensures that qualified and experienced humanitarian response staff are available whenever and wherever they are required. Staff members and external stand-by personnel are frequently deployed to respond in the acute phase of a disaster. This approach has a double benefit: it strengthens the capacity of local staff to deal with a large scale emergency and allows UNFPA and surge personnel to share knowledge and apply lessons learned from diverse humanitarian contexts.

Dr. Stenly Sajow is UNFPA's Humanitarian Specialist in Myanmar, working on sexual and reproductive health in humanitarian settings for more than 14 years. When he was deployed to Vanuatu immediately after Cyclone Pam struck in 2015, he arrived in Tanna to find the health clinic on the island was almost completely destroyed. "The roof was gone and the medical equipment damaged from rain water. A pregnant woman with three children came into the clinic. She was crying, worried that the islanders were already two weeks without healthcare facilities. She soon realized UNFPA had set up a temporary clinic, and her relief was palpable. It is important that women receive antenatal care and reproductive health services in good times, but especially during an emergency."

Dr. Sajow's experiences in natural disasters with a sudden onset like Cyclone Pam or Cyclone Winston highlight the importance of preparedness. "When a disaster strikes most humanitarian and governments often focus on providing shelter, food and water without realizing that reproductive health and gender-based violence care are equally as important. Response is more efficient and effective when UNFPA provides disaster preparedness training for health professionals. We contribute to building the resilience of people so future shocks won't have such a detrimental effect."

"Having lived through a number of cyclones in the Pacific I know how devastating they can be, particularly for small remote communities. A big focus of my work in Myanmar was trying to ensure that emergency reproductive health kits were getting to where they needed to go. An emergency referral system was set up for women who had difficulty travelling for healthcare. This ensured that women we suspected would have a difficult labour could be transported to hospital when their time came. Through rapid response teams and outreach clinics providing antenatal care, we were able to identify high-risk pregnancies early - for example, girls under 18 or those with pre-eclampsia - so we knew in advance who was likely to require a transferral and provide them with the care they needed at a crucial time."

Dr. Robyn Drysdale

deployed to UNFPA Myanmar after Cyclone Komen (2015) through RedR Australia

"Through rapid response teams and outreach clinics



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