

Strengthen the capacity of health systems to prepare for and respond to disasters with a Minimum Initial Service Package (MISP) and quickly return to a comprehensive service delivery system. In all situations, enabling informed choice, providing access and ensuring protection.

Uphold the principle that women and young people have innate resilience, knowledge and skills. Engage them as key partners and ensure that interventions are demand-driven.



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## Women do not stop getting pregnant or giving birth when disaster strikes

-  **56% of maternal deaths** occur in fragile countries.
-  **Women and children are 14 times more likely to die** in a disaster than men worldwide.
-  **49% of refugees** were women and girls in 2013.
-  **20% of displaced women** have suffered gender-based violence and will need access to critical medical care.
-  **53% of UNFPA high risk countries** have integrated the Minimum Initial Service package for reproductive health in natural preparedness plan

## For Disaster Risk Reduction For Resilience

# Women and Girls at the Centre



## We commit to:

Advocate for greater investment in sexual reproductive health (SRH) to enable couples to freely plan their families, which in turn will help communities become more resilient. This will drive and sustain economic growth among the general population.

Make data required for Disaster Risk Reduction (DRR) more available, so different age and gender groups can be individually targeted according to their needs.

Support social protections systems to prevent and respond to gender-based violence in all settings, which undermines the health and dignity of women.



Delivering a world where every pregnancy is wanted every childbirth is safe and every young person's potential is fulfilled

United Nations Population Fund  
605 Third Avenue  
New York, NY 10158  
www.unfpa.org





## Implementing the MISP in the Balkans

In 2013, UNFPA partnered with IPPF European Network Regional Office (ENRO) to initiate the development of the Minimal Initial Service Package (MISP) Readiness Assessment Tool, which aims at integrating sexual and reproductive health into disaster risk reduction plans. This tool will help in preventing sexual violence, assisting survivors, reducing HIV transmission, and preventing maternal and neonatal deaths during a crisis. The response plan will also integrate comprehensive reproductive health services into primary health care.

Based on the MISP Readiness Assessment Tool, countries deployed efforts for the institutionalization of SRH in DRR. Bosnia and Herzegovina established a working group on SRH in crisis to work on integrating the MISP in local government DRR management while Serbia and Kosovo continue to advocate for integration of the MISP.

In Macedonia, a draft action plan for inclusion of the MISP was completed. Consequently, in November 2014, the Ministry of Health signed the decision to review and update the National Plan for Preparedness and Response of the Health Sector in crisis. UNFPA is partnering with WHO on the SRH component of the National Plan, and is a member of the Inter-Sectorial Committee for revision of National Preparedness and Response in Crisis.

### The 5 Objectives of the MISP:

- 1 *SRH coordination (with added aspects of disaster management and health coordination)*
- 2 *Prevent sexual violence and assist survivors*
- 3 *Reduce HIV transmission and meet STI needs*
- 4 *Prevent excess maternal and neonatal mortality and morbidity*
- 5 *Plan for comprehensive RH services integrated into primary health care*

## Community Preparedness in the Philippines

UNFPA and its partners understand the critical role that emergency sexual and reproductive health services play in reducing the loss of life due to obstetric emergencies and preventable diseases. The strengthening of such services within preparedness efforts will reduce many related deaths and injuries.

In 2013, UNFPA partnered with the Women's Refugee Commission (WRC) in the Philippines to pilot an approach to help communities prepare for and respond to sexual and reproductive health needs during emergencies.



The pilot introduced a curriculum, "Community preparedness: SRH and gender," to community members across three diverse settings and developed action plans to improve the communities' resilience and reduce the risk of maternal deaths and injuries.

UNFPA also provided training on the MISP, as well as on reproductive health and gender mainstreaming for Disaster Risk Management teams at the national and regional level.

### Typhoon Haiyan's Massive Impact

**14 million** people affected

**6,000** people died

**4 million** displaced people

### Community DRR Action Plans supported:

*Advocacy for positioning sexual and reproductive health supplies and safe delivery kits in health facilities.*

*Development of committees to monitor pregnant women during emergencies.*

*Conscious awareness and the building of knowledge within a broader community about SRH and gender-based violence during emergencies.*

*Emergency transportation for pregnant women.*

## Innovative Data System in Indonesia

In 2013, UNFPA initiated a partnership between the National Disaster Management Agency (BNPB) and National Statistics Office (BPS) that led to the creation of an innovative humanitarian data system. The system has enabled the integration of data from the 2010 Population Census, Village Potency Data (2011), and Population Projection 2010-2035 into the existing Indonesian Disaster Information and Data System. This system will provide BPNB and other users with vital information needed to identify total and vulnerable populations in disaster-prone areas.

### UNFPA provided support to BNPB and PBS:

1. To use the population data in vulnerability and risk assessment as a fundamental component of the National Disaster Management Plan 2015-2019 and in the process of incorporating population data into the plan.
2. To execute a pilot survey of knowledge, attitudes and practice (KAP) of people towards improving disaster preparedness and the development of disaster risk reduction plans.
3. To produce collaboratively a technical guideline on the use of population data during all phases of disaster management and to endure an effective disaster preparedness and response.
4. To develop another computer assisted personal interviewing (CAP) with using mobile phone application, a method that can be used to collect data during an emergency, including data on survivors, damages and urgent needs.



## "Living in Emergency without Violence" in Ecuador

In 2008, violent floods drastically affected the population of Manabi in Ecuador, forcing its residents to live in improvised shelters which lacked essential services for hosting large groups. Those circumstances were particularly harsh on women, who had limited access to the minimum health service, and were exposed to harassment and sexual violence.

UNFPA supported a programme entitled: 'Living in emergency without violence,' which aimed to protect women living in shelters.

This project focused on educating women, adolescents and children about their rights and how to confront gender-based violence, particularly in shelters. It also helped those responsible for the shelters to detect violence against women, adolescents and children, record the cases and report them to competent authorities.

"Living in emergency without violence" raised awareness among communities and opened a dialogue on the prevention of gender-based violence in emergencies.

### Floods Damages in Ecuador

**30,000** crops damaged

**50,000** affected people in coastal region

**14,000** affected residents of Manabi

Source: UNFPA/Ecuador

### Women Who Have Experienced Violence

**1 out of 4** suffered sexual violence  
**6 out of 10** suffered violence

Source: INEC 2012

### Partners

Ministry of Health  
Ministry of Economic Social Inclusion  
Ministry of the Coast  
Local Governments  
UN Agencies