

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.

Landslide, Badakhshan province, Afghanistan, 2014. © UNFPA Afghanistan



“ 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 Ndyanabangi

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.



Flood, Pakistan, 2014. ©UNFPA Pakistan

"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 humanitarians 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 providing antenatal care, we were able to identify high-risk pregnancies early"

Dr. Robyn Drysdale



Dr. Robyn Drysdale, Cyclone Komen, Myanmar, 2015. ©UNFPA Myanmar

Preventing and addressing gender-based violence in emergencies

“ Gender-based violence prevention and response is needed everywhere, all of the time, but especially in emergencies; because unless you have measures specifically focusing on women and girls trying to prevent gender-based violence, it doesn't happen - nothing happens. It really is a life-saving intervention. ”

Ruth James

Gender-based Violence Specialist, CANADEM

Gender-based violence is a global issue. It violates international human rights law and the principles of gender equality, and poses a threat to health and life. Many countries in the Asia-Pacific region already have unacceptably high levels of intimate partner violence. During times of conflict and natural disaster the risk of violence, exploitation and abuse increases, with women and girls particularly vulnerable.

When national, community and social support systems are weakened and people are displaced from their homes, an environment of impunity can prevail where perpetrators of violence are not held accountable. Rape is also used as a tactic to humiliate and dominate victims, and disrupt social ties.

UNFPA works to support the efforts of national authorities, humanitarian organizations and local communities to uphold the dignity and rights of all affected people and to reach the most at risk. As a strategic priority, UNFPA enhances organizational capacity to prevent and respond to gender-based violence in emergencies.

UNFPA's Minimum Standards for the Prevention and Response to Gender-Based Violence

As part of UNFPA's commitment to ensure the safety and wellbeing of women and girls in emergencies, the organization launched the universal Minimum Standards for the Prevention and Response to Gender-Based Violence, applicable in all humanitarian contexts. The 18 interconnected Minimum Standards, in line with the inter-agency guidance on gender-based violence in emergencies provide practical guidance on how to prevent, mitigate and respond to gender-based violence. They also outline how to coordinate with humanitarian partners and facilitate access to multi-sector services for survivors.



Minimum Standards

for Prevention and Response to
Gender-Based Violence in Emergencies



“ Nothing is more hidden or pervasive than the gender-based violence women and girls experience daily, and more so in times of crisis. And because we know this we must act to prevent and protect. We must put women and girls at the center of our humanitarian response. We must ensure access to services that meet their specific needs. No longer must women and girls bear the brunt! **”**

Ugochi Daniels

Chief, UNFPA Humanitarian and Fragile Contexts Branch, New York



©UNFPA Afghanistan

Coordination and partnerships to prevent gender-based violence

The Inter-Agency Standing Committee (IASC) is the primary mechanism for coordination of all humanitarian assistance across the United Nations system and key partners. Under the Global Protection Cluster, UNFPA co-leads specifically on gender-based violence. As such, UNFPA is responsible for working with national authorities and other humanitarian actors to coordinate efforts to prevent and respond to gender-based violence in emergencies.

Humanitarian response can undermine the protection of women and girls if it is not designed in a gender responsive way. For example, women may be at increased risk of violence when travelling alone to and from food distribution points; or domestic violence against women may increase as spouses and domestic partners fight over control of assistance.

"All humanitarian personnel have the responsibility to assume gender-based violence is taking place, to treat it as a serious and life-threatening protection issue, and to take action to minimize gender-based violence risk through their sectoral interventions, regardless of the presence or absence of concrete 'evidence,'" according to the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

Afghanistan: Working with police to recognize and respond to violence against women

In 2009, Afghanistan's National Assembly passed a bill criminalizing violence against women for the first time. Since then UNFPA has provided technical support to the Ministry of Interior Affairs and the National Police Academy to help develop the capacity of the police to recognize and prevent violence against women. Gender-based violence is rarely reported in Afghanistan because police officials are often dismissive of women. UNFPA developed a comprehensive training course, teaching police officers to respond sensitively and ethically, helping them recognize and prevent gender-based violence. So far thousands of police officers have completed the training, and although challenges remain in changing societal attitudes significant progress is being made. "It was very useful. I use my knowledge in daily practice," says Mariam Mohammadi, a policewoman in Kabul. "After completing this course many of my male colleagues were saying that they understood the importance of not using any kind of violence against women."

Providing protection through Women Friendly Spaces

Providing women with protection from violence and exploitation saves lives. Establishing Women Friendly Spaces or Female Friendly Spaces in emergencies provides women and girls with a place to feel more protected and secure, and can offer a safe sleeping space for the more vulnerable. UNFPA often establishes spaces for women and girls alongside child safe spaces and maternity units, also providing the information, support and services women and girls need, all in one place. Trained staff conduct group activities including training, counseling, information sharing, and awareness-raising sessions, and help to support gender-based violence survivors by providing referral services in a confidential manner.

Safe spaces for women in the aftermath of the 2015 Nepal earthquake

Emergencies can sometimes create an opening to provide gender-based violence services for women who have been suffering from intimate partner violence for a long time. "Before the earthquake in Nepal women had few avenues to deal with gender-based violence related issues. Women simply didn't talk about those sensitive problems. Not only because they were considered taboo but also there was no one to talk to, and very few services open to them," according to Laxmi Tamang, a staff member at one of UNFPA's post-earthquake Female Friendly Spaces established in Nepal.

Ruth James, Gender-based Violence Specialist worked in some of these Female Friendly Spaces. "They were just regular tents. They weren't supposed to provide accommodation, but women ended up sleeping there because they had nowhere else to go where they felt safe. Sleeping on the floor of a tent provides no physical comfort for women who had left violent husbands, or were raped and whose families disowned them, but it's better than sleeping outside. Without the tents provided by UNFPA the women would have had nowhere to go."



“ Sleeping on the floor of a tent provides no physical comfort for women who had left violent husbands, or were raped and whose families disowned them, but it's better than sleeping outside. Without the tents provided by UNFPA the women would have had nowhere to go. **”**

Ruth James

Gender-based Violence Specialist, CANADEM

Providing protection with Dignity Kits

Women and girls need basic items to maintain their personal hygiene in times of crisis. UNFPA makes the provision of Dignity Kits a central component of direct humanitarian response. Dignity Kits are targeted at women and girls of reproductive age and contain items such as sanitary napkins, clothes and underwear, soap, a toothbrush and toothpaste. Governments or other players rarely prioritize menstrual hygiene at such times. But without access to essential clothing or sanitary supplies, women and girls are often restricted in their mobility and unable to seek basic services including humanitarian aid.

Dignity Kits are always customized to the culture of the country or territory in crisis, following consultations with affected communities. This ensures that women's essential and basic needs are met and they can focus their attention on other important matters such as accessing food and other relief supplies for their families and themselves. Dignity Kits also include protection items such as whistles, flashlights and radios, allowing women to move about more freely and safely, especially when they need to access relief aid.

Distribution points for the Kits can become information-gathering hubs for women, often connecting gender-based violence survivors with the available support mechanisms at information sessions. By creating an important entry point to identify the critical needs of women and girls, UNFPA takes the opportunity to inform communities about available health care services and psychosocial support. Dignity Kits also enable affected women and girls to use their limited resources to purchase other vital household items often lost during the disaster.

A dignified response to Cyclone Winston in Fiji

In the days following the devastating Tropical Cyclone Winston in Fiji, Elenoa Adi, 33, safely gave birth after she walked to a nearby hospital. But like many women in the aftermath of a disaster, Elenoa had barely any belongings to provide for herself or her baby. Many women found themselves without a change of clothes as their worldly goods were washed away. UNFPA Dignity Kits distributed after Cyclone Winston contained bath soap and washing powder, a torch, toothpaste and toothbrush, towel, t-shirt, underwear, sanitary pads, reusable waterproof zipper bags, condoms, a comb and a suluvakatoga (a local cloth used as a dress). These items made a huge difference to Elenoa. *"This kit enabled me to get on with doing what's important – looking after my baby and rebuilding our family home. Thank you, thank you so much,"* she said.

"The response from the community has been overwhelming, with so many receiving the kits with tears in their eyes because it is not often that assistance is specific to them as women and girls," said Karoline Tamani from the Fiji Ministry of Health and Medical Services Family Health Unit. According to Ms. Lubna Baqi, UNFPA Deputy Director for Asia and the Pacific, *"The Dignity Kits are not only about meeting the basic needs of those who hold together the fabric of our communities in times of crisis, but also a crucial entry point to understanding the needs of crisis affected community."*



Cyclone Winston, Fiji, 2016. ©UNFPA PSRO

Advocating for preparedness and building resilience

“ There's power among young people. If you want to transfer knowledge once a disaster ends, once people have left after a response, involve young people – the memory and the experience will remain, and they will use it **”**

Anzaira Roxas

Youth Peer Educator, Philippines

A humanitarian emergency has the ability to undermine an individual's prospects for a better life, shattering opportunities and limiting choices. Losing everything during a crisis can exacerbate existing inequalities and increase poverty. A humanitarian crisis can also erase a country's economic and social gains. Upholding the rights of all people to ensure inclusive and equitable development reduces the risks and impacts when a disaster strikes. It is vital to keep investing in preparedness, resilience-building and risk-reduction so that individuals, communities, institutions and nations may better withstand the effects of crises, and recover from them more quickly.

“I look at these communities not as survivors but as people who have resilience and strength. By working more on preparedness, governments have a better chance to prepare their citizens and the country is more resilient.”

Giulia Valles

UNFPA Nepal Representative



“ We may be kids but we have a lot to offer, we have a lot of power to bring about change and to respond in humanitarian settings. **”**

Chloe Reynaldo

UNFPA-supported youth activist, Philippines

Sustainable development through sexual and reproductive health in emergencies

UN Member States have committed to the 2030 Sustainable Development Goals and endorsed the Sendai Framework for Disaster Risk Reduction, providing frameworks to underpin UNFPA's work in humanitarian response. "Addressing humanitarian crises is not only a prerequisite of sustainable development but also a necessity if the SDGs are to be achieved." stated Kristalina Georgieva, Co-Chair, UN Secretary-General's High Level Panel on Humanitarian Financing and Vice President, European Commission.

The consultations leading to the World Humanitarian Summit in 2016 have highlighted priority areas including sexual and reproductive health and preventing gender-based violence, outlining examples of best practice. As emergencies in the Asia-Pacific region increase in frequency and severity, strengthening humanitarian approaches to better address the needs of women and girls is integral not only for their health, protection and wellbeing, but also to ensure inclusive and equitable development.

“ Sometimes we are so overwhelmed... but we are glad to be of help. Our own homes were inundated by floods but we do this to give hope to the flood victims. **”**

Ma Tin Tin

Youth Volunteer in flood relief efforts, Cyclone Komen, Myanmar, 2015

The transformative power of young people

UNFPA has long supported youth networks in Asia-Pacific and around the world - enabling young people to become involved in local planning and decision-making and promoting health and human rights in communities. During emergencies, youth networks have played a vital role in humanitarian efforts, by identifying and working with vulnerable communities to ensure they are included in the response.

Anzaira Roxas arrived in Cagayan de Oro, Philippines on 26 December 2011 shortly after Tropical Storm Sendong struck. "The whole country was celebrating Christmas, but you could not feel the spirit of Christmas there," she said. Anzaira, who had already been working as a peer educator for two years, was instrumental in coordinating and training local youth volunteers during the response. The opportunity to volunteer with UNFPA gave young people the chance to contribute. Anzaira is convinced that this is a sustainable model. "Young people are adaptable. The peer educators from the Sendong response became staff for the response to Super-Typhoon Haiyan a year later, working on the frontlines of that massive disaster. In this model, in this approach, we can really trust young people. They understand, they know, they are involved. They've seen how to do it. Whenever there's a disaster now we train and fully utilize young people as part of the response."



Cyclone Komen, Myanmar, 2015. ©UNFPA Myanmar

Communicating with Disaster-Affected Communities

Operating on the principle that 'communication is aid', the inter-agency network on Communicating with Disaster-Affected Communities involves consulting affected communities to help shape the post-disaster response and recovery phases.

After Super-Typhoon Haiyan in the Philippines in 2013, UNFPA participated in the Rapid Information, Communication and Accountability Assessment to gauge the relevance and effectiveness of the humanitarian response. UNFPA conducted the survey during reproductive health medical missions and at Female Friendly Spaces. Respondents provided comprehensive feedback on how services could be improved and their needs met during the crisis.

Similar efforts were conducted after the 2015 Nepal earthquake. The feedback from affected communities on UNFPA's reproductive health and gender-based violence programmes helped strengthen subsequent response.

Securing adequate and sustained humanitarian financing

“ There is a significant resource crunch. Across the Asia-Pacific region, despite ever-mounting disasters, we remain largely underfunded to prepare for and meet the minimal sexual and reproductive health and protection needs of women and adolescents in emergencies. **”**

Priya Marwah

UNFPA Regional Humanitarian Coordinator for Asia and the Pacific



Support for humanitarian assistance is not keeping pace with rising needs. UNFPA's funding requirements for humanitarian action have mounted rapidly, more than doubling from around \$78 million in 2006 to \$175 million in 2014. As of 2016, humanitarian funding is mainly directed towards crisis response with 60 per cent of humanitarian assistance allocated to emergency relief; 35 per cent for reconstruction and rehabilitation; and just five per cent to disaster preparedness and mitigation.

As the Sendai Disaster Risk Reduction Framework clearly indicates, investing in preparedness not only reduces potential harm, but is also cost-effective. Many governments across the Asia-Pacific region have begun prioritizing emergency preparedness and disaster risk reduction. UNFPA is working closely with them to ensure that sexual and reproductive health and addressing gender-based violence is included in every country's contingency plans and programmes.

“ Humanitarian response is a priority for UNFPA, and all the more so in the era of the 2030 Sustainable Development Agenda. We will strengthen our efforts to meet the sexual and reproductive health and protection needs of women and girls during disasters. We are indebted to our donors who support this life-saving work, but we require even greater resources from UN member states, the private sector and other entities. We remain committed to securing sustained and enhanced investment in order to deliver a world where every pregnancy is wanted, every childbirth is safe, and every young person's potential is fulfilled – even in emergencies. **”**

Yoriko Yasukawa

UNFPA Regional Director for Asia and the Pacific

UNFPA wishes to acknowledge, with thanks, the generous contributions of our donors and partners who have supported our response to humanitarian crises in the Asia-Pacific region, including:

Government of Australia (Department of Foreign Affairs and Trade - DFAT)
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Government of Sweden (Embassy of Sweden, Section Office Yangon)
Government of Switzerland (Embassy of Switzerland in Nepal)
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Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH
Norwegian Refugee Council (NRC)
RedR Australia
United Nations (Central Emergency Response Fund - CERF)
Office for the Coordination of Humanitarian Affairs (UNOCHA)

To find out more about how you can support UNFPA's humanitarian work please contact apro.office@unfpa.org





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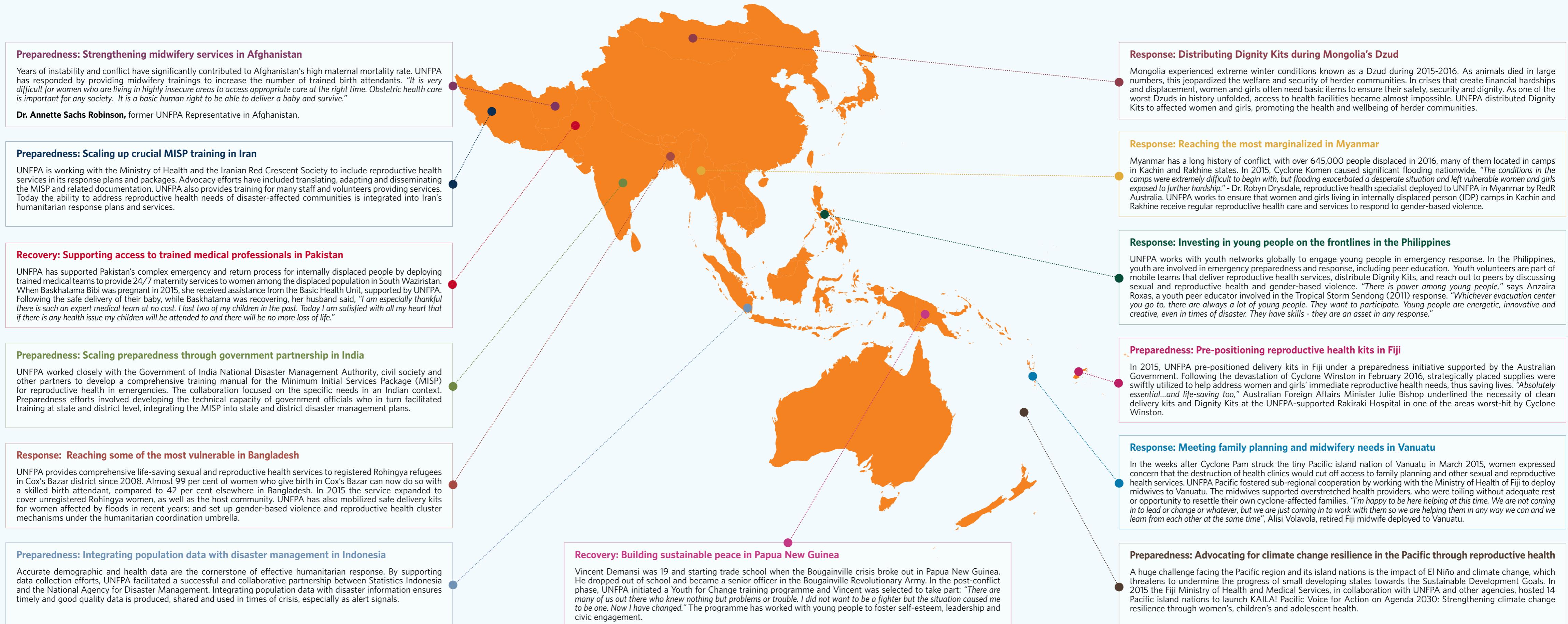
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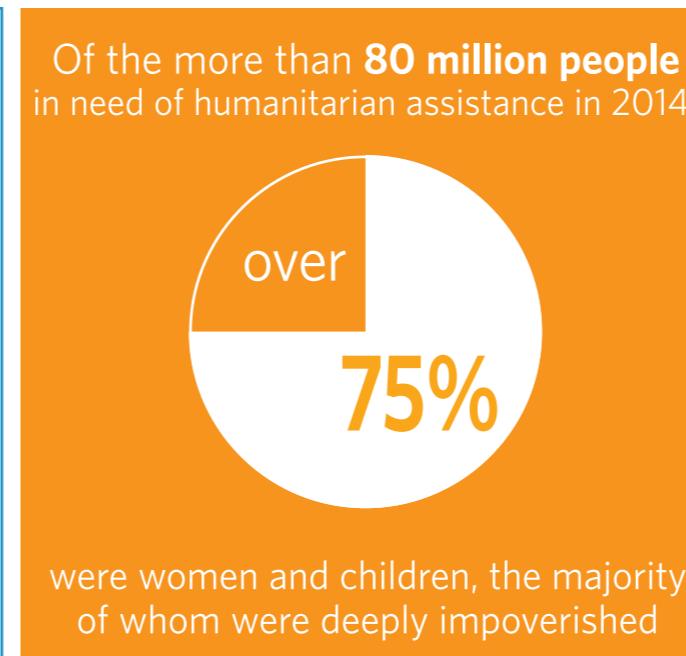
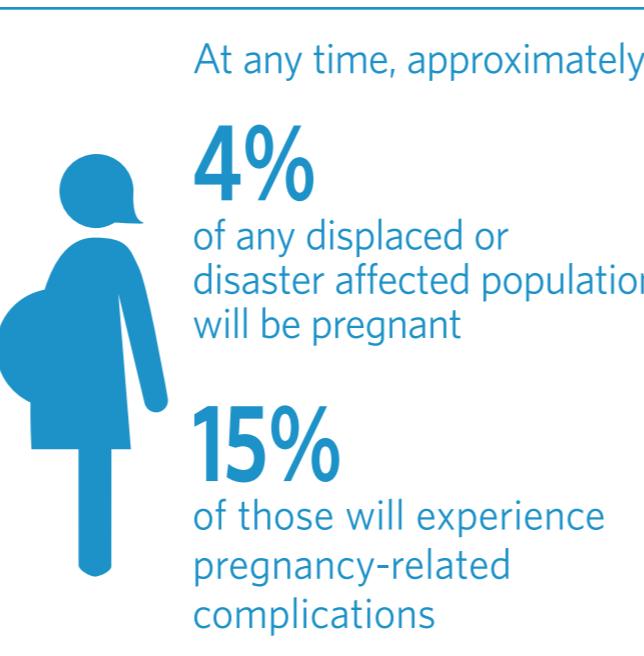
The map portrays a selection of UNFPA's work in several countries to help address these challenges.



FACTS AND FIGURES

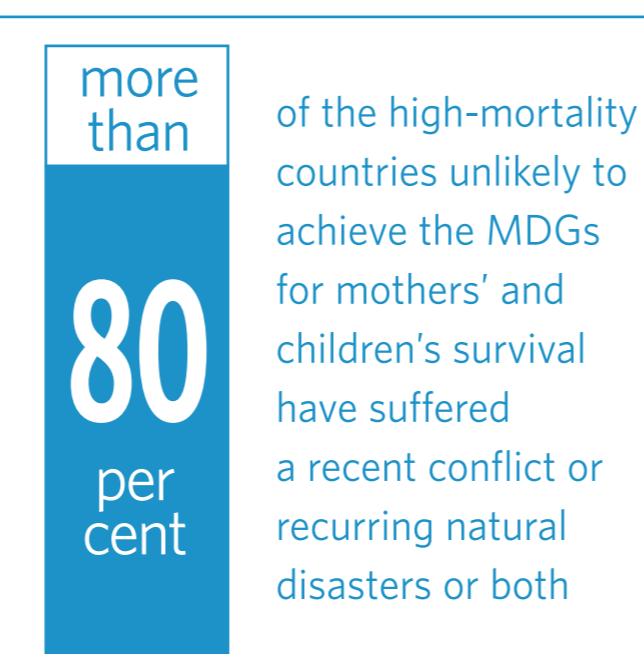
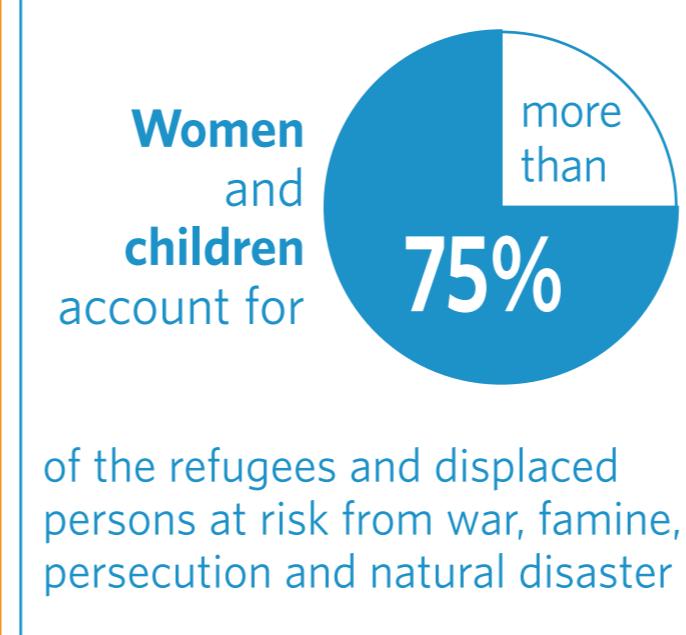


Asia Pacific is home to
more than 80%
of the world's disasters



Vulnerability to natural disasters is increasing, exacerbated by poverty and environmental destruction

At least  90 per cent of the victims of natural disasters live in developing countries



UNFPA'S DIGNITY KIT

Items in a standard kit



A dignity kit comprises the basic items that women and girls need to protect themselves and maintain hygiene, respect, and dignity in the face of natural disasters and crises.