



UNFPA's Work in Addressing Disasters

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Context: Impact of Natural Disasters in the Region



- Humanitarian crises are *not* gender-neutral
- 60% of maternal deaths occur in humanitarian emergencies;
- All forms of violence against women and girls peak during disasters or conflicts;
- LAC – a highly vulnerable region (Between 2003 – 2017, 300,000 persons lost their lives and 70 million were affected due to natural disasters).

UNFPA's Mandate



- ICPD PoA affirms the right to SRH and GBV prevention and mitigation services, including populations affected by or recovering from emergencies;
- The Sendai Framework on Disaster Risk Reduction calls for building resilience;
- The humanitarian mandate of UNFPA ensures:
 - the provision of emergency SRH services in humanitarian contexts as an essential component to life saving activities
 - gender equality, GBV prevention, mitigation and response, particularly sexual violence, in emergency situations;
 - the improvement of data availability and analysis around population dynamics, SRH (including family planning) and gender equality, for humanitarian response and recovery plans;

Disaster Preparation & Reduction - MISP



Minimum Initial Service Package (MISP) fc. Reproductive Health (RH):

- Prevent and manage the consequences of sexual violence by:
 - Putting in place measures to protect affected populations, particularly women and girls, from sexual violence;
 - Making clinical care available for survivors of rape and treatment of STIs; and
 - Ensuring the community is aware of the available clinical services (IEC materials and outreach).
- Reduce HIV transmission by:
 - Ensuring safe blood transfusion practice;
 - Facilitating and enforcing respect for standard precautions; and
 - Making free condoms available.
- Prevent excess maternal and newborn morbidity and mortality by:
 - Ensuring availability of emergency obstetric care (EmOC) and newborn care services, including:
 - At health facilities: Ensure there are skilled birth attendants and supplies for normal births and management of obstetric and newborn complications;
 - At referral hospitals: Ensure there are skilled medical staff and supplies for management of obstetric and newborn emergencies;
 - Establishing a referral system to facilitate transport and communication from the community to the health center and between health center and hospital; and
 - Providing clean delivery kits to visibly pregnant women and birth attendants to promote clean home deliveries when access to a health facility is not possible.

Disaster Preparation & Reduction - MISP



Minimum Initial Service Package (MISP) for Reproductive Health (RH):

- **Plan for comprehensive RH services, integrated into primary health care (PHC) as the situation permits. Support the health sector/cluster partners to:**
 - Coordinate ordering and distribution of RH equipment and supplies, including dignity kits to affected populations, based on estimated and observed consumption;
 - Collect existing background data;
 - Identify suitable sites for future service delivery of comprehensive RH services; and
 - Assess staff capacity to provide comprehensive RH services and plan for training/retraining of staff

Population Data Needed



UNFPA assists countries in generating and using socio-demographic data for the design of policies and programmes to improve and protect human lives in the 4 phases of humanitarian crisis:

Preparedness: A Post Disaster Needs Assessment (PDNA) should be conducted. Gather vital information in advance so that there is a baseline. Info Needed: Potential natural hazards; socio-demographic information; population projections; census; household surveys; administrative records; Develop Contingency plans and apply an Early Warning System;

Acute: Collect and assess data for the affected area (Multi-sector assessment – MIRA) to guide and clarify the humanitarian aid required by the affected community.

Chronic: Obtain data on essential indicators. They help to enable an assessment of the size and geographic distribution of the population and displaced households. The following is suggested to be prioritized:

- Estimated number of households and displaced people affected by the crisis.
- Estimated number of households and people that remain in the affected area.
- Causes and direction of population displacements.
- Capacities of the health sector in the areas where the displaced population is housed and affected areas

Post-crisis/Recovery: Key data to be collected and prioritized:

- Changes in the number and distribution of housing and household.
- Changes in the size and distribution of population.
- Changes in the age and sex structure of the population and specific population groups.
- Location of basic social infrastructure in the area of healthcare, education, transportation and other services.

Examples of Climate-related Challenges & Response Efforts



- Mexico (earthquake), Anguilla, Antigua and Barbuda, British Virgin Islands Cuba, DR, Dominica, St. Kitts and Nevis, St. Maarten, Turks and Caicos, (all after Hurricanes Irma and Maria), Costa Rica, Nicaragua, Guatemala (Tropical Storm "Nate")
- **Recent emergencies in the Caribbean**, UNFPA support actions in order to:
 - Strengthen humanitarian coordination and response in the early stages of the emergency;
 - strengthen interagency, multi-sector MISP coordination mechanisms, in partnership with national authorities, relevant UN entities and national and/or international NGOs and civil society.
 - Rebuild/Enhance social protection systems for GBV services and capacity building of partners
 - Prevent maternal morbidity and mortality, particularly related to obstetric complications, support life-saving sexual reproductive health interventions in affected municipalities
 - Functional Sexual and reproductive health services including maternal health and emergency obstetric care in targeted municipalities; Procurement and distribution of SRH kits
 - Prevent unplanned pregnancies ensuring access to contraception moderns among people affected by hurricane IRMA
 - Contribute to prevention and treatment of STIs and HIV in adult and young women and men affected by Hurricane Irma

Recommendations



- A multi-sectoral, well coordinated response is required when pulling in all key partners to ensure timely support (Government, Civil Society, UN, CEDEMA, IDPs);
- Ensure that SRH is integrated in natural disaster plans, focal points established to support clusters;
- Invest in GBV and SRH services and supplies, as part of an essential health package in emergencies;
- Allocate resources for emergency preparedness and response;
- Implement the Sendai Framework for Disaster Risk Reduction;
- Scale-up in emergency settings the implementation of the 2030 Agenda targets on maternal, newborn and adolescent health to ensure safe delivery, HIV prevention and treatment, improved access to information on SRH and reproductive rights, emergency contraceptive services, voluntary family planning, necessary medical and psychological services for GBV survivors and for the prevention of GBV, as well as improved capacity of health systems and health workers;
- Ensure First Responders have training, particularly in the MISP
- Ensure that financing for humanitarian action, including access to SRH Geographic mapping of vulnerable populations and/or populations with special needs;
- In the countdown to 2030 to further the Agenda for Humanity, we call on all stakeholders to accelerate efforts to achieve universal access to sexual and reproductive health and reproductive rights to ensure effective humanitarian action.



Thank You