

Improving Health Outcomes for Women and Girls: Disaster Risk Reduction Policy and Planning



COMMUNITY RESILIENCE

Build community capacity to prepare for and respond to sexual and reproductive health (SRH) in emergencies.

- Assess SRH related vulnerabilities and capacities within communities; particularly among vulnerable groups.
- Build capacity of civil society—women's groups, youth groups and those serving persons living with HIV and AIDS and persons with disabilities—for priority SRH actions in preparation for and during response to emergencies.
- Develop a community-based training curriculum for building capacity with regard to the Minimum Initial Service Package (MISP) and Disaster Risk Reduction (DRR).



NATIONAL CAPACITY

Build support and capacity for the integration of sexual and reproductive health within disaster risk management strategies.

- Promote the MISP within Disaster Risk Management Planning.
- Conduct on-the-ground advocacy to promote SRH in contingency planning and the promotion of plans within the Health Cluster.
- Partner with the SPRINT Initiative* to provide training on the MISP and reproductive health (RH) in crises to providers, health department officials and DRM teams.

* Sexual and Reproductive Health Program in Crisis and Post-Crisis Situations.



GLOBAL ADVOCACY

Advocate for the inclusion of sexual and reproductive health within the global DRR policy agenda.

- Identify SRH policy and guidance gaps within DRR activities.
- Advocated for, and established the official International Strategy for Disaster Reduction RH Sub-Working Group—with membership from WHO, UNICEF, CARE, UNFPA, the SPRINT Initiative and IPPF.
- Facilitate the RH Sub-Working Group to develop a Policy Brief and activity checklists for the integration of SRH within DRR plans.

The Women's Refugee Commission & DRR: Promoting Sexual and Reproductive Health in Emergencies

Background: Globally, there has been a dramatic increase in the number of people affected by natural disasters as well as the economic impact of such events. More than 1.1 million deaths were recorded in over 4,000 large-scale natural disasters in the past decade.¹ In 2011, the Internal Displacement Monitoring Center reported 14.9 million internally displaced following sudden onset of a disaster. This is compared to 3.5 million newly displaced by conflict or political instability during the same time period—demonstrating the proportional significance of natural hazard-induced displacement, during any given year.²

That women are disproportionately affected by disasters is well documented. Ninety percent of those killed in the 1991 cyclone in Bangladesh and 80 percent of those killed in the 2004 tsunami were women and girls.³ Gender differences in loss of lives due to natural disasters are linked to economic and social rights pre-crisis,^{4,5} which affect one's ability to access warning systems, skills of survival and available rescue and response mechanisms. Planning and preparing for disasters can help to address gender imbalances, as well as improve access to critical life-saving sexual and reproductive health (SRH) services during an emergency.

Globally, disaster risk reduction (DRR) has received increased attention and support. National governments are working to develop plans to address priority areas for DRR as established in the Hyogo Framework for Action. However, sexual and reproductive health (SRH) is yet to be systematically included in these efforts, and remains a critical gap.

¹ Towards a post-2015 framework for disaster risk reduction. Geneva, United Nations International Strategy for Disaster Reduction, 2012. http://www.unisdr.org/files/25129_towardsapost-2015frameworkfordisaste.pdf.

² Internal Displacement Monitoring Center (IDMC) and Norwegian Refugee Council (NRC) (2011). Global Estimates 2011: People Displaced by Natural Hazard-Induced Disasters. <http://www.uncsd2012.org/content/documents/280global-estimates-2011-natural-disasters-jun2012.pdf>.

³ Ikeda, Keiko (1995) "Gender Differences in Human Loss and Vulnerability in Natural Disasters: A Case Study From Bangladesh." *Indian Journal of Gender Studies*. 2(2):171-9.

⁴ APWLD (2005) "Why are women more vulnerable during disasters?" Asia Pacific Forum on Women, Law and Development, NGO in consultative status at UN ECOSOC, <http://www2.lse.ac.uk/geographyAndEnvironment/whosWho/profiles/neumayer/pdf/Disastersarticle.pdf>.

⁵ Neumayer E & Plumper T: 'The Gendered Nature of Natural Disasters: the impact of catastrophic events on the gender gap in life expectancy, 1981-2002': LSE.

Women's Refugee Commission's Work: The Women's Refugee Commission (WRC) is a global leader in advocating for the sexual and reproductive health needs of women and girls in crises, and is widely recognized as the "go-to" expert on reproductive healthcare for displaced populations. Recognizing the gap for reproductive health services in disaster risk reduction and emergency preparedness efforts the Women's Refugee Commission has been advocating for the inclusion of the Minimum Initial Service Package (MISP) for reproductive health in related DRR strategies at the global, national and community level.

Over the past three years, the organization has made considerable progress on promoting the MISP in the context of disaster risk reduction. In 2010, the WRC advocated for and established the official International Strategy for Disaster Reduction SRH sub-working group to ensure that SRH is incorporated into emergency preparedness and DRR efforts at the global level. The WRC has facilitated the drafting of a policy brief and implementation checklist in order to streamline SRH within DRR and emergency preparedness efforts. The WRC continues to chair this working group. It is also developing field level partnerships in order to demonstrate the effectiveness of working with local communities and governments to improve preparedness and response to SRH in emergencies. The WRC has worked with governments in South Sudan and Uganda to focus on the integration of SRH within DRR actions plans and contingency plans. Additionally, the WRC has initiated efforts to build community capacity to prepare for and response to SRH needs in emergencies in Haiti and the Philippines.

For more on the Women's Refugee Commission's work on disaster risk reduction, see <http://www.womensrefugeecommission.org/programs/reproductive-health/disaster-risk-reduction>.