At times of upheaval, pregnancy-related deaths and sexual violence increase. Reproductive health services—including prenatal care, skilled attendance at birth and emergency obstetric care—are often impacted and sometimes unavailable. Young people become more vulnerable to unsafe sex leading to HIV and other sexually transmitted infections, and sexual exploitation. And many women lose access to family planning services, exposing them to unwanted pregnancy in perilous conditions.

The United Nations Population Fund’s 23 country offices across the region, supported by the UNFPA Asia-Pacific Regional Office in Bangkok, assist governments and civil society partners in responding to emergencies, reducing immediate risk and preparing for future disasters—underpinned by UNFPA’s unique mandate encompassing sexual and reproductive health, gender equality, population data and youth empowerment.
AFGHANISTAN
With frequent natural disasters, harsh winters and years of instability and conflict, Afghanistan faces formidable challenges in disaster risk reduction, especially for women and young people. Wide-scale displacement significantly contributes to the reproductive needs of women and girls, with a very high maternal mortality rate. In 2016 over 1 million people are expected to move internally and across borders, with over 3.5 million people in need of immediate and long-term humanitarian assistance.

UNFPA has responded by strengthening midwifery services, providing trainings and forming mobile health teams to increase the number of trained birth attendants. Reproductive health services have been provided to approximately 40,000 women of childbearing age in 2016, including provision of supplies and dignity kits. This ensures that women can access appropriate obstetric health care at the right time, mitigating the impacts of displacement upon their sexual and reproductive health (SRH).

UNFPA has also trained the Afghanistan Disaster Management Authority (FANDMA) directors in all 34 provinces to strengthen district-level disaster preparedness and response plans, and to better integrate SRH and gender-based violence (GBV) prevention measures.

BANGLADESH
Bangladesh is extremely vulnerable to natural disasters such as floods and droughts. Women and girls of reproductive age are particularly at risk, especially in the aftermath of Cyclone Aila. In May 2016, 800,000 were displaced by monsoon floods from July. An estimated 5 million people were affected by the back-to-back disasters.

UNFPA has supported by quickly arranging deployment of midwives to hard-to-reach areas and providing vouchers to pregnant women for their communications and transportation to medical facilities, along with distributing emergency reproductive health kits, life-saving medicine and dignity kits. A midwives pool has been formed for quality sexual and reproductive health (SRH) response in future emergencies. UNFPA has also helped establish women friendly spaces and community watch groups to reinforce grass-roots efforts to prevent and respond to gender-based violence (GBV) in the aftermath of disasters, laying the foundation for more resilient communities.

In 2016, UNFPA's strong advocacy efforts resulted in the establishment of a GBV cluster for the first time under the country’s humanitarian framework. It will be co-led by the Ministry of Women and Children Affairs and UNFPA.

FIJI
A huge challenge facing the Pacific region and its island nations is the combined impact of El Niño, La Niña and climate change. To address this risk, UNFPA is working together with Pacific island nations to enhance preparedness.

UNFPA pre-positioned clean delivery kits as Fiji supported by the Australian Government. Following the devastation of El Niño-fueled Cyclone Winston in February 2016, these strategically placed supplies were swiftly utilized to help address women and girls' immediate reproductive health needs, saving lives as part of a multi-pronged response.

UNFPA is working to strengthen the quality of baseline data in order to provide better rapid assessments of population health, which would improve targeting and deployment of resources in the aftermath of disasters.

In collaboration with UNFPA, other agencies, and 14 Pacific island nations launched KAILAI! Pacific Voice for Action on Agenda 2030, aiming to strengthen climate resilience through women's, children’s and adolescent health.

INDONESIA
Part of the Asia-Pacific 'Ring of Fire', Indonesia has long been prone to disasters, but its vulnerability is increasing due to extreme weather events brought on by climate change.

Accurate demographic and health data are a cornerstone of effective humanitarian response. This is especially true in Indonesia, where almost 250 million people represent diverse religions and ethnicities, spread across a vast archipelago. Heavy floods and landslides have affected many provinces nationwide in 2016.

UNFPA supports data collection efforts in Indonesia, and in particular has facilitated a successful and collaborative partnership between BPS-Ditjen Dukcapil Indonesia and the National Disaster Management Agency to ensure that data on the availability and use of quality population data for disaster management. This ensures updated and good quality data is produced, shared and used before and during times of crisis.

UNFPA also works closely with the Ministry of Health for disaster preparedness by integrating the Minimum Initial Service Package (MISP) into the existing national health emergency response. It includes pre-positioning of basic SRH supplies for use in emergencies, including almost 5,000 dignity kits.

INDIA
India, with the world's second-largest population, is one of the most disaster-prone countries globally. Severe floods and landslides triggered by monsoon rains have devastated swathes of the country in 2016, especially in Assam and Bihar states.

Effective partnerships with government are crucial for humanitarian response, especially in a country the size and scale of India. UNFPA worked closely with the Government's National Disaster Management Authority, state governments, civil society and other partners to adapt the Minimum Initial Services Package (MISP) standards for reproductive health in emergencies to an Indian context. UNFPA's efforts to build the capacity of government officials, health care providers and civil society groups have been translated into a trickle-down effect, as they in turn have facilitated training at the state and district levels and integrated the MISP into their disaster management plans.
**PHILIPPINES**

In 2016 severe drought affected thousands in the Philippines. This was followed by heavy monsoon rains and flooding, concentrated in the Luzon area, resulting in significant displacement. Typhoon Meranti hit the Philippines hard in September, and was followed by Super Typhoon Haima in October. Women and girls are particularly vulnerable to these disasters.

UNFPA also engages with government and is involved in national preparedness efforts given the major earthquake risk to metropolitan Manila. UNFPA’s continued advocacy efforts have resulted in the signing of an Administrative Order to facilitate the inclusion of the Minimum Initial Services Package (MISP) in the government’s future emergency planning.

Youth engagement is crucial, since the Philippines faces ongoing long-term threats from El Niño and La Niña cycles, a result of climate change. UNFPA works with youth networks globally to engage young people in emergency response. In the Philippines, youth volunteers are part of mobile teams that deliver reproductive health services, distribute dignity kits, and reach out to peers by discussing sexual and reproductive health and gender-based violence.

**VANUATU**

Vanuatu is considered to be the world’s most vulnerable country to natural hazards. This is due to a combination of Vanuatu’s exposure to both geophysical and hydro-meteorological hazards and its limited financial and technical capacity to prepare for and respond to the associated risks. In addition, the country suffers from extreme events associated with climate variability, including sea-level and temperature extremes and droughts.

On March 13 2015, Vanuatu was hit by Tropical Cyclone Pam, a Category 5 storm, 80 per cent of the population were affected, leaving 24 dead, 3,300 displaced and 70 per cent of health facilities damaged.

UNFPA’s engaged in the emergency response and participated in the recovery programming. UNFPA addressed gender-based violence in humanitarian settings (GBViE) with a wide range of services including counselling, post-rape treatment, legal support, assistance with livelihoods and support through its sexual and reproductive health programmes.

For more information, please see our latest publication: ‘UNFPA Responding to Emergencies across Asia and the Pacific’, UN Population Fund Asia-Pacific Regional Office, 2016, which contains more details of our humanitarian preparedness and response activities across the region. It includes facts about disaster vulnerability, details of the Minimum Initial Services Package (MISP) reproductive health kits and the UNFPA dignity kit, and explains our work on gender-based violence in emergencies (GBViE).