



**FAMILY PLANNING INTERNATIONAL COMMENTS ON  
THE DRAFT NZAID PACIFIC REGIONAL NATURAL  
RESOURCES AND DISASTER MANAGEMENT PROGRAMME STRATEGY**

**October 2008**

Family Planning International is a unit of Family Planning New Zealand. Family Planning International is a dual projects and advocacy unit, focussing on ensuring that all people can enjoy sexual and reproductive wellbeing. The unit's geographical focus is in the Pacific region.

We would be pleased to meet with NZAID staff to discuss these comments. Please don't hesitate to contact Jo Spratt: [Joanna.spratt@familyplanning.org.nz](mailto:Joanna.spratt@familyplanning.org.nz) or phone: 801 2624.

**KEY POINTS**

The development of the NZAID Pacific Regional Natural Resources and Disaster Management Programme Strategy (hereafter referred to as the draft Strategy) provides several excellent opportunities for NZAID:

- to deepen and advance policy and programming coherence across the agency, through building on priorities in NZAID's health, gender and human rights policies (as well as those more obvious policies already mentioned in the draft Strategy)
- to implement NZAID's gender policy, particularly considering the central role women play in the use and management of water, disaster preparedness and management, and effectively managing interlinked environmental issues
- to ensure that all disaster preparedness and responses integrate the Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations, a standard of the 2004 revision of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response that is consistently not fully implemented, and to advocate for this
- to advocate with partners, other donors and communities for the importance of attention to population issues in relation to natural resources management, in particular water, and in the effective management of interlinked environmental issues.

## INTRODUCTION

Family Planning International welcomes the opportunity to provide comments to NZAID on this draft Strategy. We appreciate the time and effort that has gone into the development of this Strategy. It is clearly articulated, and has a strong rationale for the objective and outcome areas. It is heartening to see reference to population factors, considering the fact that the key reason for concern about natural resource management and disaster management is the interlinked relationship between populations of people and their natural environment.

The main areas we see for improvement of the draft Strategy are:

- integrating gender analysis throughout the draft Strategy
- prioritising the MISP in disaster preparedness and response
- highlighting the importance of population factors in NZAID's policy dialogue on natural resource management and disaster management.

## GENDERING THE DRAFT STRATEGY

Gender is a cross cutting issue for NZAID and the agency also has a robust gender policy. There is a real opportunity for the draft Strategy to maximise across-agency policy coherence and implementation of the Gender Policy.

### Situational Analysis

While we recognise that gender is not only about women, we focus predominantly on women in these comments. This is because women continue to experience pervasive discrimination throughout the world, including in the Pacific region. A more nuanced, detailed and comprehensive gender analysis is beyond the scope of these comments.

The impact of environmental change will be felt most by the poor. The IPCC concluded that poor people, particularly those in high-risk areas, will be especially vulnerable to climate change impacts.<sup>1</sup> Women comprise 70 percent of the global poor and are at great risk due to experiencing intersecting vulnerabilities (discrimination due to their gender, combined with poverty). Women are central actors in the use and management of environmental resources. There is a wealth of research and understanding about the crucial role women have in growing crops, as well as their role in food, fuel and water collection, and management for the household. Women's work revolves around the management of natural resources and water is central to this. Women are the primary caregivers for children, the sick and the elderly. They need access to water for drinking, cooking, cleaning, and agricultural and horticultural activities.

Because of women's central role in the use and management of natural resources, including water, they must be actively involved in any activities related to this area. It is

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<sup>1</sup> Dankelman, I., et al., 2008, *Gender, Climate Change and Human Security: Lessons from Bangladesh, Ghana and Senegal*, Women's Environment and Development Organisation (WEDO) with ABANTU for Development in Ghana, ActionAID Bangladesh and ENDA in Senegal, available at: [www.wedo.org](http://www.wedo.org)

essential for positive outcomes that any efforts to improve the effective management of interlinked environmental resources by communities and governments include women as equal participants and decision-makers.

The Hyogo Framework for Action from the UN 2005 World Conference on Disaster Reduction states that “a gender perspective should be integrated into all disaster risk management policies, plans and decision-making processes, including those related to risk assessment, early warning, information management, and education and training”(ISDR, 2005).<sup>2</sup> Women are often more vulnerable to natural disasters than men, due to the roles and responsibilities associated with being a woman, as well as because they are poorer. For example, women have less access to resources that are essential in preparing for, mitigating and rehabilitating from disasters. Their care-giving and household responsibilities mean that they have obligations to others that can leave them more vulnerable. “Water, sanitation and health challenges put an extra burden on women, adding to the double burden of productive and reproductive labour when there is a disaster and a collapse of livelihood (Patt et al., 2007).”<sup>3</sup> The fact that women are less literate also puts them at greater risk as they are unable to access information and resources, such as early-warning systems.

A study by the London School of Economics, the University of Essex and the Max-Planck Institute of Economics, analysed 141 countries where natural disasters occurred between 1981 and 2002 (Neumayer and Plumper, 2007).<sup>4</sup> The findings included that natural disasters lower the life expectancy of women more than men; the stronger the disaster was, the stronger this effect on life expectancy. In the Asian tsunami in 2004, in Banda Aceh women comprised 55-70 percent of the dead, while in the worst affected village, 80 percent of the dead were women (UNIFEM, 2005; Oxfam briefing note, 2005).<sup>5</sup> Part of the reason for these disproportionate deaths is that women miss out on receiving warnings, they can’t swim or are unable to leave the house on their own due to cultural constraints.

The heightened burden that women experience due to disasters contributes to entrenching their poverty and discrimination.

However, women are not lacking in agency, resigned to being victims. Women are resilient and are continuously developing ways to improve their management of natural resources, disaster preparedness and action in the face of disaster. Women are key actors in the processes of disaster preparation, mitigation and rehabilitation, and need to be actively involved in related activities and decision-making processes.

### **What Can NZAID Do in the Draft Strategy?**

We understand that the draft Strategy is about programming and is guided by policy. However, our experience is that if the programming mechanism does not articulate and measure outcomes and impacts related to gender, in particular women, then they will be excluded. In order to reduce poverty, empower women and address ongoing discrimination, the draft strategy needs to integrate gender analysis. Following on from

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<sup>2</sup> *ibid.*

<sup>3</sup> *ibid.*

<sup>4</sup> *ibid.*

<sup>5</sup> *ibid.*

this analysis, specific issues for policy dialogue, criteria for funding, and/or indicators for measurement can be devised.

Women must be discussed in the draft Strategy under each of the three Outcome areas, as they are most vulnerable and potentially most active in all these areas.

### **Why?**

NZAID has identified gender as a cross-cutting issue. Integrating gender in the draft Strategy will enable implementation of NZAID's Gender Policy, Humanitarian Policy (from memory it refers to the special needs of women) and Pacific Strategy (as well as the other policies identified in the draft Strategy). Pacific Island Country governments have signed up to the 1995 Beijing Platform for Action and reaffirmed it several times since then. Pacific Island Country governments also have the Revised Pacific Platform of Action on Advancement of Women and Gender Equality 2005-2015. The Pacific Plan also commits to improving gender equality in Pacific Island Forum countries. These documents provide a basis for engagement in dialogue with Pacific Island governments, and evidence of their commitment to these issues. In working to reduce poverty, hardship and vulnerability, and increase resilience, the draft Strategy will not be successful unless a gender analysis is integrated into the document, and women are a central component of implementation.

### **Suggestions**

We suggest that a gender analysis is integrated into the draft Strategy. At the very least, some mention of the specific roles and needs of women should be made, and indicators included in the monitoring framework.

We also suggest that gender issues are a key component of policy dialogue on the draft Strategy, and that activities with women's empowerment and gender equality as key goals are prioritised for funding.

## **SEXUAL AND REPRODUCTIVE HEALTH AND DISASTERS**

NZAID's Health policy prioritises the implementation of the 1994 International Conference on Population and Development Programme of Action (ICPD PoA). The ICPD PoA stressed the importance of ensuring all people have access to sexual and reproductive health services in all situations. Leading on from this, NZAID's Health policy states the importance of addressing sexual and reproductive health. Similarly, NZAID's Gender Policy prioritises attention to sexual and reproductive health information and services, including those for HIV and AIDS. HIV and AIDS is a sexual and reproductive health priority, as well as a cross-cutting issue for NZAID.

The draft Strategy presents an opportunity to advance Health policy priorities across the agency's work and to maximise cross-agency policy coherence and consistency. Paying attention to sexual and reproductive health will also assist the draft Strategy to implement NZAID's Gender Policy and Human Rights Policy.

### **Situational Analysis**

*“Women, in the period during their pregnancies and after delivery, had little help in the tents, and were basically looking after themselves, to the extent that some reported fetching water,*

*washing clothes and cooking food themselves. At the Mira Camp, Bisham, MWFP, according to a Cuban doctor, women were only brought to them when their condition had deteriorated and become serious, otherwise their husbands or other male household members were not allowing them to seek medical aid. In many of the tent camps, there were no female doctors on call.”* Pakistan post-earthquake.

*“... distribution of sanitary products was under the control of male camp officials, who handed them out one at a time, so women had to go back and ask again and again. There were no contraceptives available, even though husbands and male partners insisted on sex.”* Sri Lanka, post-tsunami.<sup>6</sup>

Natural disasters intensify many sexual and reproductive health risks. The damage to infrastructure and displacement of people can exacerbate risks that already exist in most developing countries. Access to health information and services, including contraception and emergency obstetric care is decreased. Family and community life is disrupted, with a disturbance of social norms. This can lead to increased violence against women and girls, and risks of coercion and abuse in exchange for food, income, shelter or protection.

In several survey's carried out after the Asian tsunami and Pakistan earthquake<sup>7</sup>, it was found that in the hardest hit areas, with no special care provided for pregnant women, many suffered miscarriages or premature births. The needs of women with children, including breastfeeding mothers, were not considered. Food, water, mattresses, sheets and blankets were distributed on the basis of a single adult. Frequently a mother received a single adult food portion to divide among her children, often leaving her hungry and vulnerable to physical ill health (and that of her infant if she is breastfeeding). The provision of sanitary products was neglected. Separate and secure toilets and facilities to wash in privacy exacerbated women's challenges to keep themselves and their children clean, threatening their health. The lack of secure toilets and washing areas also exposed women and girls to sexual violence, which increases following natural disasters.<sup>8</sup> Inadequate or inappropriate shelter also contributes to women's and girls' risk of experiencing violence.

Research shows that most internally displaced people do not have access to comprehensive sexual and reproductive health information and services.<sup>9</sup> And women and girls constitute around 70 to 80% of all internally displaced persons (often there is out-migration of men following natural disasters and conflict).<sup>10,11</sup> National authorities

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<sup>6</sup> Extracts from surveys carried out following the natural disasters of the 2004 Asian tsunami and 2005 Pakistan earthquake. These surveys were used by the Asia Pacific Forum on Women, Law and Development to compile the *Guidelines for Gender-Sensitive Disaster Management*, available at: [www.apwld.org/pdf/Gender\\_Sensitive.pdf](http://www.apwld.org/pdf/Gender_Sensitive.pdf)

<sup>7</sup> *ibid.*

<sup>8</sup> Dankelman, I., et al., 2008, *Gender, Climate Change and Human Security: Lessons from Bangladesh, Ghana and Senegal*, Women's Environment and Development Organisation (WEDO) with ABANTU for Development in Ghana, ActionAID Bangladesh and ENDA in Senegal, available at: [www.wedo.org](http://www.wedo.org)

<sup>9</sup> Hakamies, N., Geissler, P., Borchet, M., 2008, *Providing Reproductive Health Care to Internally Displaced Persons: Barriers Experienced by Humanitarian Agencies in Reproductive Health Matters*, Elsevier: London.

<sup>10</sup> Petchesky, R., 2008, *Conflict and Crisis Settings: Promoting Reproductive and Sexual Rights*, in *Reproductive Health Matters*, Elsevier: London.

<sup>11</sup> Natural disasters are not like conflicts, where people often flee their country. Instead, many people are relocated within their country.

are sometimes neglectful of these needs, despite their responsibility to address them. This perspective can stem from the idea that sexual and reproductive health needs are less important than other needs following a natural disaster. However, women's testimony of their experiences following recent large-scale natural disasters shows that for women and girls, these needs are high priority. Without addressing sexual and reproductive health needs in disaster situations, women and children's lives and health are disproportionately put at increased risk.

In general, donor funding has decreased for addressing sexual and reproductive health needs for internally displaced people.<sup>12</sup> Exceptions include, USAID, DfID, EU, the Andrew Mellon Foundation and UNFPA's special fund for reproductive health programmes for refugees. None of which, except UNFPA, are particularly involved in the Pacific region. However, sexual and reproductive health is increasingly recognised by humanitarian agencies and the international community as a basic human need. (In fact, it is a basic human right.)

It was found that constraints to providing sexual and reproductive health in emergency and disaster situations were related to insufficient funding, but even more so were due to international policy, organisational mandates and philosophies and collaboration complexities.

### **What Can NZAID Do in the Draft Strategy?**

NZAID can prioritise the implementation of the Minimum Initial Service Package (MISP) under Outcome Area Two of the draft Strategy. The MISP is a set of priority activities to be implemented during the onset of an emergency (conflict or natural disaster) and is a component of the Sphere Humanitarian Charter and Minimum Standards in Disaster Response. When the MISP is implemented in the early days of an emergency, it saves lives and prevents illness, especially among women and girls. Neglecting sexual and reproductive health in emergencies has serious consequences: preventable maternal and infant deaths; sexual violence and subsequent unwanted pregnancies and unsafe abortions; and the spread of HIV.

The MISP is a standard for humanitarian actors, outlining which sexual and reproductive health components are most important in preventing death and disability: reducing the transmission of HIV, preventing sexual violence, providing care for survivors of sexual violence, ensuring clean deliveries and access to emergency obstetric care. It has a coordination mechanism, so can provide some assistance with the collaboration constraints agencies find to implementing sexual and reproductive health services in emergencies.

### **Why?**

NZAID is well placed to advance inclusion of the MISP in disaster preparedness and response. This is consistent with several policy areas of the agency, including the yet-to-be-released Humanitarian Policy (from memory it refers to the special needs of women and girls). The inclusion of the MISP as a key priority in the draft Strategy would assist in achieving the outcomes articulated in the NZAID Pacific Strategy, in particular, improving health and education, and reducing vulnerability. It is not a priority area for many other donors in the region, and is an area where NZAID could carve a niche for itself, taking the lead on harmonisation. It will also build on the NZ Government's global

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<sup>12</sup> *ibid*

reputation for advancing sexual and reproductive rights. Pacific Island Country governments have committed to full implementation of the ICPD PoA, and reaffirmed this commitment several times since 1994, and the Pacific Island Forum Countries' leaders have endorsed the Pacific Regional Strategy on HIV and AIDS. Therefore, implementation of the MISP is well-aligned with partner country governments. Implementing the MISP will contribute markedly to eliminating poverty and hardship, and to reducing vulnerability and enhancing resilience.

### **Suggestions**

We would like to see the MISP become an indicator in the draft Strategy's monitoring framework under Outcome Area Two. It could also be a criteria for funding for disaster preparedness and responses, as well as form a mainstay in NZAID's policy dialogue with others in relation to disasters.

## **SEXUAL AND REPRODUCTIVE HEALTH AND ENVIRONMENTAL SUSTAINABILITY**

As stated above, NZAID's Health policy prioritises the implementation of the ICPD PoA. The ICPD took a rights-based approach to the issues of population and environmental sustainability, and recognised the role family planning can play in population stabilisation, leading to environmental sustainability.

### **Situational Analysis**

Between 2002 and 2006, Family Planning International implemented a Community-Based Population and Environment Small Grants scheme in Vanuatu and Kiribati. This was carried out in partnership with the Federation of the Peoples of the South Pacific network. The concept was to provide funding to community groups to raise awareness of the links between people and their environment. During the implementation of this project, some communities expressed a desire to limit their family sizes because they could see that they were running out of environmental resources and land. People also identified the link between scarce land and conflict.

Fertility rates are high in several Pacific Island Countries, contributing to population growth – both rurally and in urban centres. The movement of people to urban centres compounds natural increase, contributing to environmental issues such as water and sanitation provision for unplanned municipal population increases. Many Pacific Island women and couples would like to limit their fertility but they are unable to access the means to do so. For example, the current fertility rate in the Solomon Islands is 4.8, leading to a population growth rate of 2.7 percent – the highest in the Pacific after Guam. Yet only 11 percent of Solomon Island women are using a modern contraceptive, despite between 70 and 90 percent of them wishing to limit or stop childbearing.<sup>13</sup>

During environmental change, particularly due to climate change, slowing the rate of population growth may give countries time to take measures to meet people's needs while they take action to address environmental issues. Reducing fertility is one way of reducing vulnerability to environmental change and resource scarcity in communities. It has been shown to be successful in several countries around the world, such as

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<sup>13</sup> Forthcoming, Solomon Islands Health and Demographic Survey, Government of the Solomon Islands, 2007.

Mauritius, which was on-track to environmental annihilation until they rapidly reduced the fertility rate by improving access to sexual and reproductive health services, including family planning. Similarly, Thailand, Iran and Bangladesh have all had successes in curbing rapid population growth through quality, voluntary family planning programmes.

The key is responding to the choices of women and couples, and ensuring that they can put their desires into action. This is not about population control.

### **What Can NZAID Do in the Draft Strategy?**

We recognise that the draft Strategy is not a primary mechanism for increasing access to family planning information and services. However, there is potential for NZAID to engage in policy dialogue around the crucial relationship between people and their environment. NZAID could also keep an open mind in relation to the potential for innovative action, particularly in relation to Outcome Three of the draft Strategy: capacity building for effective management of interlinked environmental issues by communities and governments. The Community Based Population and Environment Small Grants fund is an example of how interlinked environmental issues can be addressed by communities, and holds great potential for building capacity. Other programmes such as this might prove promising in reducing vulnerabilities and building resilience amongst communities. (Although we would not recommend using the mechanism of a small grants fund. We are happy to supply our evaluation of this project on request.)

### **Why?**

Again, this is an area that Pacific Island Countries have signed up to through their commitment to implementation of the ICPD PoA. While there may be some sensitivities harking back to the old population control agenda, emphasising that this is about protecting the environment through supporting people's choices is a highly successful way of beginning the discussion. Other reasons as above.

### **Suggestions**

NZAID could build on policy knowledge in the area of population and environment linkages, and maximise opportunities to enter into policy dialogue on these linkages. NZAID could explore the potential for activities that build community and government capacity on the linkages between population and environment issues.