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than male doctors, would be a step in the right direction.

Risk mapping in disaster-prone areas should identify the vulnerable population by sex and identify ways in which women are particularly at risk. The development of women's networks and community groups to discuss disaster preparedness, examine past experiences and decide on solutions should also be encouraged.

Reporting of sex-differentiated mortality and morbidity data would improve field interventions. In camps for persons displaced by natural disasters registration for services such as food or health care should also be done by sex of recipient. Knowledge of the different ways in which men and women use services is critical in planning and targeting unreached population groups.

There has been a spectacular rise in relief funding in the last few years, and donors under pressure from relief and development agencies clamouring for increasing resources are raising

"Since women play only a marginal role in community decision-making, they rarely have a say in post-disaster rehabilitation." Below, a scene of devastation in Bangladesh after the 6 May 1991 cyclone.

questions about traditional approaches. Relief operations are coming under greater pressure to provide better quality of service and higher levels of cost-efficiency. A first step towards reducing the vulnerability and number of disaster victims would be to integrate women more fully into the planning and execution of disaster preparedness and relief schemes. ■



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