



Focus group discussion with women community members in Tharparkar, Sindh province, Pakistan. Photo credit: Uzma Batool.

# CONSOLIDATED GENDER ANALYSIS FOR DISASTER RESPONSE IN PAKISTAN

Pakistan is highly vulnerable to disasters, but disasters have very different impacts on women, girls, men and boys. Moreover, organizations involved in relief efforts are currently not paying sufficient attention to the needs of women and girls. This analysis by Oxfam identifies the main areas where a gender gap is apparent, and puts forward recommendations for addressing these issues.



# EXECUTIVE SUMMARY

## INTRODUCTION

Pakistan is highly vulnerable to disasters such as floods, earthquakes, droughts, landslides, tsunamis and storms, in large part as a result of climate change. In 2010 monsoon rains resulted in massive floods across most regions of the country, causing the deaths of 20,000 people and affecting another 20 million. Floods in 2011 swept across areas that had still not recovered from the devastating floods a year before. Earthquakes of different levels of severity have also occurred in some parts of the country, which is situated on two major fault lines, making it one of the most earthquake-prone parts of the world. Government operations against militant groups have also caused widespread insecurity.

Humanitarian crises can affect women, men, girls and boys in radically different ways, due to pre-existing social, cultural and political structures across the private and public spheres. A gender-sensitive humanitarian response is thus crucial to understanding and mitigating the worst effects of crises on different sections of the population. It can also take advantage of the opportunities that crises can present to redefine the statuses and traditional roles of women and men.

This report is based on a literature review and primary data collection conducted by Oxfam in 2016. It forms part of a wider ECHO-funded programme, 'Institutionalizing Gender in Emergencies: Bridging Policy and Practice in the Humanitarian System', which aims to enhance coordination and technical leadership in four countries: Pakistan, Ethiopia, South Sudan and the Dominican Republic. This funding was also used to support the establishment of the Gender in Emergencies Working Group in Pakistan, which brings together international and grassroots gender experts from civil society and academia. This working group provides advice to the official gender cluster within the national response architecture.

The gender analysis used for this study is based on primary data from selected disaster-prone districts across Pakistan – Gilgit (Gilgit-Baltistan (GB) region), Naseerabad (Balochistan province), Tharpakar (Sindh province), Muzaffargarh (Punjab province), Peshawar (Khyber Pakhtunkhwa (KPK) province) and Muzaffarabad (State of Azad Jammu and Kashmir (AJK)) – in addition to secondary data. It covers a range of emergencies that hit Pakistan between 2005 and 2016.

A multiple methods approach including both quantitative and qualitative data collection was used to compile representative data from the six project districts, including a household survey, focus group discussions (FGDs) and in-depth interviews.

## KEY FINDINGS

### **Access to food**

- Women in Pakistan have less access to food points and local markets compared with men even in normal times, with much more significant reductions in access than men during emergencies.
- The greatest challenge for women in accessing local markets and food distribution points is long distances, followed by lack of control over household finances (the latter particularly in emergency and relief phases). Other factors contributing to women's lack of access to food include poor

transportation, the absence of road infrastructure, cultural constraints, overcrowding and stampedes at food collection points, security issues, male dominance and household responsibilities.

- Even in normal times, women come last in terms of receiving an adequate quantity of food, with men, children and elders taking precedence. While FGDs suggest that women are given a higher priority in emergencies, data from the household survey suggests that this was only the case for pregnant and lactating women.

## **Livelihoods**

- In general, women have less access than men to livelihood resources such as land, employment and livestock and also lower levels of control over them. In emergencies, access to livelihood resources becomes more limited for both men and women.
- Positively, women's access to credit tends to increase during emergencies, most likely as a result of civil society interventions by micro-finance, livelihoods and social protection institutions. Men's access to credit was found to decrease slightly during emergencies, from 55 percent of male respondents pre-emergency to 52 percent.
- Men are more often engaged in productive work in the public sphere than women, including labour work, work in the government sector and private sector/business jobs. Women and girls are predominantly involved in informal income generation, and can be confined to the home due to cultural and mobility restrictions. The onset of disasters leads to a more dramatic decline in employment opportunities for women than for men.

## **Access to education**

- Disasters have resulted in the destruction of education facilities, with students having to transfer and travel long distances or drop out of school entirely. Long distances to education facilities and lack of transport – principally to secondary education facilities – can affect girls' access to education in particular, as parents fear the risk of sexual assault.
- Women and children comprised the majority of those affected by the 2005 earthquake in Muzaffarabad, due to the collapse of houses and school buildings.
- An FGD found that parents in Muzaffarabad opted to get their children married at an early age as a result of interrupted education and the poor prevailing security situation.
- Fewer than half of respondents said that schools had separate latrines for girls and boys – a situation which changes little after emergencies (except in Peshawar).
- In terms of the quality of school facilities, respondents in Peshawar and Muzaffarabad reported an increase in the number of teachers and improvements in amenities such as electricity and covered roofs following reconstruction efforts after emergencies.

## **Water, sanitation and hygiene promotion**

- Overall, access to clean water decreased during emergencies as a result of security issues (in emergencies involving militant groups), displacement, waterlogging (due to floods in plain areas), events such as flash floods, earthquakes and landslides, and care responsibilities.
- During emergencies, both women and men faced greater difficulties in accessing clean water, but there was a more dramatic decline in women's access. As a result of this, men and boys may take on greater responsibilities during emergencies for collecting water and ensuring access to clean drinking water.

- Deep water during floods and long distances to water channels were noted by all respondents as the two main challenges in accessing water.
- Lack of provision of hygiene kits by humanitarian actors in districts affected by emergencies made it difficult for women and girls to practise safe hygiene behaviours. In addition, women receive far lower levels of training than men across all districts.

## Health

- Fewer than half of respondents across the districts studied had easy access to health facilities before disasters. These difficulties increased with the onset of disasters.
- Long distances to health facilities were identified as the biggest contributing factor hindering access, and this is worsened during emergencies. Other major factors include damaged road infrastructure, the high cost of transportation and scarcity of transport during and after disasters.
- Women respondents to the household survey ranked the greatest challenges as the lack of female doctors, high transport costs, damaged roads and the unavailability of doctors in general.

## Protection, security and gender-based violence (GBV)

- The household survey found that threats, harassment, domestic disputes, community-level disputes and domestic violence were all aggravated during emergencies. Domestic violence is perpetrated largely against women, and its incidence increases during and after emergencies.
- Before emergencies, issues with in-laws, lack of compatibility between partners, poverty, early and forced marriages and lack of education are factors contributing to GBV. The major reasons for the increase in domestic violence during emergencies were said to be lack of proper shelter and loss of economic and livelihood opportunities, affecting people's ability to meet basic needs.
- A majority of female respondents considered protection/GBV as a mobility challenge in emergency situations, which reflected the findings from interviews with women in relief camps. Three-quarters of male respondents identified the high cost of transport during emergencies as a mobility challenge.
- An analysis of survey responses indicates that availability of psychosocial and legal support services, feedback and risk identification mechanisms for GBV and information campaigns about the issue all declined during and after emergency responses. Furthermore, where services did exist, staff were not adopting survivor-centred approaches, referral mechanisms were not functioning appropriately and community and organizational sensitivities made it difficult to take forward cases of abuse.

## Changing gender dynamics and coping strategies

- **Productive work:** Female respondents said that increased insecurity due to the onset of disaster led to men being more sensitive to women's protection, but that this led to greater restrictions on their mobility and access to education and employment.
- **Care work:** Reproductive activities increased for women during emergencies, especially caring for children, elderly family members and those who were sick. Men's reproductive roles also increased during emergencies, in aspects such as repairing homes, going to market and feeding animals.
- **Participation in consultation:** Pre-emergency planning usually involves local communities, but an analysis of the survey responses suggests that women and girls are much less included in these processes than men and boys. Women's lack of inclusion continues during emergencies and in the post-emergency phase.

- **Coping strategies:** As a result of food insecurity, over half of respondents were borrowing food from friends or family and a fifth were reducing the number of meals they ate per day. Gender-disaggregated data reveals that women were more likely than men to seek alternative livelihood options or to seek employment elsewhere, while men were more likely than women to approach aid agencies or government agencies, to borrow from others, to move to other areas or to sell assets.

## Humanitarian response capacity on gender

The gender analysis indicated that institutions involved in humanitarian response should go further in meeting child-specific food and non-food needs, such blankets; birthing kits should be provided in relief camps to support pregnant women; resilience aspects of the response should focus on securing clean water sources; and training opportunities should target participation by women.

The analysis also involved a review of the capacity of organizations involved in responses, using a self-assessment survey and interviews conducted with members of the Gender in Emergencies Working Group in Pakistan. The review found that:

- While most NGOs and UN agencies have gender policies in place, many do not have a specific policy for humanitarian settings or minimum standards to ensure gender mainstreaming and protection. Many organizations were found to have weak knowledge management capacity in drawing on lessons learnt from completed emergency programmes. Although sex- and age-disaggregated data was often collected, data collection was often found to be poor, with weak data sources. Overall there is a greater need to ensure that gender mainstreaming activities are budgeted for.
- Local partners were often found to lack female staff at contingency planning and decision-making levels, which in turn affects the participation of women in community meetings and disaster risk management (DRM) planning. Many local partners also lack the skills, capacity and technical assistance to undertake gender analyses.
- The National Disaster Management Authority (NDMA)'s National Policy Guidelines on Vulnerable Groups in Disasters aim to facilitate a comprehensive rights-based and humanitarian approach to disaster relief, with specific attention to women, children, the elderly and people living with disabilities. While these guidelines represent best practice, there is a need to build the capacity of local organizations and implementing partners to enable their operationalization.

## Recommendations

Drawing on the findings of the gender analysis, the organizational capacity assessment and feedback from the Gender in Emergencies Working Group, the following recommendations are put forward to guide all humanitarian and development actors working on emergency response and resilience in Pakistan, including the government, the NDMA and corresponding provincial authorities, international NGOs and local civil society organizations (CSOs).

### Access to food

- In normal times and in emergencies, access to food for women and vulnerable groups should be specifically addressed. This should take into consideration distance to local markets and distribution points, women's relative lack of control over household finances, poor transportation, stampedes at collection points, security issues and increased household responsibilities in the home.
- Actors involved in humanitarian response should promote the inclusion of all social groups in the

allocation of food resources, especially vulnerable groups. Minimum standards for the establishment of camps should include provisions to keep order around food collection points: for example, food distribution can be improved by reserving separate days or time slots specifically for women. Child-specific food and non-food needs, including blankets, should be included in the response.

- Communities in disaster-prone areas should be supported in taking effective approaches to food security, food storage, crop rotation, daily calorific needs and coping strategies in order to prevent malnutrition.

## **Livelihoods**

- Training opportunities, such as technical and vocational education and training courses, should be provided, and the participation of women should be promoted in culturally appropriate ways.
- Relief and rehabilitation initiatives should be specific to the context and should consider the nature of emergency-specific needs by ensuring that all community groups are represented and have the opportunity to voice their particular needs, including women and girls.
- Longer-term livelihoods opportunities should also be developed, with the participation of both women and men.

## **Access to education**

- As part of efforts to repair damaged buildings in the wake of disasters, the quality of school facilities should be improved, such as the construction of boundary walls, the provision of separate latrines for girls and boys and the hazard-proofing of school structures.
- The provision of safe transportation to schools, including secondary schools, should be expanded.
- Specific attention should be given to girls' access to education by addressing issues relating to insecurity and GBV, supporting programmes to address child marriage and considering the use of incentives for school attendance.
- Topics related to disaster risk reduction (DRR) should be included in school curricula, supported by staff training.
- Schools located in disaster-prone areas should have resilient school development plans in place to ensure continuity of education during emergencies. School Management Committees (with support from local community members) should be engaged in post-emergency situations to encourage the return of students to school.

## **Water, sanitation and hygiene promotion**

- Resilience and DRR programmes should focus on the protection of clean water sources, to prevent waterborne diseases.
- In emergencies, the restoration of clean water sources and/or arrangement of alternate means of water provision need to be prioritized by the government and other agencies. Mobile water purification/filtration plants should be used in situations where road infrastructure is intact.
- Both pre-emergency and relief efforts should aim to increase women's access to training on hygiene. Basic hygiene practices and life skills should be included in school curricula and in community programmes.
- Family hygiene kits should form part of the package of relief items provided. Menstrual hygiene management kits should be distributed to girls of reproductive age, and training should be provided on their use.

- Temporary WASH facilities that are accessible to all must be provided in relief camps separately for women, children and people living with disabilities, to accommodate their privacy and protection needs.
- International standards should be strictly followed in the installation of water and sanitation facilities. The continued engagement of women and girls in the assessment, design, implementation and monitoring of WASH programmes will ensure effective delivery based on women's needs for dignity, security and privacy, and will also build women's leadership skills.

## **Health**

- Cross-linkages should be ensured between bodies responsible for health and WASH, including through health staff and district coordination officers, to ensure that WASH interventions play an effective role in improving public health.
- Basic healthcare training and awareness should be provided at the community level. This should be promoted prior to and during disasters as part of general public awareness campaigns.
- Special arrangements should be made to address psychosocial issues in disaster-affected areas.
- Women should have greater access to female doctors and health workers and to separate health facilities where needed.
- Transportation facilities should be planned and put in place to increase access to health facilities both in normal times and during emergencies.

## **Protection, security and GBV**

- For GBV prevention and response to be effective, collaboration needs to be strengthened between all organizations and institutions working in an emergency.
- Humanitarian and development actors providing GBV services should adopt a survivor-centred approach. Services for survivors must be appropriate to the context and must meet the needs of vulnerable individuals. At a minimum, services must seek to address psychological trauma, provide access to emergency reproductive health services, provide safe spaces for survivors in the recovery process and support them (legally, financially and psychosocially) through the justice process as required.
- Relief and rehabilitation emergency interventions should reduce the risks of GBV across humanitarian programming by including ongoing monitoring and feedback mechanisms. Training and sensitization on safe programming approaches are crucial for humanitarian staff in all relevant organizations to prevent sexual exploitation and abuse. All emergency response programmes should appoint a child protection focal point whose role includes safeguarding against child abuse.
- All actors should include thorough reference checking as part of their staff recruitment and selection procedures and should ensure that a code of conduct is signed and well-understood by all staff in emergency responses.

## **Strengthening local emergency response mechanisms**

- Actors involved in humanitarian relief efforts should prioritize the collection of sex- and age-disaggregated data from an early stage in the response, and ensure that data is collected from strong data sources.
- All actors involved in humanitarian relief efforts should have in place minimum standards on gender mainstreaming and protection, including child protection, accompanied by a budget to support gender mainstreaming.

- Support should be provided to build the capacity of local organizations to conduct gender analyses and to increase the proportion of women on their own staff.
- Greater outreach is needed to local women's rights organizations which have the local expertise needed to understand the complexities of gender dynamics before, during and after disasters.
- All humanitarian and development actors should ensure the participation of both women and men in programme design to ensure that their needs are met and that safety concerns are addressed before, during and after disasters.
- The NDMA and its provincial and district bodies should seek to strengthen coordination with local NGOs and civil society actors as well as with international NGOs and UN agencies.

# 1 INTRODUCTION

## 1.1 PAKISTAN: COUNTRY PROFILE AND HUMANITARIAN CONTEXT

Pakistan is the sixth most populous country in the world, with an estimated population in 2015 of nearly 200 million.<sup>1</sup> According to the UN Development Programme (UNDP)'s Human Development Index, in 2014 it ranked 147th out of 188 countries.<sup>2</sup> It is highly vulnerable to disasters such as floods, earthquakes, droughts, landslides, tsunamis and storms, in large part as a result of climate change. In 2014 it was ranked among the 10 worst countries in the world for disaster mortality.<sup>3</sup>

Disasters, both regular and occasional, have led to widespread destruction. In 2010 monsoon rains resulted in massive floods across most regions of the country, causing the deaths of 20,000 people and affecting another 20 million.<sup>4</sup> The flooding destroyed key water sources and sanitation facilities in many villages, putting people at risk of waterborne diseases and forcing them to defecate in the open.<sup>5</sup>

High levels of poverty and poor access to basic services have been exacerbated by these humanitarian crises as the monsoon and repeated flooding each year have also destroyed livelihoods – harvests, homes, livestock and other productive assets. Floods in 2011 swept across areas that had not recovered from the devastating floods a year before, and hit again in subsequent years.<sup>6</sup> It is estimated that Pakistan loses up to half of its gross domestic product (GDP) annually due to natural and human-induced disasters,<sup>7</sup> and that it lost \$16bn in 2010 alone due to flooding.<sup>8</sup> Earthquakes of different levels of severity have also occurred in some parts of the country, which is situated on two major fault lines, making it one of the most earthquake-prone parts of the world. In 2005 an earthquake with a magnitude of 7.6 hit northern areas of the country.

Government operations against militants have caused widespread insecurity. In 2009 more than 2.7 million people were displaced in north-west Pakistan due to such actions, adding to the half a million people displaced by similar operations in the Federally Administered Tribal Areas (FATA) since August 2008.

The National Disaster Management Authority (NDMA), instituted in 2005, established a Gender and Child Cell in August 2010 in order to support gender mainstreaming in humanitarian response, crisis management and disaster risk reduction (DRR) initiatives. In addition, the NDMA has sought to establish greater coherence between national-, provincial- and district-level policies in terms of gender and child sensitivity with the development of its National Policy Guidelines on Vulnerable Groups in Disasters in 2014.

## 1.2 GENDER RELATIONS IN PAKISTAN

Unequal gendered power relations put women and girls in a subordinate position to men in a number of aspects of their lives, from high levels of economic dependence on men to poor access to education and health services. While Pakistan's constitution enshrines the principles of equality and non-discrimination, gender inequality persists in many areas of women's lives.<sup>9</sup>

High levels of gender inequality are reflected in global indexes and measures. The World Economic Forum's 2016 Global Gender Gap Report, which measures gender equality in relation to economic participation and opportunity, educational attainment, health and survival and political empowerment, ranked Pakistan 143rd out of 144 countries.<sup>10</sup> The UN Gender Inequality Index, which measures gender inequalities in reproductive health, empowerment (combining measures on political empowerment and secondary education) and economic status, ranks Pakistan 121st of 155 countries.<sup>11</sup> The maternal mortality rate stands at 178 deaths per 100,000 births, compared with the target enshrined in the UN Sustainable Development Goals (SDGs) of 70 deaths per 100,000 births.<sup>12</sup> The labour force participation rate also demonstrates women's low level of economic empowerment, with just 25 percent of women participating in the labour force in 2016, compared with 85 percent of men.<sup>13</sup> Gender inequality is also seen in restrictions on women's mobility and decision-making capabilities at household and community levels.

Gender-based violence (GBV) is perpetrated in many forms, including so-called honour killings, sexual violence, acid attacks, bonded labour and human trafficking. According to the UK's Department for International Development (DFID), consideration of women's needs was absent from most of the early humanitarian reports on the flood disaster in 2010 and initial appeals and assessments made little reference to GBV. At the same time, NGO staff reported an increase in the incidence of early marriage. On top of this, the GBV sub-cluster was the last cluster to be established as part of the response and, of the more than \$2bn in funding requested for the emergency response, less than 1 percent of appeals mentioned GBV.<sup>14</sup>

## 1.3 BACKGROUND TO THIS REPORT

Humanitarian crises can affect women, men, girls and boys in radically different ways, due to pre-existing social, cultural and political structures across the private and public spheres. Women and girls are often at increased risk during disasters, as a result of a variety of disadvantages. As well as presenting dangers and barriers to meeting basic needs, crises can redefine the statuses and traditional roles of women and men, in both positive and negative ways. If humanitarian interventions are not planned with gender dynamics in mind, the needs of those most under threat may not be adequately met, and an opportunity to support positive change will be lost. Therefore all actors involved in emergencies – including donors, humanitarian agencies, governments and civil society organizations (CSOs) – must promote gender equality as part of any response.<sup>15</sup>

This report is based on a field study and literature review. It forms part of a wider ECHO-funded programme, 'Institutionalizing Gender in Emergencies: Bridging Policy and Practice in the Humanitarian System', which aims to enhance coordination and technical leadership in four countries: Pakistan, Ethiopia, South Sudan and the Dominican Republic.

The objectives of the Pakistan gender analysis were to:

- assess the extent, nature and impacts of disasters on women, men, girls and boys, their coping mechanisms and how they respond to different types of emergency
- identify the status of women, men, girls and boys in emergency situations in terms of their roles, capacities, needs and aspirations, and assess how these capacities can be integrated into humanitarian response
- assess women's and men's access to current resources and services.

Funding for this project supported the establishment of the Gender in Emergencies Working Group in Pakistan, which brings together international and grassroots gender experts from civil society and academia. This working group provides advice to the official gender cluster within the national response architecture.

Section 1 of this report focuses on the gendered impact of the range of disasters that hit Pakistan between 2005 and 2016. Section 2 explores shifts in gender dynamics as a result of these disasters. Section 3 highlights coping strategies, followed by a capacity assessment of actors engaged in humanitarian response in section 4. The report concludes with concrete recommendations for all actors involved in response activities in section 5.

## 1.4 SAMPLING AND METHODOLOGY

The gender analysis used for this study was based on primary data from selected disaster-prone districts across the country – Gilgit (GB region), Naseerabad (Balochistan province), Tharpakar (Sindh province), Muzaffargarh (Punjab province), Peshawar (Khyber Pakhtunkhwa province) and Muzaffarabad (AJK) – in addition to secondary data.

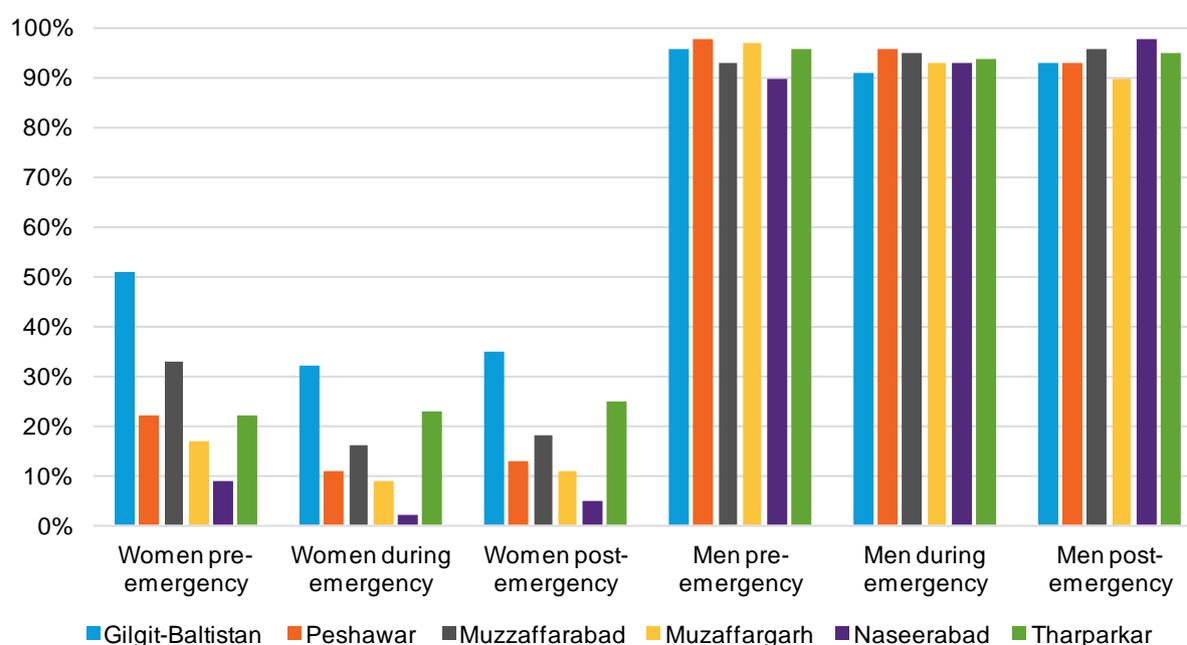
A multiple methods approach including both quantitative and qualitative data collection was used to compile representative data from the six project districts, in addition to secondary data. The study sample was drawn using a stratified random method, with 384 observations collected from disaster-prone areas. Overall, 2,229 household survey observations with a statistically high confidence interval were collected, with a gender split of 59 percent male and 41 percent female respondents. Qualitative observations and tools were also utilized in 27 focus group discussions (FGDs) and 25 in-depth interviews.

# 2 IMPACT OF EMERGENCIES IN PAKISTAN ON WOMEN, MEN, GIRLS AND BOYS

## 2.1 ACCESS TO FOOD AND NUTRITION

The data collected in the field study shows a stark contrast between the relative access of men and women to food points or local markets, even in normal times.

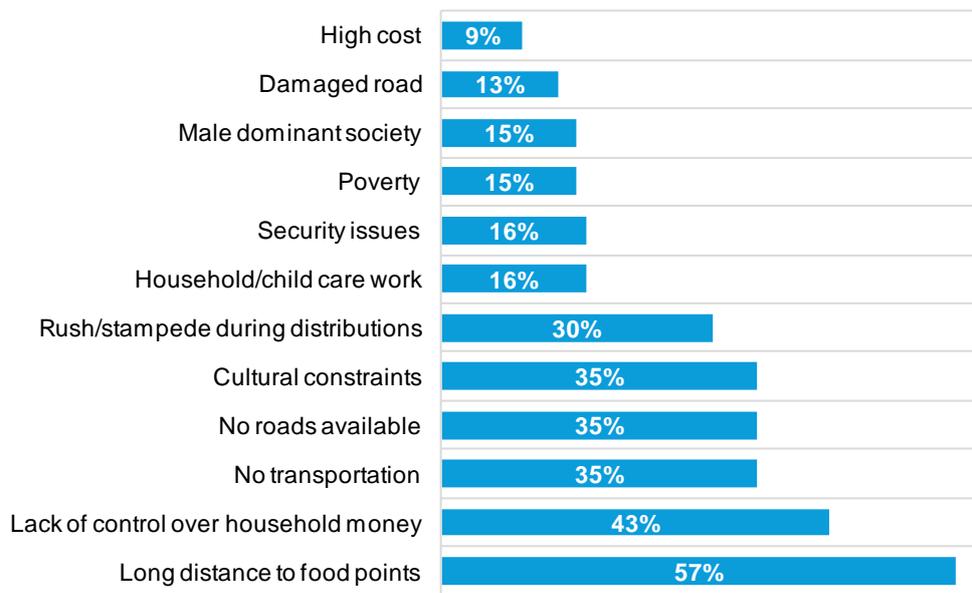
**Figure 1: Access to local markets and distribution points, by gender**



The data shows a further dramatic reduction in women’s access to food points or local markets during emergencies (except in Tharparkar), with much less significant reductions in access for men. This suggests that serious food security challenges exist for women and other vulnerable groups. Women’s access to food in Naseerabad fell from just 9 percent to 2 percent of women respondents as a consequence of massive flooding in the region.

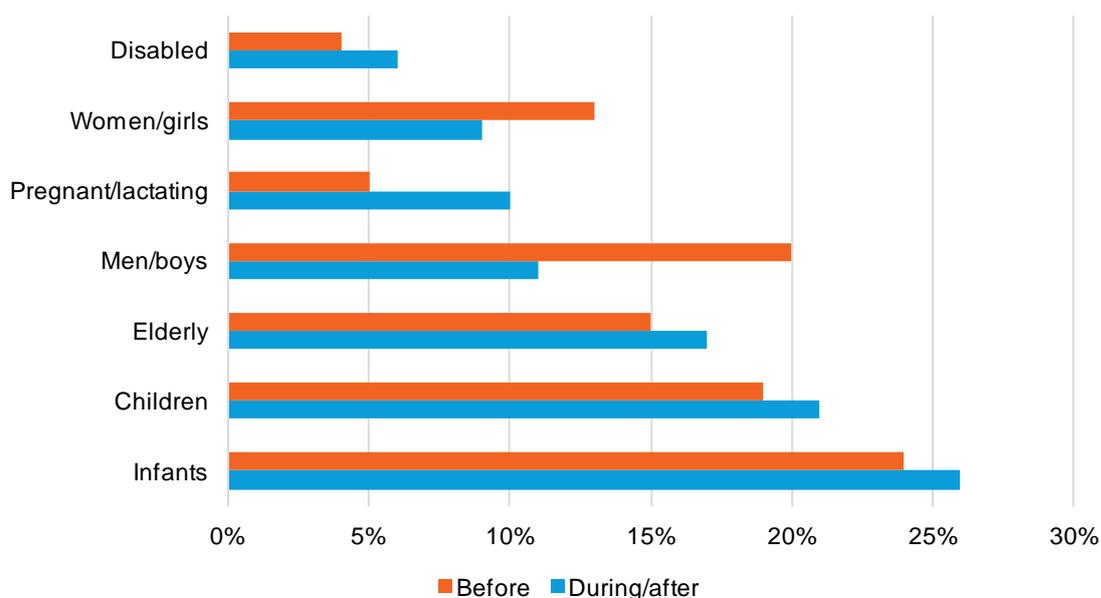
Further data from the women surveyed shows that the greatest challenge in access to local markets and distribution points is long distances, followed by lack of control over household finances. FGDs revealed that the lack of control over household income was felt particularly keenly during emergency response and relief phases. Other factors contributing to women’s lack of access to food included poor transportation, the absence of road infrastructure, cultural constraints, crowding and stampedes at collection points, security issues, male dominance in society and their household responsibilities.

**Figure 2: Challenges faced by women in accessing local markets and distribution points**



Participants in FGDs said that even in normal times women came last in terms of receiving an adequate quantity of food, with men, children and elders taking precedence. Some said that during emergencies women were given higher priority over men, due to the fact that they are often the ones who have to queue at food points in relief camps. However, the quantitative data collected suggests that this increase in priority away from men to women is true only in the case of pregnant and lactating women.

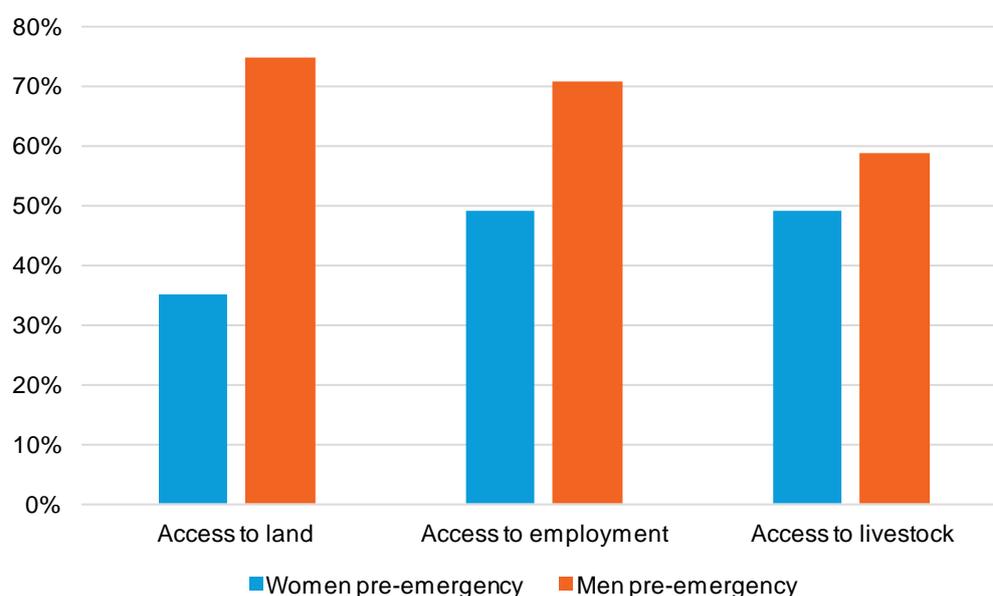
**Figure 3: Household members prioritized for food intake**



## 2.2 LIVELIHOODS

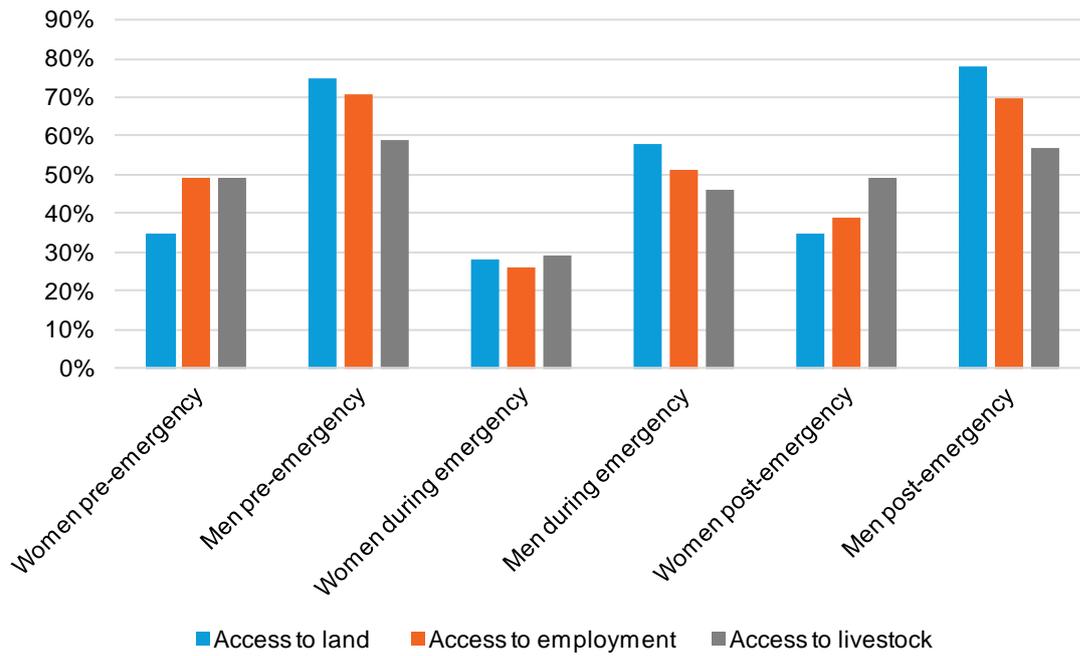
Both the quantitative and qualitative aspects of the gender analysis showed that in general women have less access to livelihood resources than men. For example, the data shows that before emergencies 35 percent of female respondents had access to land, compared with 75 percent of male respondents; 49 per cent of women had access to employment (including the availability of employment and their ability to access it), compared with 71 percent of men; and 49 per cent of women had access to livestock, compared with 59 percent of men. Where women are able to access resources, they have lower levels of control over them compared with men. For example, while 35 percent of female respondents had access to land, only 30 percent had control over it.

**Figure 4: Access of men and women to livelihood resources, pre-emergency**



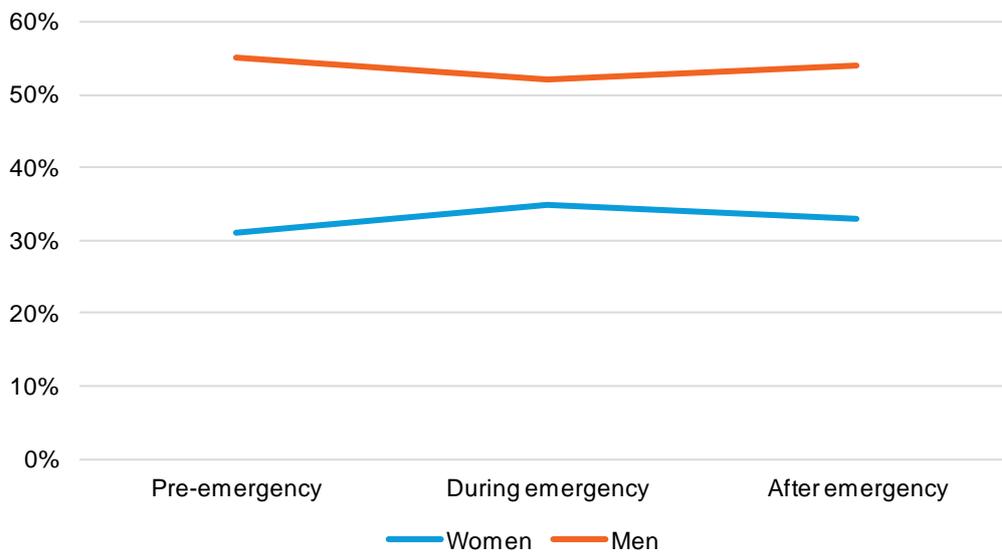
The quantitative data survey found that access to resources becomes more limited for both women and men during emergencies. Women's access to land fell to 28 percent of female respondents, access to employment to 26 percent and access to livestock to 29 percent, while the figures for men fell to 58 percent for access to land, 51 percent for access to employment and 46 percent for access to livestock.

**Figure 5: Access to livelihood resources**



Positively, the gender analysis found that women’s access to credit did moderately increase during emergencies, from 31 percent to 35 percent of female respondents, most likely as a result of civil society interventions by micro-finance, livelihoods and social protection institutions. Men’s access to credit decreased slightly during emergencies, from 55 percent of male respondents pre-emergency to 52 percent.

**Figure 6: Access to credit**



## Availability of employment opportunities and income-generating activities

The data collected for the gender analysis found that men were more engaged in productive work in the public sphere than women, with most men involved in labour work, followed by government sector jobs and private sector/business jobs. The FGDs confirmed that women and girls were predominantly involved in informal income generation activities based on dairy products (such as milk, ghee, butter and yoghurt), poultry rearing or stitching and handicrafts. A woman participant in an FGD in Peshawar highlighted that women's engagement is confined mostly to home-based work due to *pardah* (where cultural norms dictate that women should be covered by a veil and stay behind walls) and mobility restrictions.

*'The floods destroyed everything; we had no fodder for our livestock, which became weak with...many dying, depriving our household of the only major source of food.'*

– Woman, FGD, Muzaffargarh

The onset of disaster can restrict women's access to employment opportunities due to greater restrictions on mobility, increased household care responsibilities, safety concerns linked to cultural sensitivities, a shrinking employment market and norms that favour men in the workplace. The quantitative analysis found that the availability of employment opportunities (respondents who were actually employed or engaged in income-generating activities) for women and girls fell from 45 percent pre-emergency to just 10 percent during emergencies, with a less dramatic decline in men's employment, from 80 percent to 60 percent of male respondents.

## 2.3 ACCESS TO EDUCATION

Community-level discussions conducted as part of the gender analysis found that disasters have resulted in the destruction of educational facilities across Pakistan, with students having to transfer or drop out of the school system entirely. In the district of Muzaffarabad, data from the quantitative survey showed that following the earthquake in 2005 the availability of educational facilities in communities fell from 88 percent of respondents reporting availability of a school to 37 percent. Qualitative findings showed that women and children comprised the majority of those affected by the destruction caused by the disaster, many being caught in the collapse of houses and school buildings. Despite these challenges, Pakistan spends less of its budget on education than any other South Asian country.<sup>16</sup>

In Muzaffargarh district, parents said that, following emergencies, distances to schools increased as their children had to travel to neighbouring villages. This trend was noted in almost all districts surveyed, with increased distance ranked as one of the factors raising safety concerns for girls' parents across all the provinces. Long distances to educational facilities and lack of transport – principally to secondary education facilities – can affect girls' access in particular, as parents fear that they will be at risk of sexual assault.

*'After the floods our school did not open again... not all the girls were as lucky as me. I got to go to another school which is an hour from our place. Since there is no public transport available, my father takes me on his motorcycle.'*

– Girl, Naseerabad

Participants in an FGD in Muzaffarabad said that parents opted to get their children married at an early age due to the interruption of education and the poor prevailing security situation. In Tharparkar district, droughts often result in the migration of families in search of pastures for their livestock, disrupting children’s basic schooling.

*‘As a result of the drought we have to migrate in order to survive, and whatever little education our children have is discontinued until we move back to our homes.’*

– Participant in mixed FDG, Tharparkar

Overall, in post-emergency phases the availability of education facilities falls below pre-emergency levels, except in the region of Peshawar where availability increased from 74 percent to 76 percent after an emergency. This increase was likely a result of education reforms introduced by the Khyber Pakhtunkhwa government, as well as civil society interventions supported by DFID and the World Bank.<sup>17</sup>

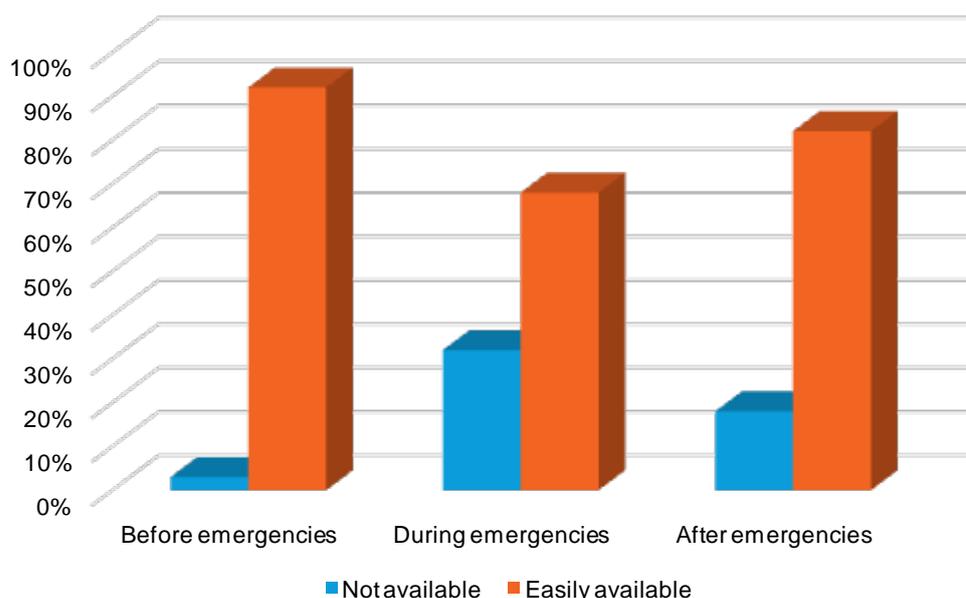
In all the districts surveyed, fewer than half of respondents stated that schools had segregated latrines for girls and boys, and this situation changes little after emergencies, except in Peshawar where there appeared to be an improvement (45 percent of respondents said that there were segregated latrines post-emergency, as opposed to 35 percent before). However, in terms of the quality of school facilities, respondents in Peshawar and Muzaffarabad reported an increase in the number of teachers and an improvement in amenities such as electricity and covered roofs as a result of reconstruction efforts after emergencies.

## 2.4 WATER, SANITATION AND HYGIENE

### Access to clean drinking water

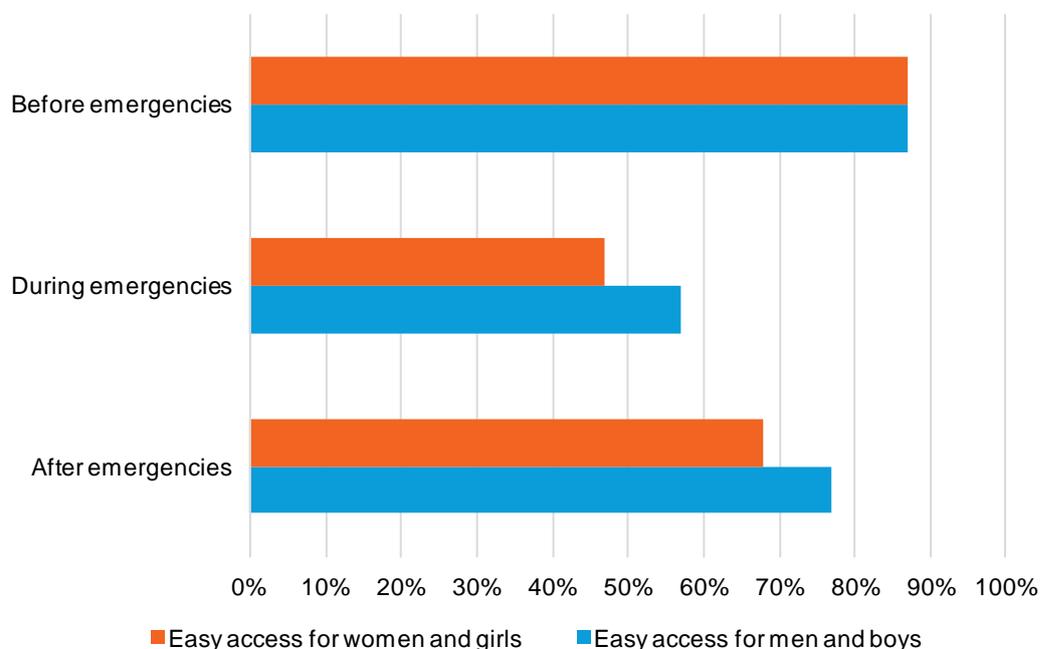
The gender analysis found that, overall, accessibility to sources of clean drinking water decreased during emergencies.

**Figure 7: Access to clean drinking water**



This decrease in access was attributed to security issues (during emergencies involving action against militant groups), displacement, waterlogging (due to floods in plain areas), events such as flash floods, earthquakes and landslides, and women’s care responsibilities for children during emergencies. Inaccessibility of drinking water and contamination were also cited as issues by local humanitarian organizations.<sup>18</sup>

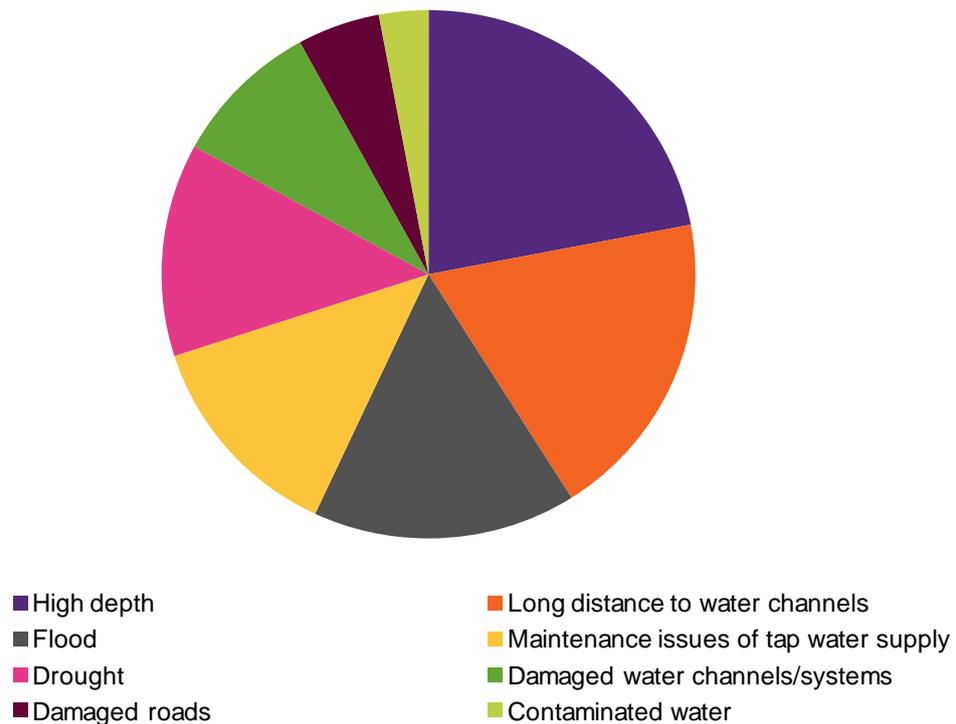
**Figure 8: Easy accessibility to sources of drinking water, by gender**



Forty-seven percent of women respondents reported having easy access to drinking water during emergencies, down from 87 percent before emergencies. Male respondents also indicated a decline in easy access to drinking water, but this was less dramatic: down from 87 percent pre-emergency to 57 percent. As a result of women’s reduced access to drinking water, men and boys may take on greater responsibilities for collecting water and ensuring access to clean drinking water in an emergency.

In accessing drinking water facilities, deep water and long distances from settlements to water channels were identified by respondents to the quantitative survey as the two biggest challenges.

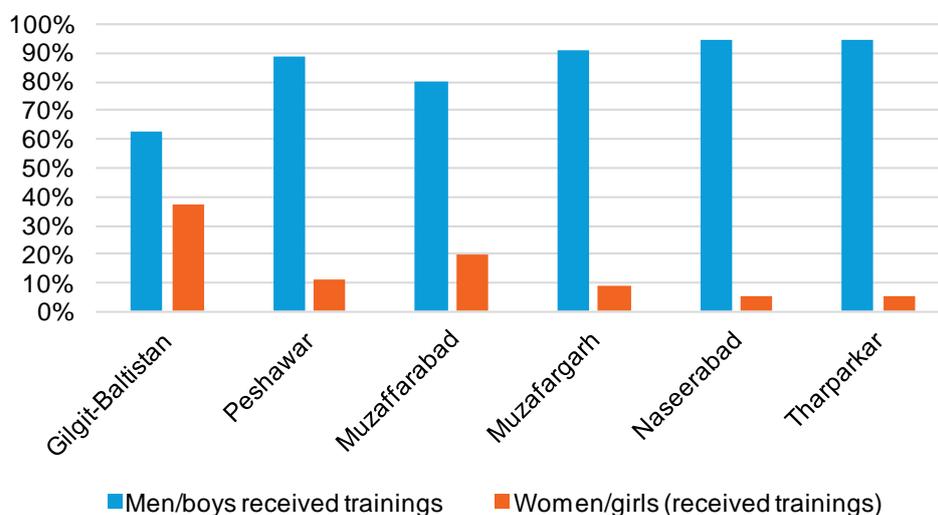
**Figure 9: Challenges in accessing drinking water facilities**



## Sanitation

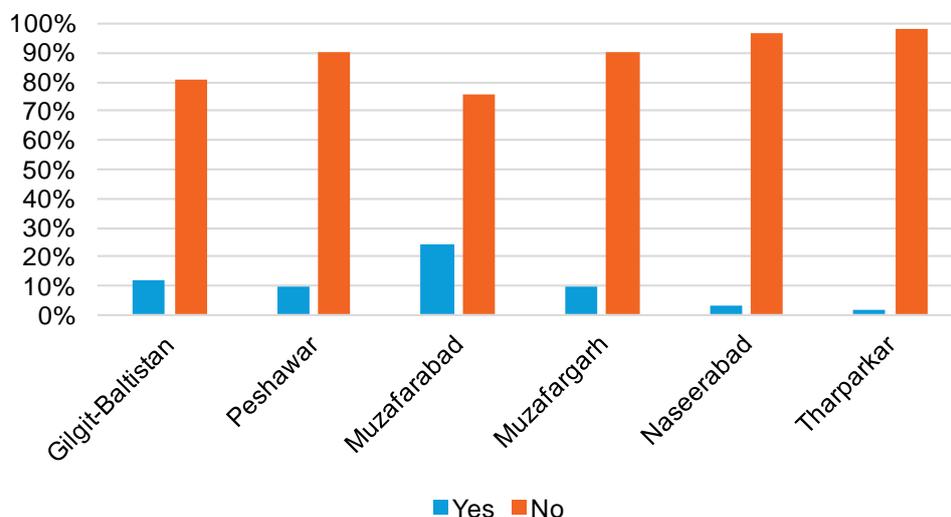
The gender analysis also found wide gender disparities in training on sanitation and hygiene promotion, with women receiving much lower levels of training than men across all the districts in the study, as identified by both women and men respondents. This is likely to be a result of restrictions on women’s mobility due to social and cultural barriers, which also impede the access of CSOs to provide training programmes for women. Prevailing social norms mean that women undertake a high level of care work in the home, and this presents challenges in terms of their awareness of issues affecting their children as well as themselves.

**Figure 10: Training on sanitation and hygiene promotion**



Lack of provision of hygiene kits by humanitarian actors in districts affected by emergencies makes it difficult for women and girls to practice safe hygiene behaviour, with repercussions for their health.

**Figure 11: Distribution of hygiene kits**



## 2.5 HEALTH

The gender analysis found that, in general, fewer than half of all respondents across the districts studied had access to health facilities before disasters. Difficulties in accessing health facilities increased with the onset of an emergency. Long distances to facilities were identified as the biggest contributing factor hindering access, and this was further worsened during emergencies. This presents a particular barrier for women, given their mobility constraints. Other major factors included damaged road infrastructure, the high cost of transportation and the scarcity of transport during and after disasters.

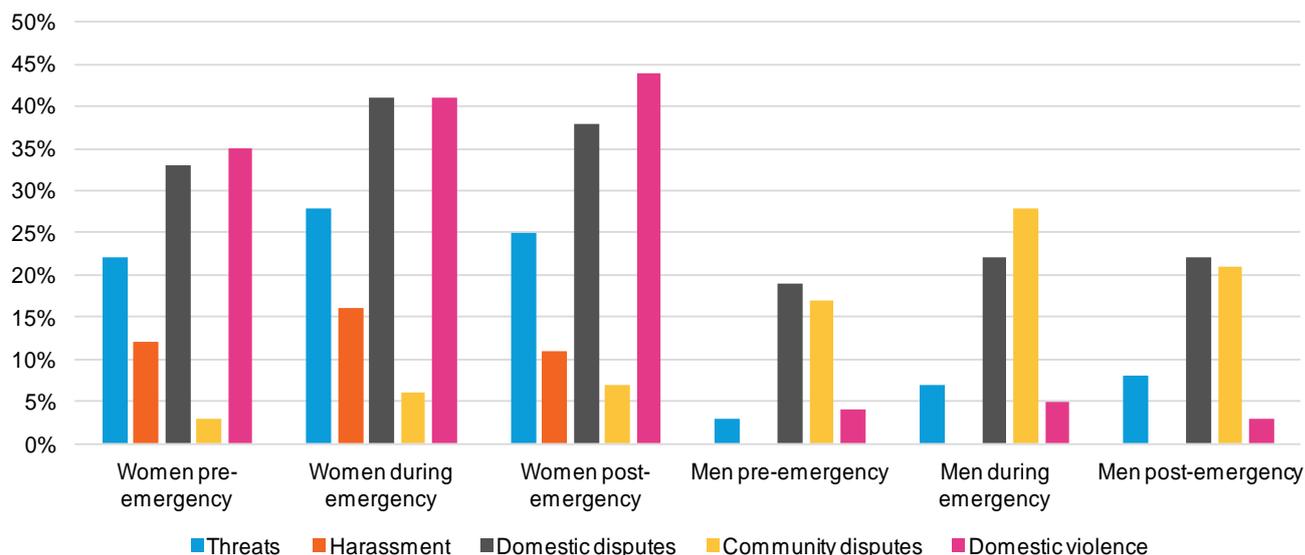
The quantitative survey in the gender analysis also used information collected from female respondents to rank the biggest challenges they faced at the healthcare facilities that were available. Over half of women ranked the lack of female doctors as a major issue. High transport costs, damaged roads and lack of availability of doctors in general were also noted as factors that hindered access.

## 2.6 PROTECTION, SECURITY AND GENDER-BASED VIOLENCE

Due to unequal gendered power relations, GBV occurs widely in communities even before emergencies. A humanitarian crisis or emergency can increase the risk of GBV, as a more insecure physical environment adds further risks for women in the public as well as the private sphere. In Pakistan, GBV is considered a taboo subject; it is not openly discussed, and it is often under-reported.<sup>19</sup>

The quantitative survey in the gender analysis showed that levels of threats, harassment, domestic disputes, community-level disputes (due to issues relating to caste or social standing) and domestic violence all increased during emergencies. The data collected from both female and male respondents showed that domestic violence is predominantly perpetrated against women, and its incidence increases during and after emergencies.

**Figure 12: Types of violence and protection issue faced by households, by gender**



Qualitative discussions indicated that, before emergencies, issues with in-laws, lack of compatibility between partners, poverty, early and forced marriages and lack of education were factors contributing to GBV.<sup>20</sup> The major reasons for the increase in domestic violence during emergencies were noted as lack of proper shelter and loss of economic and livelihood opportunities, affecting people’s ability to meet their basic needs. In Gilgit (Baltistan) and Azad Jammu and Kashmir Region, qualitative discussions indicated that girls going to school or college had to travel long distances, putting them at risk of harassment and GBV.<sup>21</sup>

*‘Due to recent floods and heavy rainfall, all of our crops have washed away. We don’t have anything to eat and our expenses have increased because we have to repair our houses. There is continuous tension and apprehension in our homes.’*

– Female, FGD, Muzaffargarh

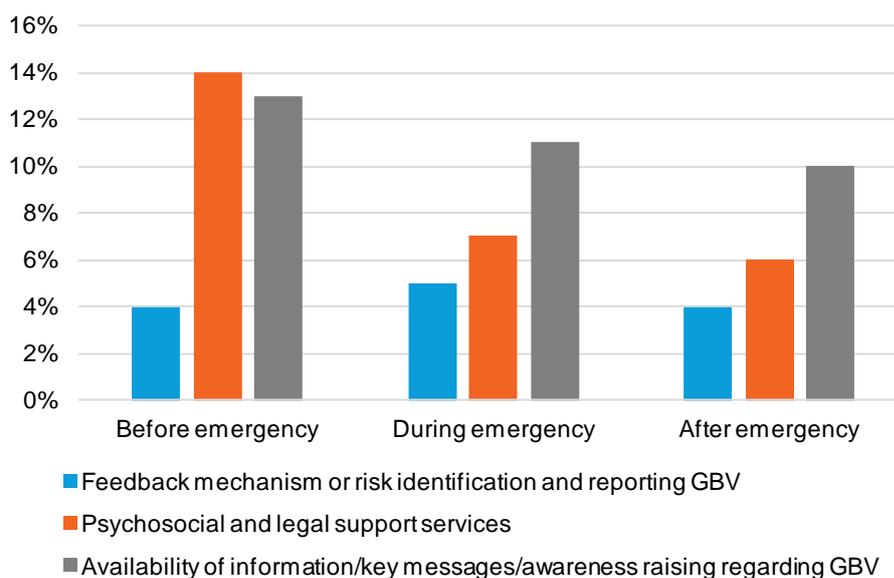
In terms of challenges to freedom of movement in the public sphere, the quantitative data showed that 43 percent of female respondents considered protection/GBV to be a challenge for specific groups (women, girls, children, elderly people) before emergencies, rising to 60 percent during emergency situations. Similarly, 29 percent of female respondents considered security to be a challenge before emergencies, rising to 41 percent during emergencies. Qualitative discussions with female respondents found this upward trend to be particularly evident among women living in relief camps.

In the quantitative survey 29 percent of men considered protection/GBV to be a mobility challenge before emergencies, rising slightly to 30 percent during emergencies. However, men considered the high cost of transport and damaged infrastructure to be bigger mobility challenges: respectively, 31 percent and 29 percent of male respondents identified these as the major mobility challenges before emergencies, rising to 75 percent and 45 percent respectively during emergencies.

## Availability of GBV-related services

Alarming, the gender analysis revealed that only very minimal GBV referral services were available to women and girls before, during and after emergencies. The availability of psychosocial and legal support services actually declined during emergencies, according to female respondents, 14 percent of whom said that these were available pre-emergency but only 7 percent during an emergency. Feedback and risk identification mechanisms were lacking both before and during emergencies and the provision of information about GBV actually declined during and after emergencies, with 13 percent of female respondents noting these as being available before emergencies, but only 11 percent during emergencies and 10 percent after a crisis.

**Figure 13: Availability of GBV-related services for women and girls**



Qualitative discussions also revealed that staff within existing non-government and government services were not adopting survivor-centred approaches, referral mechanisms were not functioning appropriately and community and organizational sensitivities made it difficult to take cases of abuses forward.

# 3 CHANGING GENDER DYNAMICS AND COPING STRATEGIES

## Productive work

The gender analysis found from the responses of both men and women that restrictions, constraints and challenges to women's participation in economic activities increase considerably during emergencies. Women respondents said that increased insecurity caused by the onset of disasters led to men being more sensitive to women's protection, but that this led to greater restrictions on their mobility and access to education and employment.

Women reported that emergencies resulted in them making and selling fewer handicraft items, as they found it more challenging to access markets to purchase raw materials. A majority of female respondents in the FGDs wanted to engage more in employment opportunities, but felt that cultural barriers were a major obstacle to them doing so.

## Care work

Care work or reproductive work – including domestic chores and taking care of children and other household members – is performed predominantly by women in Pakistan. Women also often play a key role in re-establishing households in relocated sites after disasters and collecting basic household needs such as water, food and fuel, which increases their workload.

*'Our workload has increased in the wake of the disaster. In addition to our day-to-day work we now help our men in rebuilding houses, preparing mud bricks and doing construction work.'*

– Woman, Mithi

The increase in care responsibilities for women can have a negative impact on their ability to access productive livelihoods, and also negative health implications.

*'Due to contaminated water, a number of waterborne and skin diseases spread among the elderly people and children in our family. It was a daunting task taking care of them with our limited resources and it had an emotional toll on me as I was constantly under stress.'*

– Interview with woman affected by flooding, Muzaffargarh

The quantitative data collected for the gender analysis indicated that reproductive activities increased for women during emergencies in terms of caring for children, elderly family members and those who were sick. Men's reproductive roles also increased during emergencies, in aspects such as repairing houses, going to market and feeding animals.

*'We not only have to help our men in feeding and tending livestock but also support them in construction work. With schools being closed due [to] floods we have to take care of the children too, leaving hardly any time for ourselves.'*

– FGD, women, Muzaffargarh

## Participation in consultation

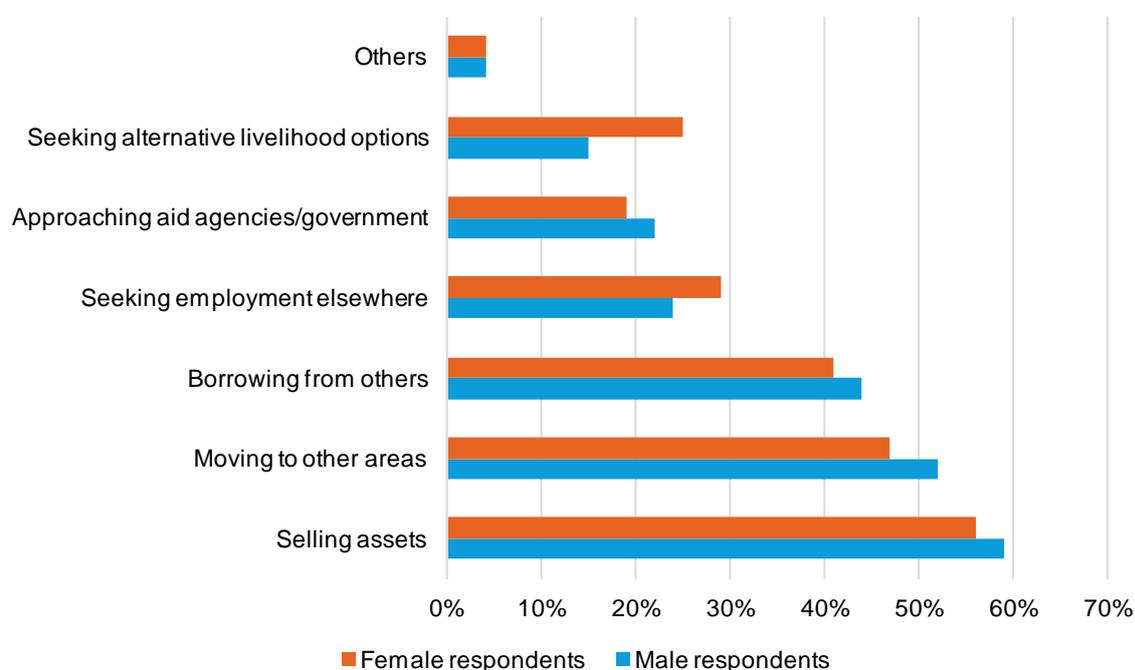
Pre-emergency planning usually involves local communities. However, in response to the quantitative survey, only 30 percent of people said that women and girls were included in consultation and planning processes, compared with 74 percent who said that men and boys were included. Only 12 percent said that women and girls were included in consultation processes in emergency phases, while 52 percent said that men and boys were engaged. Similarly, only 24 percent of respondents said that women and girls were included in response planning in post-emergency settings, compared with 63 percent who said that this was the case for men and boys.

## Coping strategies

The gender analysis found that, as a result of food insecurity, over half of respondents were borrowing food from friends or family, with 20 percent reducing the number of meals per day they ate. Almost half of respondents were reducing their portions of food at meal times. Long queues, lack of food distribution points in camps and delayed delivery of supplies to camps were cited as challenges by respondents who had lived in the Sindh and Balochistan emergency relief camps.<sup>22</sup>

The quantitative survey found that selling assets, borrowing and migration were the three main coping strategies adopted by the affected population in general. Gender-disaggregated data shows that women are comparatively more likely than men to seek alternative livelihood options and other forms of employment, while men tend to be more likely than women to approach aid agencies or government agencies, borrow from others, move to other areas or sell assets.<sup>23</sup>

**Figure 14: Coping strategies, by gender**



While migration is often a coping strategy adopted by men in search of employment, women may also migrate with their families. A woman participant in an FGD in Tharparkar noted:

*'During droughts we women migrate to other places with our families. We find it hard to adjust to new places and spare time for ourselves and our children. We also migrate in the cotton picking and wheat harvesting seasons... in order to make some money for our survival.'*

– FGD, women, Tharparkar

Migration can have a negative impact on safety and increase the risk of GBV, and can also lead to greater care responsibilities for those left behind.

*'During floods women and men mostly migrate to Mianwali, Rahim Yar Khan and Bahawalpur for cotton picking as cheap labourers, but this makes women vulnerable to exploitation and harassment, being away from their homes. The elderly people are left behind to take care of their houses in their absence.'*

– Interview with man affected by floods, Muzaffargarh

The qualitative findings indicate that most decision making on how household income is spent is made by men, who also have control over savings, although women are increasingly contributing to spending decisions.<sup>24</sup> Similarly, decisions relating to survival strategies were found often to be taken by elders at community level. Women may provide input and suggestions, but these may not necessarily be considered in decision making.

Quantitative data shows that men's involvement in agriculture is more heavily focused on the sale of crops and produce, while women's role is more focused on weeding, planting, harvesting and storing crops, both before and after emergencies. This leads to men having greater involvement in cash transactions, increasing their control over the income generated.

# 4 HUMANITARIAN RESPONSE CAPACITY ON GENDER

## SPECIFIC FINDINGS FOR HUMANITARIAN RESPONSE

The gender analysis leads to some specific recommendations for humanitarian response, as follows:

- **Access to food:** The qualitative findings show that child-specific food and non-food needs, including blankets, have not been given the necessary priority by relief organizations, leading to food scarcity during disasters.
- **Access to livelihoods:** Further efforts should be made to expand education and training opportunities for women and girls. Twenty percent of respondents said that skill development programmes were available in pre-disaster situations; of those, 80 percent said that men and boys could take advantage of such opportunities, but only 25 percent said that women and girls could do so. Just 5 percent of respondents said that women and girls could benefit from such programmes during emergencies. Training opportunities are mostly in the form of technical and vocational education and training (TVET) courses, and are mostly provided by the government, along with public institutions and CSOs. The gender analysis found that TVET institutions did not promote or facilitate the participation of women or have a quota for them in order to address this gender imbalance.
- **WASH:** Given the difficulties in accessing clean drinking water, there is a need to ensure that the resilience aspects of emergency response are focused on securing clean water sources and supplies of clean drinking water in order to prevent potential epidemics and waterborne diseases.
- **Health:** Participants in FGDs reported that birthing kits were not provided in relief camps to support pregnant women.<sup>25</sup>

## CAPACITY ASSESSMENT

The gender analysis involved a review of the capacity of organizations involved in the response, using a self-assessment survey and interviews with members of the Gender In Emergencies Working Group in Pakistan.

The review found that while most NGOs and UN agencies have gender policies in place, many do not have any specific policy for humanitarian settings or minimum standards to ensure gender mainstreaming and protection. Many organizations were found to have weak knowledge management capacity to draw on lessons learnt from completed emergency programmes. Although sex- and age-disaggregated data is often collected, the quality of data collection was found often to be poor, with weak data sources. Overall there is a greater need to ensure that gender mainstreaming activities are budgeted for.

Local partners were found often to lack female staff at contingency planning and decision-making levels, which in turn affects the participation of women in community meetings and DRR planning.

Many local partner organizations also lacked the skills and technical capacity to undertake gender analyses.

The NDMA's National Policy Guidelines on Vulnerable Groups in Disasters aim to facilitate a comprehensive rights-based and humanitarian approach to disaster relief, with specific attention to women, children, the elderly and people living with disabilities. While these guidelines represent best practice, there is a need to build the capacity of local organizations and implementing partners to enable their operationalization.

# 5 RECOMMENDATIONS

Drawing on the findings of the gender analysis, the organizational capacity assessment and feedback from the Gender in Emergencies Working Group, the following recommendations are put forward to guide all humanitarian and development actors working on emergency response and resilience in Pakistan, including the government, the NDMA and its corresponding provincial authorities, international NGOs and local CSOs.

## **Access to food**

- Both in normal times and in emergencies, access to food for women and vulnerable groups should be specifically addressed. This should take into consideration distances to local markets and distribution points, women's relative lack of control over household finances, poor transportation, overcrowding and stampedes at collection points, security issues and the increase in household responsibilities at home.
- Actors involved in humanitarian response should promote the inclusion of all social groups in the allocation of food resources, especially that of vulnerable groups. Minimum standards for the establishment of camps should include provisions to keep order around food collection: for example, food distribution can be improved by reserving separate days or time slots specifically for women. Child-specific food and non-food needs, including blankets, should be included in the response.
- Communities in disaster-prone areas should be supported in taking effective approaches to food security, food storage, crop rotation, daily calorific needs and coping strategies in order to prevent malnutrition.

## **Livelihoods**

- Training opportunities should be provided, such as technical and vocational education and training courses, and the participation of women should be promoted in culturally appropriate ways.
- Relief and rehabilitation initiatives should be specific to the context and should consider the nature of emergency-specific needs by ensuring that all community groups are represented and have the opportunity to voice their particular needs, including women and girls.
- Longer-term livelihoods opportunities should also be developed, with the participation of both women and men.

## **Access to education**

- As part of efforts to repair damaged buildings in the wake of disasters, the quality of school facilities should be improved, such as the construction of boundary walls, the provision of separate latrines for girls and boys and the hazard-proofing of school structures.
- The provision of safe transportation to schools should be expanded, including to secondary schools.
- Specific attention should be paid to girls' access to education by addressing issues relating to insecurity and GBV, supporting programmes to address child marriage and considering the use of incentives for school attendance.

- Topics relating to disaster risk reduction should be included in school curricula, supported by staff training.
- Schools located in disaster-prone areas should have resilient school development plans in place to ensure the continuity of education during emergencies. School Management Committees (with support from local community members) should be engaged in post-emergency situations to encourage the return of students to school.

## **Water, sanitation and hygiene promotion**

- Resilience and DRR programmes should focus on the protection of clean water sources to prevent waterborne diseases.
- In emergency phases, the restoration of clean water sources and the arrangement of alternate means of water provision need to be prioritized by the government and by other agencies. Mobile water purification/filtration plants should be used in situations where road infrastructure is intact.
- Pre-emergency and relief efforts should aim to increase women's access to training on hygiene. Basic hygiene practices and life skills should be included in school curricula and within community programmes.
- Family hygiene kits should form part of the package of relief items provided. Menstrual hygiene management kits should be distributed to girls of reproductive age and training should be provided on their use.
- Temporary WASH facilities that are accessible to all must be provided in relief camps separately for women, children and people living with disabilities, for their privacy and protection needs.
- International standards should be strictly followed during the installation of water and sanitation facilities. The continued engagement of women and girls in the assessment, design, implementation and monitoring of WASH programmes will ensure effective delivery based on women's needs for dignity, security and privacy, and will help build women's leadership skills.

## **Health**

- Cross-linkages should be ensured between bodies responsible for health and WASH, including through health staff and district coordination officers, to ensure that WASH interventions play an effective role in the improvement of public health.
- Basic healthcare training and awareness should be ensured at the community level. This should be promoted both prior to and during disasters as part of general public awareness campaigns.
- Special arrangements should be made to address psychosocial issues in disaster-affected areas.
- Increased access for women to female doctors and health workers and to separate health facilities should be ensured where needed.
- Transportation facilities should be planned and put in place to increase access to health facilities in normal times, as well as during emergencies.

## **Protection, security and gender-based violence**

- For GBV prevention and response to be effective, collaboration needs to be strengthened between all organizations and institutions working in an emergency.
- Humanitarian and development actors providing GBV services should adopt a survivor-centred approach. Services for survivors must be appropriate to the context and must meet the needs of vulnerable individuals. At a minimum, services must seek to address psychological trauma, must provide access to emergency reproductive health services, must provide safe spaces for survivors

in the recovery process and must support them (legally, financially and psychosocially) through the justice process as required.

- Relief and rehabilitation emergency interventions should reduce the risks of GBV across humanitarian programming by including ongoing monitoring and feedback mechanisms. Training and sensitization on safe programming approaches are crucial for humanitarian staff in all relevant organizations to prevent sexual exploitation and abuse. All emergency response programmes should appoint a child protection focal point whose role includes safeguarding against child abuse.
- All actors should include thorough reference checking as part of their staff recruitment and selection procedures and ensure that a code of conduct is signed and understood by all staff involved in emergency responses, and adhered to.

## **Strengthening local emergency response mechanisms**

- Actors involved in humanitarian relief efforts should prioritize the collection of sex- and age-disaggregated data from an early stage in the response, and ensure that data is collected from strong data sources.
- All actors involved in humanitarian relief efforts should have in place minimum standards on gender mainstreaming and protection, including child protection, accompanied by a budget to support gender mainstreaming.
- Support should be provided to build the capacity of local organizations to conduct gender analyses and to increase the proportion of women on their own staff.
- Greater outreach is needed to local women's rights organizations which have the local expertise needed to understand the complexities of gender dynamics before, during and after disasters.
- All humanitarian and development actors should ensure the participation of both women and men in programme design to ensure that their needs are met and that safety concerns are addressed before, during and after disasters.
- The NDMA and its provincial and district bodies should seek to strengthen coordination with local NGOs and CSOs, as well as with international NGOs and UN agencies.

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