

**Checklist to facilitate Gender Sensitivity of Relief and Reconstruction efforts
for Survivors of the Earthquake in Pakistan**

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About the checklist:

The checklist has been developed for all stakeholders including federal, provincial, and district governments, ERRA, FRC, UN, non government agencies, and private groups involved in humanitarian (relief, early recovery, reconstruction etc) assistance. It is especially directed towards camp field workers, camp management authorities, heads and members of humanitarian assistance clusters in field hubs. It aims to facilitate gender integration in all aspects of disaster management with specific reference to six major clusters.

- Education
- Water and sanitation
- Protection
- Shelter and camp management
- Health and nutrition
- Early recovery and reconstruction

Section 1 provides an introduction to the checklist, its rationale, general guiding principles, a segment on cross cutting actions and the importance of collaboration and coordination when mainstreaming gender into various aspects of relief and recovery work.

Section 2 provides a checklist of key questions for each cluster, which draw attention to specific needs, constraints and capacities of men, women and special vulnerable groups.

Section 3 provides supplementary information on possible challenges and opportunities specific to each cluster.

It is suggested that persons working in relief operations, program managers, field workers, professional staff, and volunteers read the information on *all* clusters as many issues and actions are cross cutting. They are encouraged to deepen their understanding of these issues through exposure to gender sensitivity training and reading the extensive material available on gender dimensions of disaster management (some important resources are mentioned at the end of this publication).

Why gender sensitivity?

Often times emergency responses to major disasters are focused on saving lives, delivering supplies and providing security. These efforts depending on the nature and magnitude of disaster can be complex and challenging primarily due to the ‘urgency’ that drives them. At this point, the need to include a gender perspective can get marginalized and perceived as a higher goal that can be set aside while urgent relief operations get underway. However, experience in disaster settings around the world has shown that understanding gender dynamics in communities affected by disaster is a crucial element for effective relief work- relief work that understands diverse needs, prevents exploitation and, most importantly, utilizes the different coping capacities available in the community.

General guiding principles:

- Gender refers to the social roles and relations between men and women, including the different responsibilities of women and men in a given culture or location.
- Different gender identities, relations and responsibilities influence people’s ability to respond in emergency situations. Low education levels, limited mobility, less access to resources, more economic dependency, more responsibility for dependants, little or no work experience or exposure outside the home and community, special reproductive health needs, high vulnerability to sexual and physical violence, limited decision making power are all factors that severely increase women’s vulnerability in disaster situations.
- Addressing gender needs is not just a protection or a rights issue- it is also about increasing efficiency, quality and sustainability of the relief initiatives. This is especially so when it comes to understanding accessibility issues that limit a woman’s ability to effectively utilize relief services and in identifying varying coping capacities and insights, information of women that can be harnessed to enhance relief operations.
- Participation of women, men and other vulnerable groups in all aspects of delivery of relief operations and reconstruction plans such as in needs assessments, planning, implementation, monitoring and in maintenance is critical for gender mainstreaming. Women have an important role to play in this process and can be an important part of disaster mitigation and response efforts, whether acting within their traditional gender roles or transcending them.
- The gender question is not just a woman’s issue. Gender analysis is a useful tool for analyzing specific vulnerabilities of men and boys and how a community works as well as how people relate to each other and contribute to problems and solutions. Attention also needs to be paid to the situation of boys and men and

how their roles and responsibilities may have changed. What are their coping strategies and special psychological needs?

A gender perspective can facilitate emergency operations as

- It supports a more accurate assessment of the situation, the needs and vulnerabilities of different people.
- It facilitates the design of more appropriate responses that meet actual needs.
- It identifies opportunities and resources of men and women and takes into account their varying ability to contribute to relief work.
- It highlights the critical importance of power dynamics in a community that may hinder relief work- who has resources, who speaks for whom? etc.
- It provides a link between emergency responses and the longer-term goal of development-natural disasters can become a platform for social change.

Cross-cutting actions

Certain actions cut across clusters. These include

- Setting up systems to address the threat of **gender based violence**.
- **Sensitization and training of staff** to ensure camp staff, relief workers, managers, and volunteers are sensitized to and comply with gender sensitive policies and programmes.
- **Increased recruitment of women** in various service delivery and management roles in camps to improve women's access and involve them in relief.

Collaboration and coordination

It is recommended that collaboration and coordination between all the clusters or groups (NGOs, INGOs, army, private philanthropists etc.) responsible for different functions of specific camps be a strong feature for mainstreaming gender into relief work. This is especially so in the case of gender based violence. Isolated efforts will be difficult to sustain and may cause overburdening or duplication of effort. It is suggested that camp management take the lead ownership in ensuring principles of gender sensitivity and its inclusion in various services and facilities. Heads and members of clusters in field hubs, especially the protection cluster, can further support them.

For example, setting up the system for reporting and addressing the issue of violence against women and children including building referral can be the responsibility of the protection cluster. Implementation will be the responsibility of the specific camp management and will entail community awareness, and ensuring that this system is adapted by the service providers and staff in the health, water and sanitation and education sector. The monitoring of this system should be the responsibility of both the camp management and protection cluster.

Cluster I : Education¹

Key questions

1. Do the education programmes reach girls as well as boys? This would involve looking at the enrollment and drop out data.
 2. Does the education programme target especially vulnerable groups such as the children of minorities, children with disabilities with a special emphasis on the girl child?
 3. Are the classes offered in two or three shifts to accommodate reservations about co-ed schooling and care giving or household responsibilities for the girl child?
 4. Are there separate latrines in schools available for girls?
 5. Does the location / route of the school allow for easy and safe access by girls and boys?
 6. Is there the possibility of integrating psychosocial interventions within the schools setting for children, especially viz a viz support in coping with the impact of the disaster on their lives, relationships and community? Teacher training in psychosocial services and psychosocial support for teachers coping with their own reactions to the disaster would be important.
 7. Have existing programmes been explored to see how they can address the issues of protection and empowerment (life skills training including gender and body protection/safety for girls and boys)? Teacher training in this area would be important.
 8. Have some facilities for recreation, games and sport been provided? Are they accessible to both girls and boys? Are they sensitive to the community's cultural practices and preference related to gender?
 9. Does the school management have a system in place to handle reports from children of actual or possible threats to sexual violence, trafficking etc. from within the school setting and outside? It would be useful to link up with the protection cluster, camp security and management for adequate referral and protection.
 10. Are there sufficient numbers of female teachers? Have local resources within the community such as community teachers and older educated girls been tapped?
 11. Is the staff sensitive to varying needs and situation of girls and boys and how they might impact the children's ability to participate and benefit from relief operations both generally and educational programmes specifically? A gender orientation with a focus on gender based violence is important.
 12. Has the need for adult literacy classes or vocational training in the community, especially with women, been explored? If there is a need is this need being met?
- Questions 3-5 would hold for any intervention being offered to women.

¹ Information given for this cluster also looks at adult literacy classes and vocational skills training for the community. These are also addressed in the early recovery and reconstruction cluster.

Cluster II : Water and Sanitation

Key questions:

1. Are water distribution points accessible to women especially those with limited access or mobility²? As a guide it is often recommended that no household should be more than 500 meters from a water point.
2. Do women have access to containers for storage and collection of water? Are these water carriers usable by women, girls and boys?
3. Do women have separate queues or timings to avoid harassment at public places? This fear may reduce women's ability to access this important resource. In situations where water is rationed or pumped at certain times, times that are convenient and safe for women should be given consideration.
4. Is there female staff that may assist women at these distribution points? Their presence has a special significance when it comes to the reporting of gender based violence or harassment. (See Q-10)
5. Are separate latrines and bathing spaces available for women?
6. Are these latrines within walking distance from the shelter, is the route well lit and do these latrines and bathing spaces allow for privacy, such as door locks? Monitoring of the route may help identify if this route is being used to harass women.
7. Is suitable (indigenous method) material for absorption and disposal of menstrual blood for women and girls distributed and available? Is it distributed by female staff?
8. Are men and women of the community involved in hygiene promotional activities?
9. Is staff sensitive to varying needs and situation of men and women and how they might impact their ability to participate and benefit from relief operations generally and water and sanitation services specifically? A gender orientation with a special focus on gender-based violence can be helpful in this regard.
10. Is there a system or mechanism whereby women can report incidences of harassment to the management? Does that mechanism allow for the anonymity of the complainer and is it known to most women? Is there a system to take punitive action against those who do this? In case of serious abuse such as physical assault and rape, it would be important to link up with the camp management, protection or health cluster, which may have a referral system in place.

² due to inadequate registration, disability, societal restrictions, excessive workload

Cluster III: Protection

Highly vulnerable women and children:

- Poorer or low income women
- Elderly women
- Women, girls and boys with cognitive or physical disabilities
- Women heading households
- Socially isolated women
- Unaccompanied and/ or orphaned boys and girls
- Care givers with numerous dependants
- Women in shelters away from extended families
- Women living alone
- Women and girls subject to violence within the home and outside
- Chronically ill women
- Undocumented women
- Malnourished women and girls

Key questions:

1. Is there access to all people especially minorities, women and children? Have vulnerable groups been identified? Are vulnerable groups being registered in a non-bureaucratic manner with the free issuing of documents?
2. Is there support for the reunification of separated households?
3. Is there an establishment of accessible, transparent, efficient mechanisms to report and investigate complaints, especially those related to gender based violence and to prevent abduction and trafficking? This entails that the community especially women and children have a clear awareness and understanding of how to report abuse. It is important that their anonymity and safety be ensured.
4. Is there sufficient female staff in the camp and does the camp staff have the appropriate training to deal with gender based violence. Workers own biases and prejudices must be addressed.
5. Is there a clear understanding amongst camp staff, health professionals and protection cluster members about principles such as confidentiality, rights, choices, and the right to decision making of the survivor?
6. Have high-risk areas in the setting where incidences of sexual violence or abductions occur and the factors that contribute to this been identified? For example the location of bathing spaces in isolated areas, and/or children playing in isolated areas. Have actions been taken to mitigate the risk at these 'hot spots'- community watch programmes, providing education of women, men and community on issues of sexual violence and its potential consequences, information about reporting mechanisms?
7. Are there systems in place to ensure the compilation of anonymous incident data so that any trends and protection issues can be identified and addressed?
8. Have relevant laws and policies that protect women and children from exploitation and their enforcement been reviewed so that they may be used to support victims and survivors?

9. Does the community have its own conflict resolution mechanism in such cases and how can the influential, older women, and respected elders be involved to support women survivors?
10. Have possible resources for medical, legal, psychosocial, police assistance and security services been identified for those women who report abuse? In case of a woman wanting to take action the medical staff must have the capacity (knowledge and equipment) to record forensic evidence. Are the professionals on the referral sensitized to the issue of GBV? Wherever possible, female professionals should be identified.
11. Is there access to safe shelter for those women who report violence and cannot go back to their own houses/tents? If the camp is not deemed safe then a government facility/safe house for women can be an option.
12. Is there a plan for the safety and security of the rest of the family and staff providing assistance to the survivor?
13. Are psychosocial support initiatives available to the community especially for women and children? These can include child and women friendly spaces, support groups and other coping strategies for dealing with grief, changed life circumstances, re-integration for survivors of violence and parenting skills (understanding and helping children deal with loss and trauma). Do women have a say in the kind of support being offered? Are they involved in the management and maintenance of these safe spaces?
14. Do psychosocial services also address men and provide them with acceptable outlets for increased frustration and tension, changes in gender roles, and perceptions of masculinity in the aftermath of the disaster? Special groups of men who find themselves as primary care givers after the death of a spouse can also be explored. Sports, education session, involvement in relief services and vocational skills training can be helpful in this regard.

Cluster IV : Shelter and Camp Management

Key questions:

1. Have shelters for vulnerable groups such as unaccompanied children or women headed households been given special consideration such as location and proximity to facilities and distribution points³, security from the threat of gender based violence, special assistance in shelter construction or setting up of tents?
2. Do single women or women headed households depend upon men for shelter construction, distribution of non-food items such as bedding, warm clothes, and sanitary material? If so, discourage this by involving female staff and regular monitoring because this can result in exploitation.
3. Has women's inability to access services and resources and compensation due to not possessing ID cards been given consideration?
4. Have cooking areas or stoves provided to clusters of tents or to individual households been assessed for fire hazards? In case of new technology have women been adequately instructed in their proper usage?
5. Is the camp well lit especially paths leading to bathing spaces and latrines?
6. Has adequate material to allow for some level of privacy for each family been provided such as curtain etc.?
7. Has the design and layout of the shelters or campsites been planned in collaboration with community members with input from vulnerable groups? Does it promote a sense of community so that community-based protection can be reinforced- small clusters of tents as opposed to long clinical lines?
8. Does the layout have spaces for children to play where family members can watch them? This is important as often children play in remote areas increasing the risk of abuse.
9. Does the layout have spaces for community centers- special private space for women and children of the community for activities like meetings, vocational classes, skills training and psychosocial support? Are women involved in the management of these spaces?
10. Is there access to safe shelter for those women who report violence and cannot go back to their own houses/tents? If community resources can not be found, a safe anonymous place within the camp setting can be used as short term facility. However, unless safety can be guaranteed, it is best in these cases to refer to a government facility. This is a service that can be coordinated with the protection or health cluster.
11. Is there a plan for safety and security of rest of the family and staff providing assistance to the survivor?
12. Have possible resources for medical, legal, psychosocial, police assistance and security services been identified for those women who report abuse? It is important to link with the protection and health cluster in this regard. Are these professionals sensitized to the issue of GBV? Wherever possible, female professionals should be identified.

³ Latrines and bathing spaces, schools, medical camps, water, food and non food item distribution points, community kitchens/ cooking areas and washing facilities.

13. Is the staff sensitive to varying needs and situations of men and women and how they might impact their ability to participate and benefit from relief operations generally and shelter and camp management specifically? A gender orientation with a special focus on violence against women can be helpful in this regard.
14. Are there any safeguards in the management structure to ensure that sexual exploitation by relief workers does not take place? Pay close attention to recruitment and monitoring of workers.
15. Is there sufficient female staff in the camp management? Female staff should be represented in upper and mid-level management and also as service providers and care givers.

Cluster V : Health and Nutrition

Key questions:

1. Are health services accessible to all men, women , children and youth and the disabled? This entails that the community have knowledge about health services at the basic health unit and/or hospital/medical camp.
2. Does women's inability to access registration documents in any way limit their access to health care?
3. Are opening times suitable for women and children (ensuring that they do not clash with household function, water collection times and school times)?
4. Have existing resources in the community such as traditional birth attendants, lady health workers, women's groups, older women, been involved in providing RH services to women? It is important that they be involved to promote helpful and eliminate harmful practices. Clean delivery kits available for use by traditional birth attendants can be helpful.
5. Do pregnant women and their families have knowledge and access to health services where they can go in case of obstetric emergencies or other health problems? It is important that traditional birth attendants are able to identify when such a referral is important.
6. Are men, women and couples able to access information about and contraception technology in privacy and confidentiality? Are there private consultations, examination rooms/spaces for women and girls?
7. Is culturally appropriate material available for menstruation for young girls and women? Are women involved in this distribution?
8. Is health staff sensitive to the varying needs and situation of men and women and how they might impact their ability to participate and benefit from relief operations generally and shelter and health and nutrition specifically? A gender orientation with a special focus on gender-based violence can be helpful in this regard.
9. Is there a sufficient number of female care providers?
10. Does medical/health staff have the knowledge and equipment to record forensic evidence for rape or physical assault, in case the survivor wants to report the case. Is there an adequate referral service? It is important to link with the protection cluster and camp management in this regard.
11. Are psychosocial support initiatives available to the community to meet special and varying needs of men, women and children? (See Protection cluster checklist Qs-13-14 for more detail).
12. Is there provision of psychiatric and psychological support for those men, women, and children who may develop post traumatic stress disorder or depression?
13. Is the food distribution system women friendly? Have problems like inadequate registration, long queues, lack of female staff or unsuitable distribution hours been addressed to ensure access of women? Separate ration cards issued to women can strengthen women's control over food.

14. Are food insecure households or those with special needs⁴ been given special consideration such as supplemental feeding programs, specific diet plans, additional ration etc?
15. Are women encouraged to cook their own food and provided with the safe and reliable resources to do so?

⁴ Women headed households, pregnant or lactating women, nutritionally deficient young children especially girls, unaccompanied children, large families, women in large families.

Cluster VI : Early Recovery and Reconstruction

Most key questions in this regard are by and large represented in other clusters and need to be reviewed when planning longer-term reconstruction related to that cluster. Certain additional considerations for shelter, employment and livelihood, are mentioned below.

Shelter

1. Does the support for self- help shelter recovery already initiated in lower altitudes and expected to begin in March for higher altitudes provide special assistance for women headed households, disabled women and children? Have these families been provided with help for rubble removal and site preparation?
2. Is special facilitation provided to vulnerable groups (disadvantaged by lack of land registry papers, legal titles, ID cards) such as women headed households in housing, land and property claims? It is recommended that the deed of the new house/shelter constructed be in both names.
3. Have women been included in housing design and construction?

Employment and livelihood

1. Does credit, cash for work or livelihood programmes especially target women heading households or those women who need to supplement family income because of changed life circumstances e.g. disability/death of earning members of the household? Are these schemes fair e.g. equal wages?
2. Do economic resources (seeds, tools, relief commodities, etc) and vocational and skills training reach women as well as men? Do the packages provided build on local knowledge, capacities, resources of women and men?
3. Are the disabled (men and women) accessed by these programmes? Have special skills or areas also been identified where they can participate in economic activities? Have efforts been made to provide artificial limbs or equipment such as wheelchairs?
4. Are childcare and social support services available for those women who will access these programmes?
5. Are these programmes and trainings offered in a respectful, safe environment? It is important that female staff be present to facilitate this. In some cases it may be necessary to run these programmes separately for men and women.
6. Do income generation projects also build non-traditional skills of women?
7. Are vulnerable groups protected against further exploitation by involvement in the labour market e.g. young children involved in hazardous work, sexual harassment in the workplace, lower salaries for women etc?

Cluster I : Education

- It is important to be aware of social attitudes that give low priority to girls' education. Furthermore, girls are often involved in housework and their burden of looking after younger siblings or caring for the sick may have increased. Provision of day care for younger siblings ill/disabled members of the family of girls can help. Community members can also be mobilized to help each other in day care.
- Girl's mobility is often restricted because of the concern about their vulnerability to sexual violence. Safe routes or nearby schools, and female teachers can help meet these concerns.
- On the other hand, boys who are also vulnerable to sexual violence, abduction and trafficking are often not provided with this supervision. (Unaccompanied children need to be especially protected). Raising the community and children's awareness on this issue can help.
- Co-education may not be an acceptable option for girls especially after age 10. It would be important to assess the acceptable age for co-education for the community. Separate shifts may be needed.
- Regularly attending school brings routine and normalcy in the lives of most families and reduces child caring burden on the mother for part of the day. It is at this point a welcome initiative since even families who give low priority to education welcome this opportunity to bring a routine into the lives of their children.
- By ensuring that children get back into classrooms as quickly as possible, there is an increased chance that young people are protected from activities that may put them at risk. These can include hazardous forms of child labour, sexual exploitation, abduction, trafficking, and drug abuse. (The latter is a common threat for young boys and men).
- Building on existing capacities (women often possess indigenous skills such as sewing, weaving, embroidering etc.) that are often not affected by the natural disaster can lead to a sense of control and self-efficacy. Local resources can also be identified to run such skills training.

Cluster II: Water and Sanitation

- Access issues such as limited mobility are intensified by strictly followed gender norms and customs linked to women's mobility, decision making and the subservient role. For example women may not be allowed to access emergency relief because of the need to be chaperoned by male relatives. Women that are widowed or caring for injured family members may lack the capacity in negotiating for needed supplies if they are used to being cared for by male relatives.
- Women's vulnerability to harassment at distribution points often results in their inability to access this resource effectively. There is often increased incidence of harassment and sexual threat due to lack of separate, insecure and far away latrines and bathing spaces. Practices such as separate queues, timings for men and women can help reduce this vulnerability.
- Traditionally women hold the responsibility of water collection. Involving them in setting priorities and making decisions about water supply would improve the efficiency of this service and serve to mobilize women. Key decisions in this regard relate to the location, design and maintenance of water and sanitation facilities. However, it is important that women do not end up being overburdened as a result of this involvement.

Cluster III : Protection

- Women as a group are vulnerable due to their low status in society and restricted mobility and capacity due to cultural norms. This vulnerability increases after a disaster as traditional family and community structures disintegrate, leading to issues related to fair and equitable access to assistance.
- A striking vulnerability experienced by women and children is various forms of gender based violence e.g. domestic violence, child sexual abuse, trafficking, sexual harassment, rape, forced or early marriages etc. Also safety and security concerns seriously limit women's ability to participate in relief and reconstruction such as having access to relief services and material assistance. Women may also be asked for sexual favors in return for relief assistance.
- It is also important be aware that boys too are vulnerable to sexual abuse and may be abducted and trafficked for prostitution.
- Women's or child rights groups in the area especially those working on gender based violence can be a useful resource in developing referral services for the area. They also possess the local expertise and knowledge to guide community awareness programmes and support services for survivors.

In traditional societies dealing with **GBV** in disaster situations is a complicated issue because

- Violence is considered a private issue
- Impunity of male violence especially in the case of domestic violence which has social sanction
- Most girls are socialized into subservience.
- Women can be even more reluctant to raise their voice as family structures are already under threat.
- Men can resort to violence to deal with higher levels of unresolved anger, boredom and frustration
- Hastily designed or culturally insensitive interventions can increase threat of violence for women.
- The breakdown of traditional family structures and household boundaries has changed to living in overcrowded boundary less environs.
- Weakened traditional and state systems for protection prevail. Services such as the police, legal, health, education and social services are often disrupted.

- It is important that community programmes on awareness and protection be designed in such a way that they are sensitive to cultural and religious norms wherever possible. Men can play a significant role in these initiatives and ways should be devised to mobilize their support and involvement. Programmes can be introduced in psychosocial or health promotional services being offered to men.
- For those survivors of violence that need safe and anonymous shelter, it is important to first attempt to identify safe family or community-based spaces such as staying with another family member or community leader. When this is not possible it is important that a safe shelter be identified for a short-term basis. Often this can be a government facility. It is important that survivors be accommodated with their children if they so wish. Child survivors should remain in their family shelters when possible with the perpetrator being removed. When this is not possible, it is important to ensure that the child receives extra care and attention while separated from the family. (See Q- 11 in Cluster III- Protection)
- Changing gender roles e.g. new responsibilities (single-father headed households), inability to provide for the family, loss of income livelihood, grief also makes men vulnerable to mental health problem, drug abuse, decrease in self esteem, anger or rage reactions even suicide.
- Disabled persons especially women are also vulnerable after a disaster. They may not be accessed by relief efforts, moreover their reintegration and recovery often poses a bigger challenge. Disabled women and children (boys and girls) may be even more vulnerable to neglect and abuse.

Cluster IV: Shelter and Camp Management

- Women headed households, unaccompanied children, people especially women with disabilities are particularly vulnerable and need special consideration.
- Careful planning of sites and layouts can go a long way to increase the efficiency of utilization of key services primarily considered the domain of women e.g. water, food, etc. Inaccessible locations will hinder the utilization of these resources. Moreover, it also decreases vulnerability of women and children to violence. For example location of education facilities, health services, water points, latrines, community cooking, washing areas in far off places can increase vulnerability to violence.
- If camp sites are well planned and the community is involved in maintenance and planning, it can promote a sense of community rather than alienation. This can increase the sense of control and self-efficacy.
- Women can be mobilized and involved to plan activities for and run child and women friendly spaces.
- It is important to acknowledge the fact as in any setting, management authorities carry a great deal of power and control. It is critical that this power not be used to further exploit, extract favors from vulnerable groups especially women.

Cluster V: Health and Nutrition

- Gender realities that pose special threat to the health of women in disaster situations include
 - Child birth and pregnancy related limitations
 - Limited reproductive control and increased chances of STD, HIV/AIDS transmission
 - Greater risk of domestic and sexual violence and its consequences

- Involvement of local resources can support health services and also improve access for women as it may be culturally more acceptable. Women can also be involved in decisions on accessibility on an appropriate, non-offensive name for the RH facility, its opening hours etc.

- Compassionate and confidential treatment for survivors of gender based violence. involves
 - Treatment or presumptive treatment of STDs
 - Post exposure prophylaxis for HIV
 - Emergency contraception
 - Care of wounds
 - Supportive counseling including making a safety plan if still at risk
 - Information about and ability to make referral (with survivors consent). This could include psychosocial services, protection of staff management, legal aid, security officials, shelter and police)

- Special ethical concerns when working with survivors of violence become all the more important when it comes to health staff especially, as often they may be the only point of contact. The staff must possess a clear understanding about principles such as confidentiality, rights, choices especially right to decision making of women.

- The community especially women may have had limited access to information and health services before the disaster. Hygiene and health promotional activities may be welcomed.

- Health messages and programs must be sensitive to the varying nature of concerns of men, women and youth and moreover, should be accessible by them. Assessing cultural sensitivity of health messages and involvement of community men and women leaders, community elders can be helpful in this regard.

- The reproductive health facility or unit should be accessible for diverse groups such as young girls and single women (who because of lack of privacy and societal pressures may not be able to approach the service) or young boys and men, who may feel that the service is for women only. It is often advisable to offer a range of services in this facility so that nobody is stigmatized in accessing this.

- Women constraints with reference to mobility, registration, vulnerability to harassment, responsibilities related to care giving need to be addressed when planning location, timing and type of food distribution schemes. It is recommended that this be done in consultation with women.
- It is important to be aware that nutritionally women and children are often disadvantaged in term of food allocation within the house (quality as well as quantity).
- Food rations as opposed to cooked food is a preferred option where fuel and cooking stoves can be made available at campsites, either per households or clusters of camps. In the latter case, it is important that these devices are safe, food rations are reliable, fuel distribution accessible and reliable and that there is privacy for women in community cooking areas/kitchens. Food preparation allows for return to normalcy, control and occupation for most women. Conversely, it can also be burden for some that bear heavy responsibility of care giving, have been disabled or in case of women heading households are involved with other new roles. It is important therefore that at least for the initial period the option of cooked/packaged food be available to these groups.

Cluster VI: Early Recovery and Reconstruction

- Reconstruction provides a window of opportunity for change and political organization. As such the reconstruction process should create meaningful opportunities for women's participation and leadership rather than re- playing and reinforcing gender inequality.

Box: Certain groups emerge as extremely vulnerable and considerations regarding them need to be integrated in recovery plans. These include

- unaccompanied and disabled children,
 - women and children facing economic marginalization and the threat of gender based violence,
 - women headed families and members of women headed families,
 - elderly and/or disabled without functional support especially women,
 - widows and orphaned children having no access to services and are at risk of losing their property claims,
 - displaced women who find their land occupied by others.
- It is key that the community men and women be involved in the reconstruction process of the community. Skills trainings provided to enable people to participate in the reconstruction process e.g. masonry classes, wood work, etc. should include skills and activities that women can participate in. Women are and can be involved in building and masonry work and such trainings should be accessible for them. However, they may need to be offered in sex segregated classes.
 - Security and housing needs of vulnerable groups such as unaccompanied women and children should receive consideration reconstruction plans. Orphanages and safe homes/shelters for women are one option. However, it is important that these facilities do not 'imprison' women at the cost of providing them protection. Shelters should provide literacy and vocational opportunities and respect the rights of decision making and mobility. It is recommended that women and children not be uprooted from their locality and put in large shelters away from their extended families and area of origin.
 - Specific mental and psychosocial needs of men, women and children often take a backseat in the reconstruction phase. However, meeting these needs through psychosocial support and mental health services can greatly enhance the community's capacity to participate in and own relief and reconstruction work.

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