




GBV IN EMERGENCIES

Strengthening humanitarian Development Nexus



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Foreword

The climate change is directly responsible for changes in the weather patterns and rise in atmosphere temperature, causing flash floods and glacier outburst in disaster prone districts in Khyber Pakhtunkhwa. PDMA has ranked 17 out of 36 districts in the province as high risk to disaster mainly due to vulnerability to climate change. The province has experienced multiple humanitarian situations over the past few decades in relation to climate change and mandate crises, exacerbating pre-existing protection concerns.



The study on Gender Based Violence in Emergencies (GBViE) in Khyber Pakhtunkhwa is the first evidence-based document covering perceptions of the affected communities' disaster-prone districts and reviewed existing policies, strategies and frameworks currently in vogue in the province from GBViE and GBViE lens. The study further explored community perceptions including men, women, adolescent girls and boys while consultation meetings were conducted with district and provincial line departments and civil society representatives. The study provides a set of recommendations for effective integration and prioritization of GBViE with continues approach to humanitarian and development nexus. I am confident that this report is an important milestone towards establishing GBViE minimum standards for the province of Khyber Pakhtunkhwa. I express my gratitude to UNFPA, Gender & Child Cell in PDMA, and SRSP who supported this study.

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LIST OF ABBREVIATIONS

ADPs	Annual Development Programs
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GCC	Gender & Child Cell
GBV	Gender Based Violence
GBViE	Gender Based Violence in Emergencies
HDPN	Humanitarian-Development-Peace Nexus
RH	Reproductive Health
IPV	Intimate Partner Violence
KIIs	Key Informant Interviews
KP	Khyber Pakhtunkhwa
MHM	Menstrual Hygiene Management
NDMA	National Disaster Management Authority
NIPS	National Institute of Population Studies
P&D	Planning and Development
PDMA	Provincial Disaster Management Authority
PSEA	Protection against Sexual Exploitation and Abuse
RNA	Rapid Need Assessment
SEAH	Sexual Exploitation, Abuse and Harassment
SGBV	Sexual Gender-Based Violence
SGBVS	Sexual Gender Based Violence Survivors
SRSP	Sarhad Rural Support Program
UN	United Nations
UNFPA	United Nations Population Fund
UNODRM	United Nations Office for Disaster Risk Management
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

The study was undertaken to assess the level of gender considerations in decision making and awareness raising process to prepare and respond to humanitarian crises in all its three phases (crises, relief and recovery) at policy, strategy and implementation level. The existing related policies, contingency plans and practices were reviewed to identify gaps in integrating GBViE in humanitarian response, to identify women and girls accessibility to S/GBV and RH services and related challenges during disaster and emergency, and to provide a set of recommendations for effective integration of GBViE in preparedness and response approaches at policy, advocacy and strategic level. The target region was three disaster prone districts of the province of Khyber Pakhtunkhwa, Upper and Lower Chitral, and Swat. The qualitative research design was used, and the data was collected by focus group discussions (FGDs) and Key Informant Interviews (KIIs) that were conducted with adult men and women, adolescent girls and boys of the community, government officials, civil society, elected people, human rights activist, UN agencies, national and international humanitarian organizations. The study revealed that women and adolescent girls are among the most vulnerable groups during all three phases of disasters and humanitarian crises; GBViE is ignored in reviewed laws, policies, plans and humanitarian response; there is no GBV/GBViE protection policy and framework in the province; and coordination mechanisms are weak and less responsive in non-emergency periods and during humanitarian crises. It is recommended by all the stakeholders that advocacy should be conducted to mobilize the Gender & Child Cell, PDMA Khyber Pakhtunkhwa to review and recommend changes in related laws, policies, plans and other humanitarian response. It is recommended that GBV/GBViE protection policy and framework should be developed in the province, while PDMA may develop and implement DRR policy in the province, and PDMA may establish district level offices to implement DRR policy and other humanitarian response interventions. It was recommended that strong coordination, monitoring, referral, case management, and reporting mechanism should be developed to prevent GBV related cases during disaster and emergency. The community was of the view that during needs assessments, women of the area should be involved so that their needs should be identified, documented, and met during the humanitarian response.

1. INTRODUCTION

Background and Context

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." According to World Health Organization (WHO) Report, approximately one in three women and girls worldwide will experience physical or sexual violence in her lifetime (WHO, 2019). According to the Pakistan Demographic and Health Survey (2018), 28 percent of Pakistani women experienced physical violence from male family members including her intimate partner. The United Nations Population Fund (UNFPA) has found that Gender-Based Violence (GBV) is exacerbated during emergencies¹, further threatening the health, well-being or safety of communities affected by disaster (Williams, 2017, UNFPA, 2015). There are wide varieties of emergencies that can be a result of natural disasters, human-induced phenomena, or the combination of the two. These emergencies can include but are not limited to, armed conflict, epidemics, famine, and natural disasters such as earthquakes, flooding, tsunami drought, or wildfire (Lomaglio, 2020). Emergencies and disasters can overwhelm a community's capacity to cope or respond.

It is revealed in many situational reports² by humanitarian organizations that women and girls are disproportionately affected by humanitarian crises. The risk for women and girls in humanitarian crises is heightened with three quarters of refugees or displaced persons at risk-crises being women and girls. After the 2015 earthquake in Nepal, UNFPA estimated that 2 million women and girls of reproductive age had been affected by the crisis, including approximately 126,000 pregnant women. The floods of 2022 with impact on 33 million people, had an estimated 4.6 million adolescents and youth, 5.1 million women in reproductive and 410, 846 pregnant at the time of which an estimated

¹ Managing Gender Based Violence Programmes in Emergencies, UNFPA, https://www.unfpa.org/sites/default/files/pub-pdf/GBV%20E-Learning%20Companion%20Guide_ENGLISH.pdf

² Development Initiatives (2016). *Global Humanitarian Assistance Report 2016*. <http://www.globalhumanitarianassistance.org/wp-content/uploads/2016/07/GHA-report-2016-full-report.pdf>.

Oxfam International (2005). *The Tsunami's Impact on Women*, P. 4. Available from <http://policy-practice.oxfam.org.uk/publications/the-tsunamis-impact-on-women-115038>

20,542 pregnant women at the risk of experiencing pregnancy related complications³. The women were further affected as the disasters damage the infrastructure facilities like health facilities and road network drastically limiting their access to the support services. With a breakdown in civil order and limited access to medical care and social networks, women and girls are increasingly vulnerable to disease, GBV in Emergencies (GBViE) and death within these contexts. It is estimated that approximately 1 in 5 refugees or displaced women in complex humanitarian settings have experienced sexual violence. Humanitarian organizations report that GBViE can increase due to breakdown in social systems, lack of law enforcement and limited access to health facilities (Vu, 2014).

GBV can take place at any time in a person's daily life, including in times of peace or comparative stability. However, GBV risks are heightened during humanitarian crises due to breakdown of social control mechanism and weaken social protection among communities, with women and adolescent girls are more vulnerable to GBV in humanitarian crises (Murray, 2021; John, 2020). According to United Nations Office for Disaster Risk Management (UNODRM), intimate partner violence (IPV) increases during humanitarian crises⁴. Other studies highlighted that women and girls experience harassment during all three phases of humanitarian emergencies (crisis, relief, and recovery). Their families are compelled to allow their women and adolescent girls to visit humanitarian services alone in some cases to receive aid assistance (resources/material) which they and their family need to survive⁵ and fulfill their daily needs (Al Gasseer, 2004).

Trends of early and forced marriages increase in humanitarian emergencies for social, protection or economic reasons. Additional issues faced women and adolescent girls in humanitarian crises can include sexual harassment, physical violence, sexual exploitation of girls and human trafficking (McAlpine, 2016).

GBViE has short- and long-term consequences on women and girls' physical, sexual, reproductive, and mental health as well as personal and social well-being. Women

³ UNFPA (2022), Women and girls bearing the brunt of the Pakistan Monsoon floods

<https://pakistan.unfpa.org/en/news/women-and-girls-bearing-brunt-pakistan-monsoon-floods>

⁴ United Nations Office for Disaster Risk Management, <https://www.preventionweb.net/news/domestic-violence-increase-during-disasters>

⁵ The International Federation of Red Cross and Red Crescent Societies (IFRC), <https://www.ifrc.org/document/unseen-unheard-gender-based-violence-disasters>

and girls can experience injuries, unwanted pregnancies, poor maternal health condition, barriers in availing antenatal and postpartum services, exposure to sexual transmitted infections, and non-use of contraception. These factors can contribute to depression, anxiety, post-traumatic stress disorder, the limited ability to complete daily tasks and suicidal thoughts (Stark, 2021).

Pakistan is situated in a hazard-prone region and is exposed to a variety of natural disasters such as flood, cyclone, earthquake, landslide, and droughts. These natural disasters have caused deaths, injuries, and destruction of infrastructure, as well as human displacements and negative impact on the overall socio-ecological system. The province of Khyber Pakhtunkhwa is further vulnerable to manmade disasters including to militancy, which has resulted in displacement of millions of people from Newly Merged Districts and Malakand division between the period of 2010-2017 (Ullah, 2016; Rafiq, 2012). In both natural disasters and armed conflict, the government and humanitarian organizations have focused on rescue, relief, and early recovery processes, but unfortunately GBViE has remained a low priority due to lack of integration and prioritization of GBV in humanitarian response strategies and actions. In Pakistan, GBViE minimum standards are not institutionalized to prevent and address the issue during humanitarian response.

Purpose and Scope of the Study

The study aimed to generate evidence on GBV in emergencies (GBViE) in KP, to establish advocacy platform for protection of GBV in emergencies, and to strengthen the Humanitarian- Development-Peace Nexus (HDPN). The study assesses the level of gender considerations including (but not limited to) women and girls' engagement in decision making and awareness raising process to prepare and respond to humanitarian crises-in all three phases (crises-relief-recovery) at policy, strategy, and implementation level.

Study Objectives

The major objectives of the study were:

- To review and assess knowledge and capacities to integrate GBViE in disaster risk assessments and sectoral contingency and DRR and climate change policies, plans and practices.

- To assess access of women, girls and other vulnerable groups to S/GBV and RH services in times of crises in humanitarian response strategies and actions and identify related barriers (physical access-knowledge and socio-cultural)
- To assess impact of climate change related disasters on RH and GBV issues on women and girls and vulnerable groups in high-risk districts
- To assess compliance to Protection against Sexual Exploitation and Abuse (PSEA) in humanitarian approaches at the community level
- To provide a set of recommendations for effective integration of GBViE and PSEA in preparedness and response approaches at policy, advocacy and strategic levels that should help institutionalize GBViE minimum standards.

The results may be used as an advocacy strategy and in preparation of a road map to help integrate GBViE in government relevant policies, plans, and strategies to institutionalize GBViE minimum standards.

Methodology

The exploratory nature of the study warranted qualitative research design that is employed to gather evidence. The data is gathered by conducting Focused Group Discussions (FGDs), Key informant Interviews (KIIs), and consultation meetings with stake holders. In eighteen FGDs, adult men, women, adolescent girls and boys from the community belonging to the three target districts, Upper and Lower Chitral and Swat participated. Thirty KIIs were conducted from the representatives of government line departments, civil society organizations, elected office bearers/representatives, and human rights activists. Lastly, three district and provincial consultation meetings were held with the representatives of government line departments, UN agencies, National & International organizations, civil society, elected office bearers/representatives, lawyers, media persons, and educationist.

S#	District	Nature of Activities				
		KIIs	FGDs	Number of FGD Participants	Consultation Meeting	Number of Consultation Meeting Participants
01	Swat	10	06	74	01	22
02	Chitral Lower	10	06	75	01	20
03	Chitral Upper	10	06	65	01	28
Total		30	18	220	03	70

Fig.1: Field Research Activities

Alongside, a desk research review was conducted, and relevant laws, rules, policies, and plans were reviewed and analyzed. Thematic analysis of the was conducted. The study was presented to the government line departments, humanitarian organizations, and representatives from civil society at the validation workshop conducted for the purpose. The study was approved in the validation workshop and a certificate was signed by all the present participants.

2. Findings and Analysis

The findings are presented in three sections. In the first section the findings from desk review of the documents concerned with the GBViE in the context of humanitarian crises are presented. The second section depicts the evidence gathered from the secondary data collection process from sources including district and provincial level stakeholders' consultations elaborating on their knowledge, attitudes and practices (KAP) on GBViE in their operational context. The consultation meetings were also conducted with the government line departments, civil society organizations, UN agencies, and representatives of International and National organizations. The third section discusses community perceptions towards GBViE and respective humanitarian response approaches.

2.1 Review of relevant Laws, Policies, Programs and Planning

The Khyber Pakhtunkhwa Climate Change Policy⁶, 2017 was reviewed. The policy highlighted the impact of climate change to be relatively higher on women than men, requiring gender-responsive approach to address women specific issues and needs. In the policy, it is mentioned that the government established Khyber Pakhtunkhwa Commission on the status of women and Khyber Pakhtunkhwa Women’s Parliamentarians Caucus to ensure gender equity

and women’s empowerment in the province. In the policy, a few general recommendations insofar as gender are mentioned like that of incorporating gender perspective in climate adaptation and mitigation planning, reducing women’s vulnerability, ensuring women’s participation in climate change mitigation and adaptation initiatives, to conduct monitoring of women’s vulnerability, to develop gender-sensitive indicators, and facilitating the establishment and coherence of institutions. The policy provides a strong basis for integrating gender considerations in climate change impact approaches including Adaptation, Risk mitigation and Response, and there exist the need to translate these recommendations into actions.

The Khyber Pakhtunkhwa Health Policy⁷ was developed in 2018. The policy stated that frequent and continuous emergencies faced by the province severely impacted health care provision. The policy highlights humanitarian crises and climate change related impact on health and made several recommendations like construction of facilities closer to the city’s exit/entry points for ease of access and sustaining resilient health care systems both in terms of disaster mitigation and response. However, there is scope to strengthen the

Climate Change Policy Highlights

- Recognition of gender disparity in the impact of climate change.
- Need for including women’s perspective in climate change initiatives.
- Establishing women specific monitoring mechanism.
- GBViE is addressed.
- Climate Change

⁶ Environmental Protection Agency Khyber Pakhtunkhwa, <https://epakp.gov.pk/wp-content/uploads/2022/03/KP-Climate-Change-Policy-Approved-2017.pdf>

⁷ Health Department, Khyber Pakhtunkhwa, <https://healthkp.gov.pk/public/uploads/downloads-41.pdf>

policy from the perspective of health sector response to GBV, especially in humanitarian crises.

The policy recommended the establishment of a “Health Policy Coordination Committee” with major responsibilities to ensure support and coordination of different sectors for implementation of health policy, moving towards ‘Health in All Policies’ and promoting inter-sectoral linkages.

The Khyber Pakhtunkhwa Reproductive Health Care Rights Act, 2020⁸; The act focused

on recognizing and promoting reproductive health care rights and providing reproductive healthcare in accordance with the Constitution of Islamic Republic of Pakistan and international commitments made by the Government of Pakistan. The act discussed in general the reproductive healthcare rights and provision of reproductive healthcare services without discrimination, coercion, and violence. There is scope to address humanitarian crises and increase focus on services delivery to reproductive health services. The statistics from floods in the year 2022 further highlights the need and attention including focus on issues around Sexual GBV (SGBV).

The Khyber Pakhtunkhwa Local Government Act⁹ was passed in 2013. The act defined the role of the Mayor as the key functionary to develop the contingency plan of flood control protection and rapid response. However, there is no mention of any legal provision to address vulnerable peoples’ needs during disaster, emergency, and post disaster situations; neither there is any role of elected bodies in prevention and response to GBViE or any DRR or contingency plan.

Health Policy Highlights

- **Impact of humanitarian crises and climate change on health.**
- **Designated service points during disasters.**
- **Intersectoral Coordination committee for implementation is recommended.**

⁸ Provincial Assembly Khyber Pakhtunkhwa, https://kpcode.kp.gov.pk/uploads/THE_KHYBER_PAKHTUNKHWA_REPRODUCTIVE_HEALTHCARE_RIGHTS_ACT_20201.pdf

⁹ Local Government, Elections and Rural Development Department Khyber Pakhtunkhwa, https://www.lgkp.gov.pk/wp-content/uploads/2021/07/THE_KHYBER_PAKHTUNKHWA_LOCAL_GOVERNMENT_ACT_2013.pdf

The National Disaster Management Authority (NDMA) approved the **National Disaster Risk Reduction (DRR) Policy-2012**¹⁰. The main purpose of the DRR Policy is to provide an overall guiding framework for addressing the high levels of disaster risk permeating Pakistani society. The policy seeks to promote priority measures to ameliorate already existing vulnerability to hazards, and equally important measures to ensure future development processes and programs strengthen resilience. It is identified in DRR policy that women's involvement is required to build resilient communities and their needs are required to be recorded separately from general community damages during assessment. The DRR Policy provides guidelines on the community level risk assessments under a uniform methodology and process to develop a national and provincial level database for damages. It further highlights the importance of women involvement in DRR forums and activities. However, the community consultations did not show evidence of women's engagement in these processes or risk assessment studies, which created barriers to identify and address women and adolescent girls' issues during disaster situations.

Khyber Pakhtunkhwa Women Empowerment Policy, 2017¹¹ was reviewed. The

DRR Policy Highlights

- Provides framework for addressing disaster risks.
- Women role is highlighted and recognized for building resilient communities' sector policies.

Women Empowerment Policy Highlights

- Create conducive environment to enable women to enhance their inclusion in social, economic, and political spheres.
- Women involvement in monitoring.
- To mainstream women empowerment policy with sector policies.
- The policy highlighted the need to involve women during emergencies and impact of climate change.
- Implementation framework and multisectoral coordination mechanism is advocated.

¹⁰ Government of Pakistan, Ministry of Climate Change, NDMA Islamabad, <https://cms.ndma.gov.pk/storage/app/public/plans/September2020/VOXhAPYxBcAp1GXI4AoI.pdf>

¹¹ Zakat Ushr, Social Welfare, Special Education and Women Empowerment Department, Khyber Pakhtunkhwa. <https://swkpk.gov.pk/wp-content/uploads/2018/01/Women-Empowerment-Policy-2017.pdf>

goal of the policy is to empower women of Khyber Pakhtunkhwa in all spheres of life. The key objectives of the policy are to create conducive socio-cultural, economic, political and legal environment to enable women to participate in public and private spheres of life; to effectively mainstream women empowerment policy into sector policies, strategies and projects; building and strengthening stakeholder's participation and partnership for women empowerment; and strengthening monitoring and data systems. The policy noted that women's participation in disaster, relief and reconstruction processes is required at the provincial level.

The Khyber Pakhtunkhwa Youth Policy-2016¹² is defined as the central tool to systematically integrate, implement, and evaluate all youth development work in the province. The policy discussed some major responsibilities for youth to advance their own leadership in the province, with focus on their ability to: Contribute to social, family and self-development as responsible citizens, demonstrate respect for human dignity, esteem gender equality, maintain peace and harmony, respect others' faith and beliefs, promote ethical conduct in social life, engage in healthy activities and to protect the environment. Considering the impact of humanitarian crises on youth in particular, there should be an integrated focus on impact of climate change and disasters on youth and their effective engagement in risk mitigation, prevention and response efforts towards GBViE and HDPN.

Winter Contingency Plan 2021-22¹³ developed by the Relief, Rehabilitation & Settlement Department, and Government of Khyber Pakhtunkhwa was reviewed. The plan highlights coordination with UN agencies and other humanitarian partners before, during and after disasters, specifying the division of roles and responsibilities. However, it remains silent on contingency planning related to women and girls' specific vulnerability and prevention, risk mitigation and response to GBViE.

The **Monsoon Contingency Plan-2022**¹⁴ statistically showed the name of the high-risk locations in the province of Khyber Pakhtunkhwa and brief history of previous disasters and damages. The plan also highlighted data of casualties and injuries due to

¹² The Khyber Pakhtunkhwa Youth Policy-2016, <https://youthaffairs.kp.gov.pk/>

¹³ PDMA, Khyber Pakhtunkhwa
<https://www.pdma.gov.pk/sub/uploads/Winter%20Contingency%20Plan%202021-22.pdf>

¹⁴ DIRECTOR GENERAL PDMA, KHYBER PAKHTUNKHWA.
<https://www.pdma.gov.pk/sub/uploads/Monsoon%20Contingency%20Plan%202022.pdf>

natural disasters and relief items available to be provided to vulnerable communities. It is alarming to note that in the contingency plan there is no separate data available which indicates women casualties, injuries and GBViE risks based on previous natural disasters. In this contingency plan, women are not targeted separately, and sexual and reproductive health care services are not noted. Furthermore, there is no information available regarding psychosocial services for women and adolescent girls in potential disaster and emergency situations, health and hygiene services, dignity kits, or the social protection during disaster and emergency situations.

The **Resource Mapping Proforma** administered by Deputy Commissioner Office and DDMO in disaster prone districts does not collect gender or age-disaggregated data regarding casualties or injuries, nor regarding the availability of GBV services during emergency for establishing referral mechanism.

The Khyber Pakhtunkhwa Provincial Disaster Management Authority Relief Compensation Regulation-2019¹⁵: Women are not members of the Claim Assessment Committee constituted under the regulation, which seriously restricts access of women to compensation for losses and damages. This leaves a serious impact multiplying gendered vulnerabilities and impeding women's recovery from the damages caused by the disasters.

Khyber Pakhtunkhwa Provincial Disaster Management Authority Rule of Business-2013¹⁶: In the business rules, a general coordination mechanism is stated, however there are no rules stated to develop a GBViE/Protection framework to address GBViE in pre-disaster, during disaster and post disaster situation.

Manual for Development Projects Khyber Pakhtunkhwa-2022¹⁷-P&D: In the manual it is described that the Government of Khyber Pakhtunkhwa is committed to the advancement of women rights, women empowerment, and gender mainstreaming across the province. In this respect, the Social Protection and Gender Mainstreaming (SP&GM) section of the Planning and Development Department, Khyber Pakhtunkhwa has been

¹⁵ Relief, Rehabilitation and Settlement Department,
https://kp.gov.pk/page/khyber_pakhtunkhwa_provincial_disaster_management_authority_relief_compensation_regulations_2019/page_type/rules

¹⁶ PDMA Khyber Pakhtunkhwa Rule of Business,
<https://www.pdma.gov.pk/sub/uploads/Rules%20of%20Business%20-%20PDMA.pdf>

¹⁷ Planning & Development Department, Khyber Pakhtunkhwa, Manual for development project Khyber Pakhtunkhwa <https://pndkp.gov.pk/download/manual/>

mandated to provide a centralized Coordination platform at provincial level for information, planning and strategic allocation of resources to gender mainstreaming, women's empowerment, and social protection of the vulnerable segments of society. There is scope for the SP&GM to have an additional focus on establishing the HDPN in coordination with relevant stakeholders to be able to strengthen preparedness and response across all sectors on GBV, including P&D. To establish and strengthen these linkages, this should be integrated into the manual. Currently, this is functional under a notification from Planning and Development Department, Khyber Pakhtunkhwa.

2.2 District and Provincial Consultation Meetings

District and provincial level stakeholder consultation sessions were held in Swat, Upper and Lower Chitral Lower and Peshawar. The stakeholders included government line department's officials, representatives from UN agencies, International and National organizations, humanitarian actors, elected members, and civil society representatives.

The major findings from the consultation meetings are:

Impact of Climate Change

All participants agreed that the climate change is responsible for the temperature shift and weather patterns, but some local activities are also contributing to weather pattern changes and disasters in the area, that includes rapid deforestation in nearby mountains and lack of sustainable reforestation practices in the districts. Similarly, overgrazing, heavy transportation, cemented construction, and glacier melting and outburst especially in Upper and Lower Chitral Glacier melting has raised the water level in the *gol*¹⁸ and river which caused soil erosion.

Rock falling risk is increased in *Lasht*¹⁹ and some villages near *Booni Gol* and villages adjacent with the Polo ground, in Lower Chitral city. Also, forest fires were reported to have taken place recently in different mountains in Swat valley, due to increased atmospheric temperature and rock falling in the mountains.

Furthermore, humans and livestock are experiencing higher vulnerability to flooding and other disasters like earthquake, flash rain, wildfire, heavy snow fall, glacier outburst, rock falling and landslides. District administrative data reported that recent floods in Lower and

¹⁸ *Gol* is the local term used in Upper and Lower Chitral for a stream

¹⁹ *Lasht* is the local term used for plan area in mountains

Upper Chitral and Swat had resulted in many casualties and high number of injuries but no statistical data is available. It was highlighted that women, children and persons with disability were at more risk during any disaster especially during recent floods in the study districts.

Coordination and Response Mechanism

A more sustainable, robust, and anticipatory coordination and response mechanism was demanded, As the established coordination mechanism and working groups and sub-working groups at provincial level respond to GBV issues emerging during disaster and emergency situations, but once the emergency is over the working groups stop their coordination role. In the view of the PDMA, the GBV sub-working group is established to identify women and adolescent girls GBV issues during emergency, but these don't continue beyond humanitarian crises and there is no mechanism in place to continue discussions on GBV issues during regular times. It was discussed that UNOCHA plays a very important role during coordination of government line departments, civil society organizations, and humanitarian agencies. The absence of continuing coordination and responsiveness impedes the ability to achieve collective outcomes as articulated by the HDPN. There is a need for a year-long emergency coordination mechanism to anticipate, prepare, respond, and recover from emergencies, with emphasis on addressing root causes of vulnerability before an emergency. There should be mechanism to assess the intersecting indices of vulnerability that must be addressed to prevent and mitigate GBViE and other protection concerns, such as violence against adolescents and children, and people with disabilities.

Exclusion of Women in the Need Risk Assessment Process

A key concern arising from the district consultation meetings and KIIs was the exclusion of women from participating in the RNA (Rapid Need Assessment) and be involved in the risk assessment process during the recent floods. The women and adolescent girls in the community were completely ignored while they reported their needs, including sexual and reproductive health care services required during emergency. This is a form of structural exclusion against women and girls that significantly exacerbates gendered vulnerabilities during emergencies and undermines resilience of the community as a whole.

Moreover, women's engagement in planning and implementation phases are ignored in the contingency plan document provided to district administration. Also, the mechanism to prevent, mitigate and respond to GBV in emergency situations as per the provincial government mandate of "Resilient Khyber Pakhtunkhwa" was missing during recent flood emergencies. Women livelihood and health both were significantly affected during emergency but were not recorded by the district administration. Government officials during their visits of villages recorded the household and agricultural damages, but there was no need assessment conducted to record women-related issues. Currently no gender-disaggregated data is maintained in any of the government offices for programming and policy dialogue with concerned government departments and funding agencies. As an outcome of these structural constraints, women's involvement in the programming cycle was ignored during emergencies, and that their needs were not properly and timely identified, if identified at all. Moreover, humanitarian organizations engaged field staff without awareness and sensitization on GBV and compliance to Sexual Exploitation, Abuse and Harassment (SEAH) issues so they were unable to identify or respond to GBV issues during the response period. Furthermore, some field staff were found to perpetrate SEAH while delivering during humanitarian services.

Relief Services and Patriarchy

During humanitarian response and relief services, Non-Food Items (NFIs) were distributed among heads of the households but due to patriarchal structures, men were considered the heads of households by default which directly denies access to women- and child-headed households. The participants shared observations that in disaster-prone districts, every fifth household included a person with a disability, and that these were most often women. However, their consideration in needs assessment and provision of relief services were ignored. In all meetings, representatives of humanitarian organizations shared field experiences of women facing physical and verbal violence from family members and intimate partners, due to their inhibited ability to perform routine household activities and care for children. This was, in part, because women became overburdened due to helping their male family members to rebuild their damaged houses and arrange cattle grazing.

Women Specific Health Care Challenges

During disaster and emergency situations, women faced major challenges in accessing reproductive health care and family planning services. It is explored that there is no information available about services for SGBV survivors however, psycho-social counseling services are available to GBV survivor during emergency. In recent flood, pregnant women faced challenges with institutional deliveries when houses were damaged, bridges were washed away, and due to no or long-distance communication and relief system in mountains, women remained displaced for a long time. As place and health service provider were not available, most of the deliveries were conducted at homes by local traditional birth attendants (*DAIs*). Also, no separate and private WASH/sanitation facilities were provided for women and girls, and they used WASH facilities shared with men, which is a significant protection risk for GBViE. Female dignity kits were distributed through men as there was no mechanism in place to reach women directly. This was also a lost opportunity to interact with women on their issues and share information on available relief services, which undermines the purpose of dignity kits as a protection resource. Women and children also faced mental health issues during disaster and emergency, while the elements of trauma, anxiety and stress is increased among women and girls, however, there is no mental and psychological health response services which prioritize or are even available to women. It was explored during discussion in *Boni Gol* Upper Chitral that women commit suicide due to mental health issues reported due to natural disaster. The Khyber Pakhtunkhwa Child Rights and Protection Commission have Child Protection Units (CPUs) where one psychologist is placed to provide services to children, however they are not able to provide support to women and girls at risk of GBViE or survivors. Provincial consultation meetings reiterated that women and girls are a key vulnerable group and among the most neglected in emergency and relief services during humanitarian situations.

Access to Justice and Legal Services

The law enforcement agencies provided security services to all affected people during disaster and emergency situations in recent floods. However, women and girls were not approached by the district administration and law enforcement department for justice and legal aid services. Nevertheless, Khyber Pakhtunkhwa Commission on the Status of

Women (KPCSW) noted that if any woman or girl required justice and legal services, the commission would refer her to the concerned quarter for relief. However, given the structural impediments encountered by women and girls encounter to simply be identified and supported during humanitarian emergencies, their ability to receive safe, confidential and survivor-centered referral to services is limited by the lack of gender-responsiveness of authorities intended to provide that support.

Lack of Referral Mechanisms

Khyber Pakhtunkhwa Child Protection & Welfare Commission representative shared that they are providing psychosocial support to children in study districts but there are no psycho-social services available for women and adolescent girls. Women and adolescent girls facing mental health issues are referred for services, but GBV/MHPSS services are not available on regular basis in the province. Further, frontline service providers and community activist are not trained to perform a safe and survivor-centered referral of GBViE cases to concern government departments and humanitarian organizations. Representatives from IRC, SRSP and Save the Children also shared that people with mental health issues are referred to relevant services. It was highlighted that mostly children are benefiting from the services that are referred from humanitarian organizations and other district line departments.

Refugee Women and Disaster Related Challenges

It was highlighted that refugees in host communities are also facing similar risks regarding protection, shelter, health, food, water & sanitation, sexual & reproductive health, and other GBViE-related issues in the flood-affected districts. However, there is no protection mechanism in place to protect refugee women and adolescent girls from GBViE and

Highlights

- **Absence of Gender Sensitive Assessments**
- **Coordination and Response Mechanism**
- **Exclusion of Women in the Need Risk Assessment Process**
- **Relief Services and Patriarchy**
- **Women Specific Health Care Challenges in Emergencies**
- **Access to Justice and Legal Services**
- **Lack of Referral Mechanism**
- **Refugee Women and Disaster Related Challenges**

humanitarian response in present related policies, laws, programs, and plans. Moreover, refugee women and girls are ignored in decision-making process, risk assessment, and other coordination-related strategies. In the humanitarian response, refugee women and girls are treated like other women from host communities, without awareness or responsiveness to their differentiated needs as a highly vulnerable group. There is no separate mechanism adopted to refer refugee women and girls experiencing GBViE or to maintain separate, confidential, and securely stored data during humanitarian responses.

2.3 Community Perception

A number of focus group discussions were conducted with adult women, men, adolescent girls and boys while KII were in conducted with government officials, elected representatives, community knowledgeable elders, human rights & women rights activist in the selected districts. The community perception, knowledge, attitude and actions were analyzed under their respective theme.

Theme 1 Climate Change: Indigenous Knowledge and Interpretation

The study explored local community indigenous knowledge and their understanding of climate change phenomenon. The local men and boys used to travel to the mountains for cutting trees for fuel wood resulting in deforestation. Another reason for deforestation as noted by the respondents was the unbridled cutting of trees by the timber mafia.

All this unregulated tree cutting along with the unsustainable and illegal logging is deemed to cause the changed weather patterns, local atmosphere and rise in temperature. The overgrazing of livestock on the prairies was considered another cause of deforestation.

The change in construction pattern including concrete, cement and metal roof sheet is also said to be responsible for climate change in local area. These are considered contributing factor to increase in atmospheric temperature. Moreover, excessive use of modern technology in home, business market and other institutions has also increased the local atmosphere temperature which caused climate change.

Theme 1 Highlights

- Deforestation due to local use of wood as fuel, timber mafia, logging, overgrazing of prairies and change in construction pattern.
- Impact on weather pattern, local atmosphere, and temperature.

Theme 2 Natural Disaster and Vulnerability: The Outcome of Climate Change

The local community identified natural disasters including flood, flash rain, earthquake, heavy snowfall, land sliding, and rock falling. Heavy snowfall is also a kind of natural disaster affecting communication for many days and at times for months while people are confined in some localities. However, flood and flash rain are the most frequently occurring natural disasters. Major floods were experienced in 2022, 2015 and 2010 resulting in huge damage to the property, few casualties, and many injuries.

Theme 2 Highlights

- The natural disasters as identified by the locals are flood, flash rain, earthquake, heavy snowfall, and rock falling.
- They impact is on communication networks, damage to life and property, and glacier outburst.
- The flood early warning system has been criticized for being too restrictive.

The men during an FDG in Booni Gol, Upper Chitral were of the view that mountain soil is less fertile, and poorly developed. It has low capacity to store the melting snow from the glacier and when it reaches its full capacity, it results in glacier outburst. The floods in 2010 were also an outcome of glacier outburst.

In the group discussion in Swat valley, the participants observed that heavy rain in mountains and thunderstorms were the main causes of recent flooding in the valley. The community elders in Upper and Lower Chitral opined that mountain soil does not have the capacity to hold heavy snowfall; as a result, land sliding was observed during recent flooding in the area. In field research participants shared some indigenous mechanisms and symbolic means to predict any kind of disaster.

In *Booni Gol*, it was discovered during FGD that Agha Khan Agency for Habitat (AKAH) installed the flood early warning system in the valley to inform the people in advance about the flood. But the local viewpoint about the system was discouraging; the study participants opined that most of time the alarming system faced with technical fault. Moreover, they added that the alarming system indication about the current disaster had not been beneficial to all the affected area, only the nearby areas were benefited from it. The participants shared that due to natural disasters people, livestock, and other infrastructure including bridges,

roads, houses, markets, school, hospitals, other government buildings, agricultural land, and water channels were badly affected.

Theme 3 Natural Disasters and Critical Infrastructure Damage

In response to the question about natural disaster and damage in the area, most of the participants reported severe losses. The destruction of infrastructure (bridges, water supply schemes, buildings of education and health facilities, communication channels, and electricity system) and displacement of fertile soil impacted the social and economic lives of the people as it affected the land yield, disturbed the water channels, and impacted the education, livestock, and transport system.

The people in the three districts depend on fruit and vegetable farming. Interviewees shared that in the recent flood apple farms were completely washed away in *Booni Gol*, Lower Chitral and Swat valley. It was observed during field visits that most of the agricultural fields were washed away and, in some places, due to soil erosion, agricultural farms were badly destroyed. The local communities were also dependent on livestock for their livelihood. Livestock is integrated with food crop production while crop provide feed and fodder, livestock provides meat, milk and milk products such as cheese and *ghee* for substance and as a source of cash income. It was discussed that flooding damaged and, in some villages, washed away the electricity system and electrical supply equipment. Hydro power houses were constructed to provide electricity to local communities. During flooding these hydro power houses were damaged, leaving the flood affected areas without electricity. The schools and health facilities were also damaged and washed away. The local markets and hotels were also partially damaged while in some areas they were completely washed away.

Theme 4 Vulnerable Population in Natural Disasters

Theme 3 Highlights

- The natural disasters caused damage to infrastructure including water channel bridges, water supply schemes, buildings of education and health facilities, communication channels, and electricity system.
- The disaster destroyed the livestock, and displaced fertile soil.
- The damage to infrastructure and natural resources affected the social and economic lives of the communities.

The vulnerable groups during emergencies and natural disaster are women/adolescent girls, PWDs, old age people, people with chronic illness in the community. Traditionally women and girls were confined to their houses. When floods or other disasters occur, women have to leave their houses and move to the host communities or temporary tent camps affecting their privacy.

Women in the target districts are mostly engaged in kitchen gardening. The recent flood washed away kitchen gardens which was one of their livelihood sources.

The adolescent girls shared that during disaster and emergency situations they faced the mobility and privacy issue. During disasters women are displaced to locations with no designated tent camps, no access to safe and private WASH facilities, culturally appropriate menstrual materials, supplies, and menstrual health and hygiene information. Dignity kits were

distributed in a few places, but they were received by male family members. Adolescent girls faced shame and taboo due to menstruation in the host community and tent camps.

The adolescent girls reported experiencing harassment from strangers during emergencies in the host community. Women are mainly responsible for taking care of dependent family members, water collection from watercourse, managing livestock and wood collection from nearby mountains that becomes doubly challenging during emergencies and disasters. Suicide cases among women and adolescent girls were also observed during flooding and emergency in Chitral. One of the reasons of suicide was natural disaster related damages and livelihood loss of family impacting their mental health.

Theme 4 Highlights

- **Women/adolescent girls, PWDs, old people, and people being the vulnerable groups.**
- **Livelihood sources of community women like kitchen gardens are destroyed during disasters and emergencies.**
- **Women are responsible for taking care of dependents, water collection, managing livestock and wood collection that becomes very challenging during disasters.**
- **There is lack of safe WASH facilities making it hard to maintain health and hygiene issue especially during menstruation.**
- **Suicide cases and abuse from male family members is also reported.**

It was revealed that during emergency situations men are stressed and get abusive with women and in some cases even physically harmed them.

Theme 5 Sexual and Reproductive Health Challenges

It was revealed that pregnant women and mothers with newly born children faced serious health issues during flooding and emergency situations in all three districts. The loss of their medical documents during disaster enhances vulnerability of pregnant women as they face complications in acquiring the antenatal care because of the absence of the medical documents.

During emergency situations, medical camps were established, but no gynecologist or other lady doctor was available in the medical camp. There were a few deliveries conducted in emergency, however, as the health facilities were damaged therefore deliveries were attended by untrained traditional birth attendants (*DAIs*) in host communities. Women shared stories, both personal and from their communities, about unwanted pregnancies during emergency situations. During emergencies the husbands refused to use family planning methods making women pregnant without their consent. It was explored that due to damages and financial liability, parents arranged early marriages of their daughters in the host communities. The early marriages of girls are correlated with higher risk of early pregnancy, placing these girls at risk of maternal mortality and morbidity.

Theme 5 Highlights

- **There are serious health issues during disasters and emergencies for pregnant women due to lack of facilities.**
- **Unwanted pregnancies are common due to lack of practicing family planning methods.**
- **Young age marriages are common during emergencies for social and economic reasons making the girls vulnerable to young age pregnancies.**

Theme 6 Protection against Sexual Exploitation, Abuse and Harassment (PSEA) in Humanitarian Approach

The construct of PSEA in humanitarian response was discussed during FGDs. It was reported that during disasters and emergencies, strangers visited the areas to provide relief services to flood affected communities. During humanitarian response women and

adolescent girls were harassed by using abusive language and by getting physical with them. Some women and adolescent girls approached need assessment team to consider their damages but in response they were harassed by the staff. It was revealed that there is no protection mechanism in place to protect women and children from sexual exploitation and abuse. As the topics of sexual exploitation and abuse are taboo in society, families avoid reporting sexual and abuse cases to government or humanitarian organizations. There's a lack of reporting and compensation mechanism that discourage families to report such cases with anyone. Humanitarian actors are sometime untrained on PSEA and safe referral as

they are appointed during emergencies without experience and capacity building in line with PSEA and GBViE minimum standards. The communities have no idea about referral pathways, and they don't know how to access and initiate a complaint.

Theme 7 Community Reflection on Humanitarian Response Approaches

The participants informed that at district level there is no coordination mechanism in place to engage local community in development of contingency plans and identification of more vulnerable women and girls during flood. In all the three districts humanitarian organizations are providing relief services and NFIs to flood affected families but there is no consultation and coordination observed with the local community.

It was revealed during FGDs that preventive measures are not taken to reduce the vulnerability of people including women and girls. During floods, community is dependent on their family members and youth volunteers to rescue them to a safe place. According to the respondents, the government line departments did not approach the vulnerable community and the rescue actions were long awaited resulting in casualties and injuries during the flood of July-August 2022. It was discussed that families and flood affected communities use indigenous strategies and actions to reduce women and girls'

Theme 6 Highlights

- **The women were harassed by humanitarian service providers.**
- **There is lack of protection mechanism for women and children.**
- **There is no reporting and compensation mechanism of harassment and society consider such issues as taboo that discourage reporting.**
- **The humanitarian staff are usually untrained on PSEA and safe referral.**

vulnerability, while from government line departments and humanitarian organizations there is no such interventions observed to move vulnerable women to a safe place (emergency camps). It was shared that community itself involved in protection of women from strangers and related incidents. In addition, the government provided police security in the flood affected areas to control harassment issues. The local community are not well prepared to cope with disaster and emergency situation and if they are provided training on preparedness, it can improve speed, effectiveness and inclusiveness of response and may save lives.

During emergency, humanitarian organizations

and other stakeholders established medical camps to provide medicines to flood affected people but there was lack of provision of sexual, reproductive, and maternal health care services for women due to which women and their families were compelled to stay at home for delivery attended by *TBA*. This fails to fulfill the minimum standards for both SRH in Emergencies and prevents women and girls from accessing an important frontline service referral pathway if they are subject to GBViE.

There are no protection centers or secure, confidential, and survivor-centered space to report GBViE cases. During discussion it was revealed that women and adolescent girls are not consulted to identify their needs and were not engaged in relief and recovery services. In group discussion with women, it was shared that widows and female heads of households are facing serious issue of recovery and rehabilitation because they have not enough money to rebuild their houses and re-establish their business. These women are not receiving NFIs and other relief packages because they have no male head of the household.

2.4 Provincial Validation Workshop

A provincial validation workshop was held at Peshawar. In validation workshop representatives from government line departments, district administration of study

Theme 7 Highlights

- **There is lack of coordination mechanism among service providers and with the community.**
- **The communities have developed indigenous strategies to mitigate vulnerabilities.**
- **The medical camps set up during emergencies lack reproductive health focus.**
- **The women are not involved in need assessment consultations.**

districts, humanitarian organizations, UN agencies, and civil society members actively participated. In validation workshop study background, objectives, methodology, major findings and key recommendations were presented to the participants. The study was appreciated and few minor changes were recommended in recommendations part of the study. At the end of the workshop all the present participants signed a validation certificate.

3. Study Findings

The consultation meeting highlighted the need for:

- Standardized RNA questionnaire on GBViE that should also guide centralized management information system within PDMA planning purpose and reporting purposes.
- Establishing GBVIE related coordination mechanism at the district level that should support multi sectoral GBV referral and GBV case management which is currently poorly managed especially in emergency.
- Achieving sustainable disaster preparedness, response, and recovery. Commitments should be made to establish year-round coordination mechanisms that can advance government strategies for resilience by anticipating and mitigating vulnerability in the community, including gender- and youth-specific risks and needs.
- Capacity development of Government and non-government stakeholders to understand, anticipate, prepare, prevent, mitigate, respond, or accurately capture information about GBViE and Sexual Exploitation, Abuse and Harassment (SEAH). The lack of understanding of the issues of humanitarian/frontline workers have heightened the protection risks. This has created gaps in addressing women and girls concerns and issues while contribute to exacerbating the preexisting vulnerabilities and GBV.
- The lack of structural attention and responsiveness to the intersecting forms of vulnerability experienced by women, girls and adolescents, including those living with disabilities, exacerbates their vulnerability and reaffirms their exclusion by the structures, institutions and services intended to meet their needs. This undermines the principle of resilience that is fundamental to government strategies

in KP and prevents significant portions of the populations affected by emergencies and disasters from strengthening their individual, community, and provincial resilience.

- Women, adolescent girls, women headed households, children headed households, and people with disabilities are the most vulnerable group during all three phases (crises-relief-recovery) and are heightened risk of violence, intimate partner violence and child/forced marriages during humanitarian crises. Their vulnerabilities and risk are further increased when they are not engaged in needs and risk assessment exercises. The MSRNA conducted in flood of 2022 is the most recent example in this regard. They are further systematically omitted from decision making process related to planning and implementation of humanitarian response,
- Women and adolescent girls specific needs specially around SRH, WASH, Livelihoods and protection specially GBV risk mitigation, prevention and response are not prioritized in humanitarian response activities and resource allocation. These are particularly contributing to additional GBV risks, including life threatening risks.
- Women lost their livelihood sources during the recent flood and mostly in all humanitarian crises. However, this is not taken into account while planning for humanitarian response strategies and plan. The economic and livelihood losses, increase in work load, displacements and multifaceted protection issues have profound impact on the mental health and psychological conditions of women. The suicide rate among women and girls in Upper and Lower Chitral one of the highest in the country. This issue has heightened during humanitarian situation caused by floods.
- The KP province host the highest number of refugees in the country with recorded protection issues multiplied by poverty factors. Around 80% of these refugees live with host families with direct impact on the overall socio-economic conditions at the local level. However, their specific needs are not taken into account while formulating humanitarian needs and risk assessment and response plans.

- There are many gaps on provincial policies, implementation strategies and monitoring approaches to prioritize and integrate protection issues in general and GBV in particular in humanitarian plans.

Climate Change Policy Recommendations

- Involvement of adolescent girls and women in operational level implementation
- Coordination Mechanism related to GBViE
- Climate vulnerability specific to women should be included

4. Recommendations

- It is recommended that government should start a resilience Khyber Pakhtunkhwa through HDPN specifically through improving its GBViE Preventions, Risk Mitigation and Response.

Khyber Pakhtunkhwa Climate Change Policy

- The Khyber Pakhtunkhwa Climate Change Policy-2017 may be strengthened on humanitarian perspective with focus on women and adolescent girl's vulnerability. It is recommended that women and adolescent girl's involvement in preparedness and planning phases of relief services and humanitarian programs should be included in the policy. Furthermore, PDMA should contribute to the humanitarian perspective on the proposed coordination forum under the policy.

- Climate change policy is silent on coordination mechanisms and management information systems related to GBViE and recovery phase. Therefore, it is recommended that PDMA should highlight the issue with concern line department to include it in climate change policy.

- It is also recommended that specific climate vulnerability of women, girls, PWD, etc. should be included in climate change policies and strategies.

Khyber Pakhtunkhwa Health Policy, 2018

- The Khyber Pakhtunkhwa Health Policy-2018 may be strengthened from GBV perspective to strengthen health sector response to GBViE, including the capacity development of service providers to provide survivor-centered care and undertake safe referral of survivors of violence.

- PDMA and Health department should work in tandem to take the lead role in coordination of GBViE. The coordination mechanism should have representation from community women, GBV mandated organization and lead humanitarian organizations to support and contribute to strengthening humanitarian and GBV capacities in health sector response.

- It is recommended that at district level an oversight committee should be constituted with representatives from district administration, civil society organization, and women from the local community to support and monitor the health department interventions during disaster and emergency.

- It is recommended that humanitarian preparedness is prioritized with regard to establishing and maintaining health systems, including GBV and SRH in emergencies, in accordance with minimum standards.

Khyber Pakhtunkhwa Local Government Act-2013

- The local elected people can play a vital role in the protection of GBViE and related issues. The elected members should be notified as a part of local disaster risk reduction committees at district and tehsil level to play their role in developing DRR contingency plans and GBV risk assessment during disaster and emergency

- The sensitization and capacity development regarding gender and vulnerability for elected officials

- Women are the vulnerable group during disasters and their role is important to identify women related issues. Therefore, it is recommended that local elected women should be directly involved in GBV risk assessment and

Local Government Act Recommendations

- **Include and sensitize the local elected representatives preferably the female representatives.**
- **The elected representatives should also be involved in monitoring and oversight of the efforts.**
- **Coordination between representatives and local communities is recommended.**
- **Mayor should be specifically tasked to mitigate GBViE related risks.**

GBV and GBViE perspective.

- **Coordination mechanism including women related to GBViE**
- **Support and Monitoring Mechanism including women during emergency.**
- **Preparedness in relation to GBV and SRH**

rapid need assessment to identify affected women needs and report it to concern line departments.

- Elected members are the representative of the local community; therefore, it is recommended that elected members should be involved in oversight relief, and rehabilitation activities.
- Local government act required revision to ensure close coordination between elected people and local communities including women to prevent GBV risk during normal and emergency
- In Mayor role and responsibilities GBViE is completely ignored therefore it is recommended the GBV risk mitigation, prevention, and response in Mayor's ToRs and in his coordination, role is required

National DRR Policy, 2013

- The National DRR Policy was developed in 2013, while the country experienced floods and other natural disasters in 2015 and recently in July-August 2022. Therefore, it is recommended that DRR Policy needs to be reviewed to incorporate lessons learnt over a period specially on addressing women and adolescent girl vulnerability issues.
- It is recommended that local community resilience and coping strategies should be given importance in DRR Policy to address the issues of GBViE.
- It is recommended that the policy should consider GBViE as one of the serious human rights and public health issues and a key indicator of vulnerability in communities across all phases of emergencies. In this regard, GBViE framework should be developed to contribute to

DRR Policy Recommendations

- **The policy should include mechanism to address GBViE issues in the context of emergencies.**
- **Should be replicated at provincial level.**
- **Sensitization by DDMO/ADC regarding women vulnerability during disasters**
- **Capacity building program is recommended for provincial and district officers/staff to address GBViE issues during emergencies.**
- **Coordination mechanism for GBViE that sustain from emergency to development phase.**
- **GBViE risk assessment tool should be developed.**

the overall DRR agenda and policy framework in line with GBV minimum standards and best practice.

- It is recommended that DDMO should invite elected representatives, local women activists, and humanitarian actors to participate in district working groups and they should share about women and adolescent vulnerability during disaster and emergency situation
- At district level DDMO/ADC Relief working to timely address the disaster related issues however PDMA is required to establish own District Disaster Management Offices in disaster prone regions on permanent basis to work on prevention, coordination mechanism, and reporting of GBViE
- It is recommended that a capacity building program should be started for provincial and district officers/staff to strengthen their capacity on GBViE issues and strategies to address the issue in crises, relief and recovery phases, including equitable/inclusive data collection and needs assessments - including the distribution of NFIs, cash and other resources to mitigate disproportionate vulnerability of women, girls, PWDs, women- and female-headed households.
- A standard tool for GBViE risk assessment should be developed at the provincial level in consultation with relevant stakeholders and indicators for DMIS within PDMA. They shall help in formulating targeting plans, strategies and relevant interventions to address GBViE.
- The GBViE coordination mechanism should continue beyond humanitarian phase to ensure seamless bridging between humanitarian and development phases.

Khyber Pakhtunkhwa Women Empowerment Policy

- It is recommended that a separate GBViE protection framework should be formulated under GCC-PDMA and the same should be highlighted in women empowerment policy with a specific attention to the priorities, vulnerabilities, risks and needs in Khyber Pakhtunkhwa

Contingency Plans

- Gender & Child Cell (GCC), PDMA should include regular consultation meetings with women and adolescent girls in local community to identify their needs during any disaster and emergency situation

- It is recommended that year-round coordination mechanism with mandate to undertake preparedness, with particular attention to mitigating vulnerabilities of women, girls, PWD, female- and child-headed households, and other marginalized groups should be established
- It is recommended that PDMA should constitute a committee at district level including members from humanitarian organizations, civil society organizations, elected community members, and community women activist. The committee will develop district contingency plan to consider women vulnerability and GBViE as one of the major components of the plan
- GCC-PDMA should include separate risk assessment of vulnerable women and adolescent girls in district contingency plan
- GCC-PDMA should prioritize and mainstream GBViE issue in all humanitarian response mechanism (planning, strategies, and actions)
- PDMA should ensure reproductive health care services, GBV protection services in contingency plan with resource identification and allocation at district level
- PDMA should plan and ensure that all humanitarian organizations should provide dignity kits to women and adolescent girls through women humanitarian actors to reduce the GBViE risk as mitigation strategy
- In district plan referral mechanism should be clearly stated with comprehensive GBV case management
- PDMA should plan training & orientation sessions with humanitarian organizations, community stakeholders and government line departments on GBViE and PSEA to reduce the risk in any disaster and emergency
- It is also recommended that in contingency plans integrated GBV/SHR services including MHPSS should be targeted in temporary camps and host community
- Mental health and Psychological First Aid psychosocial support services need to be prioritized as one of GBV response services for women and adolescent girls in the contingency plans. Health workers and humanitarian actors must be trained in psychological first aid and safe referral pathway.

Risk Assessment and Mapping Proforma

- It is recommended that DMIS should include indicators on GBV services to monitor gaps and support local referral mechanisms.

- It is suggested to invest more in preparedness as a risk mitigation measure for GBViE, including the preplanning, capacity development and prepositioning of resources and services in case of emergencies in areas identified as vulnerable
- It is recommended that a GBV assessment should be conducted with prior standardized tools. The GBV sub-working group should be engaged in developing GBV assessment tools and related material.

Manual for Project Development in Khyber Pakhtunkhwa

- The manual of SP&GM section of P&D Department is needed a review to make it compulsory in emergency and rehabilitation related project proposals to consider the issue of GBViE as one of the major intervention themes. It is recommended that HDPN should be integrated across all guidance regarding project development, with specific attention to addressing root causes of vulnerability and violence.
- It is recommended that GCC-PDMA should ensure that P&D Department should include in the manual as one of the guidelines that GBViE risk assessment is mandatory before submitting a proposal for disaster and emergency interventions.

Khyber Pakhtunkhwa Youth Policy

- PDMA should develop a district level network of youth groups and build their capacity as volunteer during disaster, emergency and recovery in coordination with relevant department and district administration. Youth should be organized and volunteerism should be promoted among youth in disaster prone regions in the province. Youth should play a leadership role in the design of needs analysis tools to ensure their needs are met in emergencies.

Humanitarian Organizations

- GBViE risk assessment and need assessment should be conducted in consultation with PDMA and report should be shared with GCC-PDMA for timely planning, relief services and rehabilitation program
- Women humanitarian actors should be involved in humanitarian response and relief services to reduce the risk of harassment from men humanitarian actors and ensure targeted relief assistance to women and girls.
- Capacity building of humanitarian actors and government officials is required to understand GBViE, related challenges and different strategies to reduce it. It is also

recommended that a safe, survivor-centered referral and response to disclosures of violence is mandatory.

- Community participatory mechanism should be followed to engage community in long term planning to prevent GBViE and HDPN
- GCC-PDMA may be engaged for technical support on community sensitization program and integrated approach would be designed which is considered most effective.
- Community level reporting and referral mechanism should be developed to timely respond to GBViE issues and related services required
- Psychosocial counseling program should be ensured in all kind of humanitarian response activities. It is also recommended that all humanitarian responders should be trained in PSEA and safe response to disclosures of violence and referral.
- Livelihood program should be started to reduce the risk of GBV in post disaster and emergency situation and respond to specific gendered vulnerabilities in the community
- In line with guidelines on Women and girls' safe spaces, safe places should be established in emergency hit areas.
- Gender Need Assessment should be separately conducted by humanitarian organizations. The organizations need to be adequately capacitated in Do No Harm, PSEA, and survivor-centered response and referral pathway.
- A safe reporting mechanism should be developed through DDMO to ensure an easy, confidential and transparent way to report GBV cases to PDMA to take action and address GBV related issues immediately. In reporting and recording GBViE cases it is recommended that GBV case management should be followed. Also the safe and ethical management of GBV data to prevent exacerbating further harm should be followed.
- Security, free legal aid and justice services should be provided to women and adolescent girls living in displaced host communities after disasters.
- It is recommended that gender sensitive assessments should be separately and mandatorily conducted in emergency situation to include all women and adolescent girls including refugees to address their issues related to GBViE and humanitarian response
- Most of the women are not aware of Disaster Risk Reduction Management and Development, therefore, related manuals, IEC material, and public service messages on electronic media (TV/Radio) should be developed and community sensitization sessions

should be started in prone disaster risk areas to educate vulnerable community and local stakeholders on Disaster Risk Management and Development

- PDMA helpline 1700 may be integrated to other service providers (government and humanitarian organizations) for quick referral of GBV and other protection concerns in line with survivor-centered principles and best practices for the safe management of GBV data.

- It is recommended that GCC-PDMA should start advocating for the inclusion of protection analysis and planning (GBViE, child protection, disability) in all strategies since protection is a cross-cutting responsibility.

Academic Institutions

- Academic institutions in collaboration with GCC-PDMA should start postgraduate diploma program in Gender & Climate Change

- It is highlighted in the present study that no academic research is previously conducted on GBViE in Pakistan, therefore, it is recommended that academic research should be conducted to in-depth understand the root causes, different types of GBViE and impact of GBViE on survivors and other risk groups. The major findings of the studies should be submitted to concern line departments to revise and improve policies, programs and other interventions

- Research studies should be conducted on women and girls' mental health needs. Based on study findings psychosocial support should be started to protect and promote psychosocial well-being and mental health among women and girls. Gender & Child Cell, PDMA should develop a standard psychosocial support manual to focus on first aid and psycho social support services. It is recommended that all humanitarian responders are trained in psychological first aid and safe referral.

- Academic conferences should be organized in collaboration with GCC-PDMA to highlight the issue of GBViE and to suggest way forward to humanitarian organizations and government line departments to set minimum standards for the protection of GBViE

- It is recommended that relevant department's representatives from academic institutions should be involved in working and sub-working groups to share their input.

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