Gender Policy
for Earthquake Affected Areas
01 June 2007

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LIST OF ACRONYMS

AJK	Azad Jammu & Kashmir
CBO	Community-based Organization
CCB	Citizen Community Board
GE	Gender Equality
EQ	Earthquake
EQAA	Earthquake affected area
ERRA	Earthquake Reconstruction and Rehabilitation Authority
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
IDP	Internally displaced person
INGO	International Non-governmental Organization
IO	International Organization
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
NWFP	North West Frontier Province
PERRA	Provincial Earthquake Reconstruction and Rehabilitation Authority
PO	Partner Organization
PTA	Parent teacher Association
RTF	Return Task Force
SERRA	State Earthquake reconstruction and Rehabilitation Authority
SMA	School Management Association
SMC	School Management Committee
SPC	Social Protection Coordinator
SW	Social Welfare
VRC	Village reconstruction Committee
WATSAN	Water Supply and Sanitation

Executive Summary

The October 2005 earthquake has had a devastating impact on human life and social infrastructure. The situation has been further exacerbated due to loss of assets. The catastrophe has affected all population groups but there is a variation in experience of women, men, boys, and girls. Consequently, for the recovery, reconstruction and rehabilitation efforts to be considered successful, our response to the disaster must be relevant to the needs, concerns and priorities of both women and men, as well as girls and boys, leading to their equal enjoyment of socially valued goods, services and opportunities, resources and rewards.

The Gender Policy was developed in recognition of women, men, girls, and boys affected by the October 2005 Earthquake. Its intent is also to provide ERRA and partner organizations with a framework that builds on existing commitments to gender equality in key documents and sectoral policies.

The expected benefit of implementing the Gender Policy is an increase in ERRA's and its partner organizations' effectiveness in addressing gender dimensions in the context of reconstruction and rehabilitation, leading to improved living conditions and equitable social and economic opportunities for affected populations.

Policy Goal

The Gender Policy for Earthquake Affected Areas aims to ensure that sectoral strategies, programme implementation, monitoring and evaluation take into account gender considerations thereby increasing the likelihood that the benefits of reconstruction and rehabilitation accrue to women, men, girls and boys, as well as to members of vulnerable groups.

Principles

The Gender Policy is based upon the following principles:

1. Achieving gender equality requires the recognition that every policy, program and project affects women and men differently.

2. Gender equality must be considered as an integral part of all ERRA policies, programs and projects.

3. Intervention strategies in support of gender equality must take into account the specific socio-cultural context and develop strategies to minimize risk of backlash against women and girls in particular.

4. Balanced and active participation and representation of men and women is a precondition for the success of the process of reconstruction and rehabilitation.

5. Equal access and opportunities for women and men to economic resources is essential to achieving sustainable livelihoods and development.

6. Achieving gender equality does not mean that women become the same as men. Equality means that one's rights or opportunities do not depend on being male or female.

7. Women's social and economic empowerment is central to achieving gender equality.

Gender Policy for Earthquake Affected Areas

Introduction

The October 2005 earthquake has had a devastating impact on human life and social infrastructure. The situation has been further exacerbated due to loss of assets. The catastrophe has affected all population groups but there is a variation in experience of women, men, boys, and girls.

As a consequence of this tragedy vulnerable groups are now more at risk of becoming poorer. In particular, women headed households representing over 26% heads of households in the affected areas, widows, and orphaned children, mostly girls, are reported by a number of stakeholders as having little or no access to supplies and services. Often the reason is limited mobility or absence of proper identity documents that could support them in making these claims.

Gender equality does not simply or necessarily mean equal numbers of men and women or boys and girls in all activities, nor does it necessarily mean treating men and women or boys and girls exactly the same. It means recognizing that men and women often have different needs and priorities, face different constraints, have different aspirations, and contribute to reconstruction and development in different ways.

Also as a result of the earthquake, in many instances, women's and men's roles have shifted. Women's roles have changed partly as a result of the loss of male partners, and their responsibilities have increased as they not only assume the additional burden of caring for orphaned children and persons with disabilities but are now also emerging as heads of households and decision makers.

As they take on these additional responsibilities, there is an even greater need for women to access economic and social opportunities (i.e. social protection, health, education, livelihood, watsan, rural extension services, etc.), so that they can effectively care for their families and meet their traditional, emerging community and productive roles.

In the EQAA, according to recently updated sex-disaggregated data[1], of those eligible for the livelihood cash grant, over 26% of households are headed by women, representing over 22% in NWFP and over 30% in AJK.

Consequently, for the recovery, reconstruction and rehabilitation efforts to be considered successful, our response to the disaster must be relevant to the needs, concerns and priorities of both women and men, as well as girls and boys, leading to their equal enjoyment of socially valued goods, services and opportunities, resources and rewards.

Fairness in service provision and support can be maintained by paying attention to gender dimensions (i.e. applying gender analysis and promoting use of sex disaggregated data) in reconstruction and rehabilitation related policies and programmes, yet requires still more systematic attention.

The Gender Policy was developed in recognition of women, men, girls, and boys affected by the October 2005 Earthquake. Its intent is also to provide ERRA staff with a framework[2] that builds on existing commitments to gender equality in key documents and sectoral policies.

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[1] Livelihood Cash Programme/NADRA & ERRA databases, 27 April 2007

[2] Developed on basis of inception report

The policy has been developed in discussion with senior management of ERRA, SERRA, PERRA, and in consultation with the Ministry of Women Development, the Governments of NWFP and AJK, partner organizations (IOs/INGOs/NGOs), and local communities.

The expected benefit of implementing the Gender Policy is an increase in ERRA's and its partner organizations' effectiveness in addressing gender dimensions in the context of reconstruction and rehabilitation, leading to improved living conditions and equitable social and economic opportunities for affected populations.

The primary audience for this policy is ERRA, SERRA, PERRA, AJK and NWFP line departments' staff and provides a framework for all agencies operating in the EQAA.

"And they (women) have rights (over their husbands) similar to those of their husbands over them" (From the Holy Quran, Surah Al-Baqara 228, translation by Dr. Muhammad Muhsin Khan)

Policy Goal

The Gender Policy for Earthquake Affected Areas aims to ensure that sectoral strategies, programme implementation, monitoring and evaluation take into account gender considerations thereby increasing the likelihood that the benefits of reconstruction and rehabilitation accrue to women, men, girls and boys, as well as to members of vulnerable groups.

Principles

The Gender Policy is based upon the following principles:

It is stated by the Prophet Muhammad (Peace be upon Him) "that be strict, patient and balanced in your treatment with all your children, and if I were to give priority in this matter to some one, then women or girls are in priority" (From the Hadith, Tabarani)

1. Achieving gender equality requires the recognition that every policy, program and project affects women and men differently.

2. Gender equality must be considered as an integral part of all ERRA policies, programs and projects.

3. Intervention strategies in support of gender equality must take into account the specific socio-cultural context and develop strategies to minimize risk of backlash against women and girls in particular.

4. Balanced and active participation and representation of men and women is a precondition for the success of the process of reconstruction and rehabilitation.

5. Equal access and opportunities for women and men to economic resources is essential to achieving sustainable livelihoods and development.

6. Achieving gender equality does not mean that women become the same as men. Equality means that one's rights or opportunities do not depend on being male or female.

7. Women's social and economic empowerment is central to achieving gender equality.

Achieving gender equality will require:

1.   Specific measures designed to address gender inequalities and the needs, concerns, priorities and interests of women, including those of working women;

2.   Adopting a complementary approach towards reducing disparities through targeted actions and a mainstreaming approach; and

3.   Fostering coordination between all actors/stakeholders.

Overall Approach to Gender Equality

The overall approach proposed to implement the policy and to achieve gender equality as stated in key ERRA documents and sectoral policies will be to mainstream gender considerations in the reconstruction and rehabilitation efforts by strengthening gender capacity within ERRA at all levels and particularly in programme design, planning, implementation, monitoring and evaluation of priority sectors.

Strengthening capacity for gender mainstreaming has two main prerequisites: awareness and promotion:

Awareness of the importance of gender issues for outcomes of policies and programs, recognizing that groups are not homogeneous, and that benefits from policies, strategies, and programs do not automatically accrue equally to all members and segments of society. In many cases, these inequalities are due to gender differences in status, division of labour, responsibilities, and access to resources. Gender-aware policy makers, planners, implementers, monitors, and evaluators need to consciously plan, implement, monitor, and evaluate rehabilitation and reconstruction activities to take into account gender differences in access and control.

Promotion, or moving from gender awareness to integrating that awareness into programme planning, implementation, and monitoring and evaluation systems that in turn help in measuring / assessing gender equality. This will require a conscious commitment to translate policy statements into actions to bring about the required changes and that senior managers as the first centre of responsibility provide active leadership in implementing institutional commitments to gender equality. It will also require undertaking activities that increase the chances that benefits of reconstruction and rehabilitation accrue as equally to men as women, boys and girls, and vulnerable group members.

> *Mainstreaming gender equality is a commitment to ensure that women's as well as men's concerns and experiences are integral to the design, implementation, monitoring and evaluation of all policies, and programmes so that women and men benefit equally.. The ultimate goal is to achieve gender equality.*

Gender integration in project implementation

The approach to integrating gender dimensions in projects implemented in the EQAA must take into account the specific socio-cultural and religious context within which interventions will take place.

In some of the EQAA addressing gender issues straight on may be feasible, while in other areas one may need to adopt a more gradual approach, putting aside the jargon, and working with and through men, local leaders, including community elders and religious leaders.

It is also important to look at issues through the eyes of the local community or community members, rather than making assumptions. By doing this in a participatory manner through engaging the community, it is possible to determine under what conditions some norms and practices can transform, and how the benefits of reconstruction and rehabilitation will accrue to men, women, boys, and girls.

Gaining the trust and support of the community elders and men, and by providing much needed health services, volunteers and organizations such as the Red Crescent with the Canadian Red Cross were able to demonstrate the benefits of involving women in a community health initiative. The careful attention given to respecting the norms and values of the context, which earned further respect, led to in one case the capacity to raise issues such as child and maternal morbidity and mortality rates, and eventually to an agreement that community women could be trained as community health workers. As of late April 2007, 40 women have been identified who will be attending the training as soon as details and curriculum are finalized.

In another case, close collaboration with the community in much needed services, including medical treatment, access to water so children could bathe themselves, led to an agreement with the elders that a girls' school that will provide classes up to grade 10 will be built, teachers hired, and religious education would be provided by the Madrassah teachers in the girls school in exchange for computer training for the children of the Madrassah.

These two examples set in fairly conservative areas of the EQAA show that addressing the needs, priorities, interests, and concerns of women, girls, men, and boys is possible. *It's all in the approach, combined with the vision and commitment of individuals and organizations who seek to ensure that the benefits of reconstruction accrue to all.*

Translating the Policy into Action

To translate the Gender Policy into action, the following strategies will be pursued:

1. Enhance capacity to integrate gender considerations at all levels: organisationally, in policies, strategies, and programs.

2. Develop, with respective program heads, operational strategies for priority sectors, namely social protection, livelihood, health, education, and WatSan.

3. Improve performance measurement of Gender Results.

4. Increase availability of tools (i.e. sectoral checklists & guidelines), documentation of lessons learned and best practices.

5. Increase sharing of information and foster linkages with key internal and external stakeholders.

Priorities	Actions
Gender Awareness to Promotion/Practice	Deliver gender sensitisation and training programmes
	Foster ongoing dialogue in communities with different groups in order to build a greater understanding and acknowledgment of the productive contributions of women
	Promote affirmative action in recruitment at federal, provincial and district level
	Work with allies, with special emphasis on the involvement of men
Operational and Programme Strategies	Work with priority sectors in ERRA
	Promote use of code of conduct at work-place internally and externally
	Initiate context specific and closer to ground reality projects addressing immediate and long term needs of women and girls, including at least one project addressing women's economic empowerment in each district
	Design, implement and monitor programmes and projects in close collaboration with concerned line departments to ensure relevance and sustainability of results
Performance Measurement	Develop and update the Gender Fact sheet (twice a year)
	Document best practices
	Monitor KPIs
	Monitor budget expenditure with a gender lens
	Develop Gender Checklists
Linkage Development	Establish internal and external gender forum

Institutional Mechanisms

To be able to accomplish the priorities of the gender policy, an infrastructure for gender mainstreaming was established. It consists of:

a) the Gender Team at the Central level in ERRA and Gender Coordinators at PERRA, SERRA and district level.

b)   the Gender core group (TORs Annex - 4) that will ensure coordination between ERRA priority sectors, governments, and stakeholders to identify gender related gaps at the policy and operational levels.

c)   the gender and reconstruction network designed to be a forum to exchange experiences and information at the district level, with a view of strengthening capacity to mainstream gender in project implementation, while also informing discussions of the Gender Core Group.

ANNEX 1: Linking Gender Equality to ERRA Priorities

In the following table, the link between ERRA's policy priorities and gender equality are outlined.[3] An effort has been made to define how results from these contribute to gender equality.

ERRA Overarching Policy and Programming Priorities	Links with Gender Equality	Examples of results that contribute to the achievement of gender equality
Programmatic Focus ERRA shall spearhead the reconstruction and rehabilitation efforts, guided by ERRA principle of Building Back Better. ERRA will establish an appropriate institutional and management framework at all levels to implement programme activities in an efficient, cost-effective and timely manner.	Women and men have differing needs and varying access to economic and social opportunities. These needs are to be well reflected in all facets of programming and also allocation of resources in initiatives with principal focus on gender equality.	Strengthened capacity of ERRA and partner organizations, institutions, and govt. departments to promote, design and implement policies, programs and projects which reflect the needs, priorities and interests of both women and men, and support gender equality.
Social Protection: Provide basic social services, livelihood assistance, and support for rehabilitation to vulnerable people in EQ affected areas and establish linkages with mainstream social welfare structures and services.	A considerable number of people who require focused attention (i.e. widows, orphaned girls and boys, elderly men and women, persons with disability, and the landless) have emerged after the earthquake. Their social and economic needs and constraints vary not only due to their specific experience but also as a result of where they are situated/housed i.e. camps, community based care, institutional care or among extended families, and their economic conditions.	Increased capacity of partner institutions, provincial departments and civil society organizations to promote inclusive design and implement policies, programs and projects which reflect the needs, priorities and interests of vulnerable groups. Increased access of vulnerable groups especially women to financial resources, technical skills and markets.
Health: Ensure that essential health care services are accessible and available to all in support of the overall policy of "Build Back Better":	Women and girls are the main caregivers for the young, the elderly, and the ill. So they are in a position to articulate health priorities and contribute to development of community based strategies. The responsibility for providing clean water and maintaining hygiene also falls on women. In some communities it's not considered appropriate if a woman visits a male health provider.	Improved capacity of partners and government departments to incorporate priorities and needs of women in health planning. Increased number and quality of health facilities accessible to women and girls. Increased access to and control over primary health care services by women and girls.

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[3] Education, Health, Social Protection, WatSan, M&E and MIS

	The programming has to address issues related to awareness of health issues among women and access to services and resources to prevent health problems.	Increased capacity of women to articulate their needs and influence decisions affecting their health interests.
Education: Build Back Better and run educational institutions on better lines than before. Restore equitable access to higher quality education, teacher development, and capacity development of the district education offices for improved service delivery.	Compared to boys, girls have less access to education at all levels and lower rates of enrolment, attendance and retention, even when options are available for girls. The reasons for this are the reluctance of parents to send girls to school, location of schools, associated and social and economic costs (the child care role and anticipating a low rate of return on investing into girls education, e.g. boys are responsible to take care when parents get old)	Increased number of girl schools at *tehsil* level. (1-2 in girls high school in each tehsil). Increased commitment and capacity among district governments, as well as partner organisations to address barriers to girl's education. Increased number of gender sensitive teachers (men and women).
Livelihood: The purpose of this strategy is to rehabilitate the livelihoods of the rural and urban populations in the earthquake affected areas in support of the overall government policy of "Build Back Better".	Men are perceived primarily as the economic actors. Women's workloads are heavier as compared to men; they generally have lower incomes, little access to financial services, information, training, and employment opportunities. Women are actively involved in agricultural and livestock. They are not involved in decision making or have control over assets (no land rights) nor have opportunities to market their products. Traditional norms limit their mobility and as a result there is no opportunity to avail the benefits of collective dialogue or/and action	Increased access by vulnerable groups and specially women to skills development and vocational training Increased economic opportunities for vulnerable groups, especially women. Increased access by vulnerable groups, especially women to micro-finance services Increased access by vulnerable groups, especially women to and control over household resources and productive benefits (livestock, crops, etc.). Enhanced women's bargaining power at household and community level. Improved capacity (confidence, leadership, management skills) of women to contribute collectively to household, community and self-development
Housing: to ensure an estimated 600,000 houses that were either destroyed or damaged are rebuilt using earthquake resistant building techniques,	Often assumption is that head of the household is a man. Home ownership and equitable control of household resources. It is important to ensure that both women and men are consulted on the	Equitable access of women and vulnerable groups to housing related services. Enhanced and balanced participation of women in Village Reconstruction

through grant assistance to eligible households, using a home-owner driven, but assisted and inspected regime.	primary direction and components of housing programme. There may be stereotypes about appropriate work for women. Women are often allocated the fetching and carrying tasks with little opportunity to learn new skills. The role assigned to women in construction related activities sometimes adds to existing work load of women.	Committees. Improved construction related skills and capacity of women. Improved rights and entitlements of women (house ownership by women) leading to better status in society.
WATSAN: To improve the quality of life of people of the earthquake affected areas by reducing risks to the public health through provision of equitable, sustainable and reliable supply of sufficient quantity of safe water and appropriate sanitation services.	The responsibility for collecting water falls to women and children, especially girls. This central role of women in managing water, sanitation and hygiene and their needs should be recognized by those who facilitate provision of these services. Aspects relating to selection, design and location of sanitation facilities, collection and waiting time in accessing water for women and girls need to be kept in mind Water, sanitation and hygiene programming has the potential to give a voice to members of communities who often don't have a say. Gender balance and active involvement of men and women in decision-making in the provision of safe and appropriate water, sanitation and hygiene programming is crucial.	Balanced participation of men and women of the community in water scheme management, operations and maintenance. Reduced Public Health related risks. Increased number of water sites as compared to situation pre-EQ. Water distribution systems and maintenance / operations procedures accessible to women including those with limited mobility.
M&E: Provide robust and timely information to all stakeholders on financial inputs, progress of programmes, and the current situation in the earthquake affected areas, and enable the government and partners to plan and develop related programmes.[4]	Monitoring needs are to be informed by context-specific sex disaggregated data and an examination of women's as well as men's experiences, needs and priorities. This information is necessary to identify gender difference and inequality; to make the case for taking gender issues seriously; to design policies and plans that meet women's and men's needs; to monitor the differential impact of policy, project and budget commitments on women and men.	Increased understanding of women's and men's priorities. Increased number of gender sensitive actions in policy, programmes, projects, and frameworks. Increased resource allocation (staff and budgets) towards gender equality. Increased political will and commitment of senior management staff towards GE.

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[4] M&E Framework

ANNEX 2: Key Concepts

What is Gender?

The word "gender" is often misunderstood and misused. Some people equate "gender" with "women" and so believe that gender issues refer only to women's issues. Others consider addressing gender issues a Western approach that has been imposed on the developing world. However, the concept of gender applies to both women and men, as well as to their relations with one another and to their environment. The way women and men share resources, make decisions about their livelihoods, and plan for the future of their children, family, community and society at large—these are all issues that pertain to gender. For example in the aftermath of the October 8 earthquake due to the death of women, men had to take more responsibility in child care and housework.

What is Gender Equality?

Gender equality does not simply or necessarily mean equal numbers of men and women or boys and girls in all activities, nor does it necessarily mean treating men and women or boys and girls exactly the same. It means recognizing that men and women often have different needs and priorities, face different constraints, have different aspirations, and contribute to reconstruction and development in different ways.

What is Gender Equity?

Gender equity is the process of being fair to women and men. To ensure fairness, measures must often be available to compensate for historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality.

What is Gender Mainstreaming and Why is it Important?

Mainstreaming gender equality is a commitment to ensure that women's as well as men's concerns and experiences are integral to the design, implementation, monitoring and evaluation of *all* legislation, policies, and programmes so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality. Gender mainstreaming is integral to all reconstruction decisions and interventions; it concerns the staffing, procedures, and culture of organizations, as well as their programmes; and it forms part of the responsibility of all staff.

What is Empowerment?

Empowerment is about people—both women and men—taking control over their lives: setting their own agendas, gaining skills, building self-confidence, solving problems, and developing self-reliance. It is not only a collective, social and political process, but an individual one as well—and it is not only a process but an outcome too. Outsiders cannot empower women: only women can empower themselves to make choices or to speak out on their own behalf. However, institutions, including international co-operation agencies, can support processes that increase women's self-confidence, develop their self-reliance, and help them set their own agendas.

ANNEX 3: Sectoral Gender Checklists

Gender Checklist[5] - Education

ERRA has reflected its commitment in Education sector by not only endorsing to build back better but also 'continue running educational institutions on better lines than before'[6]. It would be appropriate to point out that enhanced service provision and support can also be maintained by paying attention to gender dimension in reconstruction related policy and programme development processes[7].

Senior level policy makers in ERRA have recognized and affirmed to action plan prepared by gender team highlighting significance of gender integration in education sector[8]. ERRA Education Strategy and presence of in house gender related expertise has provided a basis to develop a checklist with a purpose to support gender sensitive implementation of education sector priorities and enable fairness in existing education opportunities and services delivery mechanisms to become more cognizant to gender equality perspective.

1. Impact of earthquake on lives of women, men, boys and girls

Women, girls, boys and men have experienced the situation resulting from earthquake differently – men are visible cooking for the children due to death of mother or older women in family. Deaths, disability and loss of financial resources for boys and girls students have led to change in education needs, and the ability of girls and boys to attend school. Male and female teachers also have also different experiences and priorities (collapse of school buildings have resulted into deaths of students and teachers). In order to ensure that all boys and girls benefit equally from education in post earthquake situation it is critical to understand the social and gender dynamics that can affect or place constraints on them.

In providing education services[9] factors like availability of teaching staff especially women, mobility of girls (traveling to and from school) and availability of a male companion to take them to school or location of school at an accessible location influence attendance and enrolment rates of girls.

As regards access to education[10] we must not overlook that poor families may prioritize boys' education in given social and economic context of affected areas. These poverty conditions lead to insufficient resources on the families to pay for girls' school fees, uniforms and other supplies. The responsibility of household chores, care for siblings is considered as role of girls. As a result even where girls are enrolled in high numbers they tend to drop out towards the end of primary school. Death of father or both parents can impede boys from acquiring education in order to assume the bread earner of the family.

Gender and social awareness entails to aspect of safe physical spaces, their well being, them acquiring new skills and values which can serve as a foundation for future. Essence

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[5] Adapted from Gender Handbook form IASC draft (August 2006)
[6] ERRA education strategy
[7] Inception Phase Report prepared by Gender unit, ERRA
[8] Priority sectors indicated in speech made by Chairman ERRA on March 8, 2007 at Muzaffarabad
[9] Supply side
[10] Demand side

of participation and involvement of all actors in the reconstruction and rehabilitation effort can be maintained by making a conscious effort in observing gender equality criteria. Paying attention to these considerations serve as a "**window of opportunity**" for more gender responsive education and can set off changes in educational system, and in relationships, and opportunity-sharing between women, girls, boys and men.

Applying gender analysis[11] and use of sex disaggregated data from *beginning and at every stage* in projects and programmes is a pre-requisite and leads to greater fairness in access to and benefits of outcomes[12] in education sector for all especially girls and vulnerable. The education sector has an array of actors contributing at different levels and can mutually agree to adopt these depending upon their range and scale of activities.

2. What do we need to know to plan and support/implement gender responsive education services?

Ask/Find out	Possible information to look for
What are the education related demographics?	▪ Number of girls and boys. Where are they? Are they in camps or not? ▪ What is the economic situation of families and how does this affect girls and boys? ▪ Number of girls or boys heading households. ▪ Literacy rates for men and women. ▪ Information on number of schools, of which levels, number of students, number of male and female teachers etc? ▪ Number of PTA or SMA existed in schools?
What is the division of labour and changes in household chores and other work done by boys and girls as a result of the earthquake?	▪ What sort of work do girls and boys typically do? ▪ How many hours a day? What time of day? ▪ Where does it take place? (At home? In fields?) ▪ Does this work put girls and boys at any serious risk? ▪ Does it interfere with the school day and work?
What are the social, cultural and political factors influencing education related activities before the earthquake?	▪ Is education segregated or combined and for which age groups? ▪ What value is attached to women and girls education? ▪ Identify the strategies used to promote education and overcome constraints? *(e.g. distance education, targeted community information promoting the benefits of female education, use of local role models and women's groups to advocate in favour of female education in non-traditional areas)* ▪ The focus was on re-enrolment and retention or on new enrolments and retention? ▪ What languages are spoken and who has (boys or

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[11] Gender Analysis is the process of analyzing information in order to ensure reconstruction and rehabilitation related benefits and resources are effectively and equitably targeted to both women and men, boys and girls and vulnerable

[12] Reconstruction of school buildings, students achievement level and community participation

Ask/Find out	Possible information to look for
	girls) have more proficiency?
Participation and Consultation strategies	- Do Parent Teacher Associations (PTAs) — or similar mechanisms exist? - To what extent are women and men involved in these? - Are there any cultural restrictions on women's involvement? - Has training been provided to the PTA? - What is the history of overcoming gender-based obstacles in the community? Which community members have been active and how? - Are community women and men involved in decisions regarding the location of schools?
What are the safety and access issues for the learning environments?	- Are the possible locations equally accessible to girls and boys (e.g. in a mosque) and at all levels of schooling (i.e. not only lower grades)? - What are the direct and indirect costs for girls and boys to attend school? - Is the distance to be travelled to school acceptable to parents for girls? Boys? Is the route to school safe for girls and boys? - What safety precautions are expected for girls by the parents? - Are latrines accessible, located safely and adequate in number? Are there separate latrines for girls and boys? - Do schools facilities have a fire extinguisher and the doors of classrooms open outside?
What is the situation with teachers, training, support and materials?	- Are there male and female teachers available? At all grade levels? What are their levels of qualification and experience? - Are there para-professionals? Other women in the community who could support girls in school and be involved in teaching and/or mentoring? - Are teaching materials and trainings available to help teachers address specific topics needed by girls and boys? (e.g., sexual and reproductive health?) - Are there female teacher trainers and support staff?

3. Actions to ensure gender mainstreaming in education

Issues	Key Actions
Community Participation (Better and improved ownership and management of the educational institutions through parent's participation)	▪ Sensitize communities to the importance of girls' and women's access to education in present situation where resources are dwindling. ▪ Develop strategies to ensure that women, girls, boys and men actively participate in education meetings and in trainings (e.g., pay attention to appropriate meeting timings, locations, provide childcare facilities, and consider single-sex meetings). ▪ Include women and men on community education committees and provide gender training if necessary to ensure their voices are heard and taken seriously. ▪ Engage women and men in school-related activities such as arranging escorts to school, parents' mobilization. ▪ Engage the local community, especially women and girls, in the design and location of school sanitation facilities.
Analysis (Rationalized provision of schools)	▪ Include gender dimensions (access of girls, roles and responsibilities) into ongoing monitoring and evaluation of education related activities ▪ Collect and analyze all data related to education by sex and age. ▪ Consult regularly with women and girls, men and boys as part of monitoring and evaluation activities. ▪ Have targets been set for male and female participation, both staff and students?
Access and Learning Environment (Better classrooms support to improve students learning achievement level)	▪ Set the hours for classes at convenient times for those children[13] involved with household and field work and chores. ▪ Involve male and female youth in the development and implementation of varied recreational and sports activities, and ensure their constructive initiatives are supported by relevant stakeholders. ▪ Ensure that learning environments are secure and promote the protection, physical, mental and emotional well-being of learners. Pay particular attention to disproportionate impacts of insecurity on girls and women and vulnerability to Gender Based Violence, e.g., provide escorts to and from school for girls, employ classroom assistants, provide girls with reporting guidelines and follow-up procedures, establish codes of conduct for teachers.
(Better construction designs and physical facilities)	▪ Where single-sex classes are preferred, provide separate classrooms/locations or timings for girls and boys.

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[13] Under the age of 18 years

Issues	Key Actions
	▪ Provide separate male and female latrines – in safe places.
Teaching and Learning (Better social service delivery)	▪ Promote learner-centered, participatory and inclusive instruction, reaching out to and engaging girls actively in class. ▪ Develop gender-sensitive curricula addressing the specific needs, perspectives and experiences of girls and boys ▪ Encourage gender awareness training for teachers in plans.
Teachers and Other Education Personnel	▪ Promote use of creative strategies to proactively recruit and retain women teachers (e.g., entry through classroom assistant programme, part-time positions). ▪ Ensure that women teachers are equally able to participate in school meetings and professional development (for example, select timing carefully and provide childcare). ▪ Where possible ensure that women teachers are placed in high profile positions (not only in early year classes and "soft" subjects). ▪ Include gender equality and girl-friendly teaching strategies in the criteria for teacher supervision ▪ Promote affirmative measures for ensuring presence of teachers at difficult stations.
Education Policy and Coordination	▪ Advocate for policy decisions to reduce the cost of schooling, especially for girls' families (e.g., feeding programmes, take home rations and items). ▪ Ensure commitment from education partners to common standards of culturally and gender-sensitive project implementation and management from the outset.

Gender Checklist - Health[14]

1.   Gender and Health in Reconstruction and Rehabilitation

The October 5, 2007 earthquake has affected the health of women and girls, boys and men differently. The envisaged vision to '**Build Back Better'** features right to 'health for all' and respect of the dignity of the population affected by the disaster so it is critical to recognize social, cultural and biological factors that increase the risks faced by women and particularly girls in the case of Pakistan. Global and national health scenario and experience suggest that there is a pattern of differentiation in terms of exposure to, and perceptions of risk, preparedness, response, physical and psychological impact, as well as capacity to recover.

The post earthquake scene emerges with a wide array of challenges that are related to infrastructure, health and delivery management system, coordination, availability of human resource, access, and need based package of services, prevention of epidemics and preparedness for disaster management.

'Women, children and persons with disabilities and psychological trauma are the major clients of the health system'[15]. They are often at increased risk of exploitation and may be unable to access assistance and/or to make their needs known. Also are usually insufficiently included in community consultation and decision-making processes; as a result their health needs are often not met.

Those delivering health care in disaster and post disaster situations must first take account of the different needs, second recognize the potential barriers that they may face, and ensure that women and men can access health services equally. Women and men must participate equally in the planning, management and delivery of health services in reconstruction and rehabilitation actions, and women must be part of the decision making and implementation process at all levels. The views of girls and boys must be taken into account. Coordination with health and other partners is crucial to avoid overlap and duplication.

Health projects and programmes need to ask:

- Who is the target (both direct and indirect) of the proposed policy, program or project?
- Who will benefit?
- Who will lose and why?

Gender analysis[16] needs to be carried out from *the beginning and at every stage* of the project cycle.

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[14] Adapted from IASC hand book

[15] Health Strategy Document, ERRA

[16] Gender Analysis is the process of analyzing information in order to ensure reconstruction and rehabilitation related benefits and resources are effectively and equitably targeted to both women and men, and to successfully anticipate and avoid any negative impacts reconstruction may have on women or on gender relations. (Inception Phase Report by Gender Team)

Recognizing that it will not be possible to collect information on all issues/challenges outlined above, it is important to keep in mind to disaggregate data by sex and age and to apply a gender analysis.

2. What do we need to know to plan and implement gender responsive health services?

Ask/Find out	Possible information to look for
What are the population demographics?	▪ Total number of households/family members– disaggregated by sex and age. ▪ Number of single female and male headed families and number of families headed by children (boys and girls). ▪ Number of unaccompanied children, elderly, disabled, pregnant and lactating women.
What is the social, political, cultural, and security context? What has changed as a result of the earthquake?	▪ Are there differences between women and men in the community/households in relation to their roles, responsibilities, and decision making power? ▪ Are men and women, girls and boys affected differently by the earthquake? How? ▪ How many people were previously vulnerable? Has that number changed?
What was the health situation before the earthquake? What affects control over food and other resources?	▪ What is the baseline health data, including information on immunization, contraception, etc? ▪ What diseases affect women and men differently within the context of the earthquake? ▪ What is the Crude Mortality Rate disaggregated by sex and age? ▪ Are women, men, boys and girls disproportionately affected? If so, what are the reasons?
What are the cultural and religious aspects related to the provision of health care?	▪ Who provides health care to whom, for example can women only seek health care from female health workers? ▪ Are there cultural issues regarding pregnancy and birthing, washing, water use, cooking, animal husbandry, the privacy of latrines that may negatively affect women, girls, boys and men? ▪ Is there any language related factor (such as illiteracy and use of specific local languages) which may impact certain group/community in access to health care services and health information (including information on underlying determinants of health, such as access to water and sanitation facilities)? Is there any difference between women and men in terms of ways of communication and/or access to information?

4.   Actions to ensure gender mainstreaming in health

Issues	Key Actions
Joint needs assessments: what information should be gathered from women and men?	- Ensure assessment teams include female assessors and translators. - Disaggregate all data by sex and age. - Analyze together with the community through participatory assessments the impact of the earthquake on women and girls, boys and men to identify physical and mental health needs and to ensure equal access to health services and benefits.
	- Provide childcare support to enable women and men from single-parent headed households to participate in meetings. - Find out which groups are hard to reach (physical and social access) and/or marginalized and the barriers preventing access. - Identify community response mechanisms to psychosocial problems and strengthen those which can support individuals, ensuring they respect human rights standards. - Identify traditional ways of caring for sick members of the community in order to build on good practice. - Map the availability, location, capacity and functional status of health facilities and public health programmes including sex specific essential services for women and men e.g. Maternal and child health services) and reproductive health services for men. - Ensure maximum protection to those facilities (e.g. lighting for the area and paths leading to it; provision of transport and/or escorts where possible); - Compile an inventory of local groups and key stake holders in the health sector, including gender theme groups, traditional healers, women's organisations etc. to find out what is being done, by whom, where and for whom. - Assess the availability of medical drugs and equipment, i.e. the availability of New Emergency Health Kits (NEHK) for the provision of basic health services for women and men. - Ascertain the availability of standardized protocols, guidelines/manuals in line with current international guidance and find out whether they include provisions for equitable access for women, girls, boys and men to services and benefits. If not, apply international standards. - Conduct qualitative assessments to determine perceptions about health services provided to the community and identify recommendations to address their concerns.

Issues	Key Actions
Community mobilization and participation	▪ Involve from the outset women, men, girls and boys, including those who belong to vulnerable groups, in health assessments, priority setting, programme design, interventions and evaluation. ▪ As women and men may be affected by multiple layers of vulnerability/discrimination, it is important not only to ensure balance between women and men in participation, but also to ensure that women and men from vulnerable and/or marginalized groups are represented.

Provision of health services	▪ Actively engage women and men from the community and the health workforce, including those who belong to vulnerable groups, equally and at all levels in the design and management of health service delivery, including the distribution of supplies.
	
	▪ Ensure concerted and coordinated health service delivery strategies that address the health needs of women and men, boys and girls. For instance:
	
	   ▪ Determine and Provide Minimum Initial Service Packages (MISP) so that women and men, adolescent girls and boys have access to health services in the earliest days and weeks of earthquake and comprehensive sexual and reproductive health services, including gender-based violence related services, as the situation stabilizes;
	
	   ▪ Facilitate the availability of culturally appropriate social and psychological support for women, men and children.
	
	   ▪ Ensure proximity and privacy for examinations, maternity delivery, toilets and latrines/bath rooms.
	
	▪ Facilitate the distribution of new emergency health kits for safe and clean deliveries and emergency obstetric care,
	
	▪ Deploy local health workers, ensuring equal numbers of women and men.
	
	▪ Train and mobilize skilled/traditional female birth attendants.
	
	▪ Train and mobilize skilled female and health workers
	
	▪ Make sure that women and men have equal opportunities for capacity building and training; provide childcare or family support to enable their participation.

Advocacy, health information and education	▪ Advocate for equitable (according to need) distribution of, and access to, resources (human, financial, technological, logistics and medical supplies) in the health sector to respond to the health needs of women, girls, boys and men. ▪ Develop and implement communication strategies to

Issues	Key Actions
	highlight the specific health risks affecting women and men, as well as targeting adolescent girls and boys.
	▪ Provide information in local languages to men and women on available health services and their location.
	▪ Work with the media, civil society and partner agencies to raise health awareness, targeting special health events such as opening of new health facility, water collection points, etc. as points of entry.
	▪ Advocate for the hiring/deployment of women and men at all levels.
Monitoring, reporting, and evaluation	▪ Collect and analyse data by sex and age and apply a gender analysis.
	▪ Involve women and men, including those who belong to vulnerable groups, in the monitoring and evaluation process.
	▪ Share the results with all stakeholders

Gender Checklist - Livelihood[17]
(25 may 2007)

1.   Gender and Livelihoods

*A "livelihood" refers to the capabilities, assets **both material and social resources –** and strategies that people use to make a living; that is, to achieve food and income security through a variety of economic activities. Livelihood programmes cover a range of issues including: non-formal education, vocational training and skills training programmes, income generation activities, micro-credit schemes, agriculture programmes, and business start up programmes, animal disbursement projects, self-employment, and job placement programmes.*

Livelihood strategies aim at developing self-reliance, and interventions should be designed and implemented to strengthen women's and men's productive capacity early on, when it matters most, and to promote longer-term self-sufficiency.   The ERRA Livelihood policy clearly states that the rehabilitation will be demand-driven and holistic, with community rehabilitation plans forming the basis of all activity at the community level. The overall strategies of the ERRA Livelihood Policy are to:

- Empower communities and CBOs to take a leading role in the planning, implementation and management of their livelihood rehabilitation,

- Restart the rural economy by helping production to recover and markets to start functioning

- Introduce appropriate technologies and extension services

- Invest in enabling and facilitating infrastructure

- Create support services which are efficient and responsive to the needs of the people

- Invest in community involvement in moving into economic activities which are economically and financially viable, create employment opportunities and are environmentally sustainable

- Establish accountable, efficient and transparent coordination and regulatory mechanisms

As stated in previous documents, women are more vulnerable during disasters such as the October 8 2005 earthquake than men because they have less access to resources, are constrained by the gendered division of labour and are the primary caregivers to boys and girls, the elderly and the disabled. Women are also less able to mobilize resources for rehabilitation, more likely to be unemployed following the disaster and overburdened with domestic responsibilities leaving them with less freedom to pursue sources of income to alleviate their economic burden.

To address the situation a two-pronged approach is needed: i) mainstream gender throughout the recovery and rehabilitation program, and ii) implement gender specific activities to ensure equal opportunities for women and men in the various programs. As well, community-based livelihood rehabilitation planning should involve the collection of

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[17] Adapted from the IASC hand book

gender-disaggregated data and gender analysis is critical when planning subsequent rehabilitation programs (1.34).

A gender sensitive approach to livelihood programmes entails an understanding of the different skill sets, needs, vulnerabilities and responsibilities of affected women, men, and adolescent girls and boys. At the same time, a gender sensitive approach also creates spaces to identify and address gender inequality in access and control to resources.

For much of the year, farms in the EQAA are dominated by old men, women and boys and girls, with women being responsible for a large range of crops and livestock management activities (ch. 1 – 1.10). Women and youth in the affected provinces have traditionally found it difficult to find decent employment opportunities and to secure a life out of poverty (ch 1 – 1.25). Consequently, there will be a need to ensure that vulnerable individuals, families and groups, such as the poorer members, widows, women-headed households, and one or no parent families are not deprived of their rights and can participate in income generating activities (ch 1 – 1.31). They should also have access to skills training. Where there are cultural and physical constraints to providing training (e.g. women travelling outside their communities) consideration should be given to provide mobile training (possibly located in local schools or homes) (2.22)

2.   What do we need to know to design and implement gender-responsive programmes for livelihoods in emergencies?

Ask/Find out	Possible information to look for
What are the population demographics?	▪ Total number of households/family members– disaggregated by sex and age. ▪ Number of single female and male headed families and number of families headed by boys and girls. ▪ Number of unaccompanied boys and girls, elderly, disabled, regnant and lactating women.
What type of access and control of livelihood assets do men and women have and how have they been affected by the earthquake?	▪ What are the main assets (land, seed, livestock, equipment, access to markets) needed for a sustainable livelihood and how were they affected by the earthquake? What is the different impact on men and women based on their access and control of these resources? ▪ What type of agriculture, farming, fishing, trade, industry, and food supply existed before the emergency? What role did men and women play in these sectors? ▪ What are the practices regarding agricultural land ownership and distribution? In particular, what are the practices regarding women's property and inheritance rights? ▪ What types of skills exist among men, among women? What are their respective skills training needs?

Ask/Find out	Possible information to look for
What are the normal cultural and social roles and practices of men and women that existed **before** the onset of the earthquake?	▪ What are the roles played by men, women, boys and girls in the farming and other productive activities? ▪ Who has decision-making power with regard to productive assets and household expenditures? ▪ Who is responsible for farming, gathering, selling at the market, keeping stocks, cooking? ▪ Which kinds of activities/tasks/work are forbidden to women/men by local customs? ▪ How are resources allocated within households? Who has the most decision-making power? ▪ Are there practices that may discriminate against women, female-headed households, the elderly, and the disabled?
How have workloads, responsibilities and gender roles changed as a result of the earthquake?	▪ How much time do women/girls and men/boys devote to non-monetized work (fetching water, cooking, collecting firewood, child care, washing clothes)? ▪ Do women/men still to practice their traditional forms of income generation? If not, what has been the impact on women/men? ▪ Do women/men shoulder more responsibility for their families post-displacement than they did previously? ▪ Have men and/or women taken on community and reconstruction work after the crisis? Which kinds of tasks have been assigned to women and men? ▪ How do security concerns hinder the abilities of women, girls, men and boys to access productive resources?

3.   Actions to ensure gender mainstreaming in livelihoods

Equal participation of women, girls, boys, and men in livelihoods programming
▪ Involve men and women in planning and implementing all livelihood programmes.
▪ If necessary convene meetings separately for men and women to capture their views and identify representatives for mixed group meetings.
▪ Consult with women to identify potential obstacles to their participation (for example, if there is a need for childcare during meetings, time and place of meetings etc.).
▪ Include women's productive assets as well as men's in asset replacement and protection programmes, whether cash or in-kind.
▪ Restore or provide financial services to meet the different needs of women and men, bearing in mind illiteracy issues.
▪ Include marginalized populations in programme activities, for example, the disabled, older persons, young married girls and victims of gender-based violence.
▪ Ensure the *meaningful* participation of women and girls rather than mere token representation. For example, supporting women's farming collectives or carrying out quick orientation programmes for women prior to skills training can be a useful strategy.
▪ Ensure that both men's and women's security concerns are addressed to enhance

participation in decision-making, distribution, training and planning processes. For example, providing safe means of transportation, safe spaces for boys and girls, avoiding the promotion of livelihood activities that expose women to risks (for example, fetching firewood unaccompanied), or social discredit.
▪ Support women's grassroots organizations as service providers.

Equal access to and benefits from livelihoods programmes for women, girls, boys and men

▪ Provide equal access for women and girls, boys and men to vocational training, income generation and micro-finance programmes. Set specific gender targets for livelihood support services. Labour saving techniques and low-cost technologies are often useful to enhance women's access to income generation initiatives.
▪ Ensure that vocational training programmes do not perpetuate gender-based labour discrimination and provide equal opportunities, including non-traditional livelihood options, for adolescent girls/boys and women/men.
▪ Assess the need for women's and girls' leadership and empowerment training programmes to ensure their meaningful participation.
▪ Assess the non-formal education needs of women/men, girls/boys, and consider implementing non-formal education programmes (literacy, numeracy) for those who may be illiterate or may not have had opportunities to complete their schooling.
▪ Assess the appropriateness of food for work, food for training, and cash-for-work programmes and ensure the equal participation of women.
▪ Provide access to child care for women undergoing training, engaged in response roles, or in community mobilization.
▪ When planning income generation activities for women, assess skills and life experience utilized in non-monetized activities (child-rearing, household maintenance, sustaining their families) and how these can be built upon for livelihood programmes.
▪ Identify and use means of communication accessible to men and women.
▪ Ensure gender balance in training teams, and be sensitive to local cultural practices.
▪ Raise awareness on property and land rights – and the right of women to them.
▪ In providing skills training, consult with women at the outset to ensure that cultural practices are not being ignored. This might result in setting up different programmes for men and women, separate training sessions, or different methods of work.
▪ Raise awareness and build capacities of local implementing partners on gender sensitivity.

Understand cultural differences and meet the needs of vulnerable populations

▪ Conduct livelihoods assessments based on needs, capacities and changes in roles between men and women, age groups, and particularly vulnerable groups.
▪ Identify and respect cultural needs of the population and acknowledging different levels of freedom in movement
▪ Together with women, determine acceptable ways of overcoming barriers (for example, if movement is restricted, escorts can be provided)
▪ Provide equal access to livelihood programmes for ethnic and religious minorities and consider approaches that build collaboration between minority and majority populations.

Gender Checklist - Social Protection[18]

Loss of human life and resources in 2005 earthquake has led to increased number of persons entering vulnerability net. Their existing poverty conditions and inaccessibility to services have further been exacerbated by the loss of minimal material and physical resources they had on them. The earthquake had a particularly disparaging effect on the well being especially of women, orphaned boys and girls, elderly, disabled persons and landless[19].

Senior level policy makers in ERRA have recognized and affirmed to action plan prepared by gender team highlighting significance of gender integration in social protection sector[20]. Presence of in house gender related expertise has provided a basis to develop a checklist with a purpose to support gender sensitive implementation of sector priorities and enable fairness in existing basic social service delivery; livelihoods assistance and support for rehabilitation to vulnerable become more cognizant to gender equality perspective.

Inclusiveness and sensitivity to needs of vulnerable and marginalized are critical elements. Given the target group[21] vis-à-vis available resources presence of an insightful set of eligibility consideration can maintain fairness and efficiency. Also the continual need exists to link them to services and support with other sectors.

1. Nature of risk and vulnerability for women, men, boys and girls

Earthquake in 2005 has changed the traditional roles as women have emerged as bread earners and in some instances men have assumed the care responsibilities. Even children have become head of households. The new expectations and new responsibilities limit the mobility and opportunities for political involvement, education, information, etc.

With these considerations initiatives[22] like POs in housing to construct homes and livelihood assistance for 6 months to vulnerable have been conceived. The situation cannot be same for all because the context and need (location, nature of loss) of aspiring for support also vary, so case to case basis support has to be kept in mind as well. The rehabilitation centers for disabled persons are planned availability of women staff to support treatment or even location can determine the willingness of these women to [23]access services.

Applying gender analysis[24] and use of sex disaggregated data from *beginning and at every stage* in projects and programmes is a pre-requisite. Understanding their vulnerability allows an insight into strategies to deal with the causes rather than the symptoms. It also helps to identify the ways in which men are vulnerable. Recognition of their gendered roles, and to plan programmes with them in mind, can result in equitable delivery of reconstruction, rehabilitation and support services and pay adequate attention to the potential long-term outcomes of short-term interventions.

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[18] The checklist has been used by Social Protection Coordinators in a gender training
[19] Social Protection Strategy ERRA
[20] Priority sectors indicated in speech made by Chairman ERRA on March 8, 2007 at Muzaffarabad
[21] 262,000 individuals out of 800,00 receiving cash grant assistance
[22] Supply side
[23] Demand side
[24] Gender Analysis is the process of analyzing information in order to ensure reconstruction and rehabilitation related benefits and resources are effectively and equitably targeted to both women and men, boys and girls and vulnerable

2. What do we need to know to plan and support/implement gender responsive social protection services?

Ask/Find out	Possible information to look for
What are the vulnerable related demographics?	▪ Who is vulnerable? ▪ What are they vulnerable to? ▪ Where are they living? ▪ Identify migrant population ▪ How are they vulnerable? ▪ How many # (e.g. vulnerable women- widows, men-widowers, orphan boys, girls, elderly women, elderly men, disabled women, men and landless women and men). ▪ Estimated income levels
What is the impact (nature of issues) of earthquake on different groups?	▪ List out the specific issues (e.g. targeted violence, abduction, and destruction of schools, roads, sanitation facilities, markets, homes, etc)? ▪ What are the specific risks that have arisen for these groups as a result of the earthquake? (*E.g. gender violence, lack of nutritional supplements, lack of privacy for personal needs, overwork, early marriage, increased domestic responsibilities, abandonment, reduced opportunities for schooling*).
What are the existing capacities/coping mechanisms?	▪ What are different coping mechanisms (extended family, charitable provision- *zakat*, social capital networks) currently used by women, men, boys, girls? ▪ What resources are they using to survive? Who decides? Are these sustainable? Why or why not? ▪ Do women, men, girls & boys have adequate access to resources for relief, return and reconstruction (human, technical, financial)? ▪ What would help increase their access?
Participation and Consultation	▪ Identify the actors/stakeholders ▪ Who all have been consulted and how? ▪ Have men & women, boys and girls contributed to/participated in the assessment, assistance, and reconstruction?

3. Actions to ensure gender mainstreaming in social protection

Issues	Key Actions
Participation and Inclusion	▪ Sensitize communities to the needs of vulnerable groups and needs of disabled. ▪ Develop strategies to ensure participation of vulnerable women, girls, boys and men in existing actively participate in R& efforts. ▪ Encourage their representation on local committee (specific % to be indicated - foster interest to have them included through com. mobilization) (e.g. VRC, PTAs/SMCs)

Issues	Key Actions
	▪ Seek to identify extremely vulnerable individuals and families ▪ Strengthening of informal household and community-level social protection mechanisms ▪ Ensure registration with NADRA and girl child registeration at birth ▪ Formation of screening committees, RTF, Red zone at stake holders level only for IDPs – SW dept govt institutes, activists , SPC, NGOs reps,, and support agencies
Analysis	▪ Include gender dimensions (access of girls, roles and responsibilities) into ongoing monitoring and evaluation of social protection related activities ▪ Different categories have different needs and outcomes. ▪ Collect and analyze all data related by sex, age and location. ▪ Set targets for support to vulnerable in each sector ▪ Document and disseminate cases (success and failure).
Planning and Coordination	▪ Ensure capacities of vulnerable groups are taken into account in assessments and project development. ▪ Ensure commitment from stakeholders/actors to common standards of culturally and gender-sensitive project implementation and management from the outset. ▪ Ensure the policy decisions e.g. (return policy, red zone area, reach out vulnerable living on high altitude) is communicated through local partners, working groups through leaflets, advertisements in local papers and radio and community groups ▪ Ensure access of vulnerable groups by special provisions in grievance redress mechanism
Cross Sector Linkages for vulnerable	Based on assumption that SPC working with each of the sectors and vulnerable groups are specifically targeted
Health	▪ Determine and Provide Minimum Initial Service Packages (MISP) so that women and men, adolescent girls and boys have access ▪ Facilitate the availability of culturally appropriate social and psychological support for women, men and children ▪ Health report updates on any important health outbreaks ▪ Focus and highlight social and human resource issues
Livelihood	▪ Focus women headed households inclusive of one more vulnerability ▪ Provision of cash grants assistance followed by entrepreneur development programme. (link to market) ▪ Introduce micro insurance and finance programmes ▪ Traditional skill and non traditional skill dev for sustainable revenues
Education	▪ Facilitate formation of teachers group trained in sessions on psycho social support to distressed for bringing them to normalcy ▪ Entrance to schools to be disability friendly/barrier free ▪ Link to existing stipend programmes of provincial governments

Issues	Key Actions
	▪ Support for crèche to women teachers ▪ Linkage with school feeding programmes (Tawana Pakistan) of international agencies and government ▪ Consciously request reports - Inadequate number of girls in schools hence closing out, Harassment of older girls on the way as they go to school.
Housing	▪ Provide interim shelter and prioritize support construction of homes ▪ Ensure their special needs are addressed (in case of disability ▪ Identify and support cases who do not have evidence documents (shared property, title deed not in their name property transfer issues) ▪ Support case experiencing delays in receiving compensation ▪ Carry an objective perspective in identifying the cases

Gender Checklist - Water Supply and Sanitation[25]
(23 may 2007)

1.   Gender and WatSan in Reconstruction and Rehabilitation

The October 5, 2007 earthquake has affected women and girls, boys and men differently. The envisaged vision of the Water and Sanitation Strategy is to improve the quality of life of people e.g. women, men, girls, and boys) of the EQAA by reducing the risks to public health through provision of equitable, sustainable and reliable supply of sufficient quantity of safe water and appropriate sanitation services[26]. It is also envisaged that target communities, especially women, will be involved in the site selection, planning, design, implementation, monitoring and management of the schemes to promote community ownership and empowerment as well as sustainability.

The post earthquake scene emerges with a wide array of challenges that are related to infrastructure, delivery management system, coordination, availability of human resource, access, and need based package of services, and preparedness for disaster management.

WatSan projects and programmes need to ask:

- Who is the target (both direct and indirect) of the proposed policy, program or project?

- Who will benefit?

- Who will lose and why?

Gender analysis[27] needs to be carried out from *the beginning and at every stage* of the project cycle.

Recognizing that it will not be possible to collect information on all issues/challenges outlined above, it is important to keep in mind to disaggregate data by sex and age and to apply a gender analysis.

2.   What do we need to know to plan and implement gender responsive WatSan related services?

Demand driven approaches

Water Supply and Sanitation projects are increasingly demand-driven. Projects have to be responsive to the articulated demands of users. If women play a minor role in community decision-making, they may well be marginalized under a demand-driven approach unless steps are taken to include them.

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[25] Adapted from AusAid guide to gender and development and the IASC hand book
[26] Water Supply and Sanitation Strategy, p. 10
[27] Gender Analysis is the process of analyzing information in order to ensure reconstruction and rehabilitation related benefits and resources are effectively and equitably targeted to both women and men, and to successfully anticipate and avoid any negative impacts reconstruction may have on women or on gender relatYpns. (Inception Phase Report by Gender Team)

Project quality and sustainability are improved by including men and women

Addressing the different priorities of men and women in WatSan activities improves the quality and sustainability of WATSAN projects, for example:

- **Women's needs for water** become more of a project focus. These needs are often related to small-scale activities *(gardening, small-scale livestock production and domestic use)* but they are vital for the household.

- **The design and location of WatSan facilities** better reflect the needs of both women and men, for example, laundry facilities might be included and bathing facilities might be sited in areas which offer greater privacy for both men's and women's individual needs. The correct siting of sanitation facilities is particularly important because toilet practices are often the subject of cultural sensitivities that will usually differ between men and women.

- The **technology** adopted better reflects women's needs. For example pour-flush toilets may not be preferred because they require considerably more work for women in transporting water. Another example is where hand-pump designs are selected on the basis that they are easier for women and children to use.

- **Technical and financial planning** for the on-going operation and maintenance of WATSAN facilities is improved. As the main users of WATSAN facilities, women tend to be actively involved in maintenance. Women's financial skills, whether existing or developed, make them ideal candidates in saving and managing funds for the on-going operation and maintenance of WATSAN facilities. There are likely to be greater **health benefits** because all members of the community *(men, women, boys and girls)* are involved and benefit from private, convenient and secure facilities.

Strategies are needed to include men and women

There are countless examples in the developing world of failed WATSAN projects: piped water systems that no longer carry water, broken hand pumps and toilets that are never used. In many cases WATSAN facilities have failed because not all members of the community, and particularly women, were fully involved in, or fully committed to, the project. Community participation does not necessarily mean that both men and women will be included in all project activities. Traditional community groups and community forums which "participate" may exclude women or restrict their input. This exclusion can occur in spite of the fact that it is usually women who spend a considerable part of their day collecting and using water and who are the family leaders and educators in sanitation and hygiene practices. Including men and women in all project components will not happen unless the project has specific strategies to ensure equal access to project opportunities. Gender strategies vary across projects and environments but should always take into account:

- Gender impact of all project components *(e.g. the engineering, institutional strengthening, financial, community development and health components of a WATSAN project)*.

- Resources *(personnel, training, and procurement)* needed to implement the gender strategies.

- Assessment of the risks associated with implementing gender strategies.

Gender analysis is essential for developing gender strategies

Successfully including men and women in WATSAN project activities requires gender analysis of the project area. Such an analysis will include an understanding of:

- The socio-economic and cultural context of the project area,

- the different priorities, demands and needs of men and women,

- Men's and women's knowledge, attitudes and practices relating to WATSAN and

- The constraints to the participation of men and women in project activities.

Without strategies based on a thorough gender analysis, project activities which attempt to be gender inclusive will often become marginalized, for example:

- Women may be encouraged to take on management roles and additional work but receive no additional resources or influence.

- The introduction of "user-pays" for water may be a considerable burden for women as they often have the prime responsibility for providing water.

- Men may stay away from areas identified as being "women's areas" such as hygiene education and as a result, those components may be seen as less important.

- Women may receive training but may be prevented from putting their new skills and knowledge into practice by cultural or social factors.

On-going support is necessary to consolidate new gender roles

Encouraging and assisting men and women to undertake new gender roles requires on-going project support. WATSAN projects, therefore, have to focus not only on technical solutions but also on long-term issues such as change management, building community decision-making and leadership skills and improving consultation processes within WATSAN agencies.

3. What do we need know to plan and implement gender-responsive water, sanitation and hygiene services?

- *These questions are to be used as a guide only. It is not expected that every question will be relevant to all activities.*

- *The questions are designed to assist aid activity managers with their assessment and appraisal of Water Supply and Sanitation (WATSAN) projects.*

- *The questions are also designed to assist contractors to incorporate gender perspectives into WATSAN activity preparation and design.*

Ask/Find out	Possible information to look for
What are the population demographics?	■ Total number of households – disaggregated by sex and age. ■ Number of single female and male headed families and number of families headed by children (boys and girls). ■ Number of unaccompanied children (boys and girls), elderly (men and women), persons with disabilities (men and women). How many men and women affected or displaced?

Ask/Find out	Possible information to look for
What water and sanitation practices were the population accustomed to before the earthquake?	▪ Levels of knowledge and skills in water/sanitation and their relationship to health (women, men, boys and girls). ▪ Patterns of water access, water source control and collection. ▪ Relationship between water collection responsibilities and school attendance. ▪ The different uses and responsibilities for water by men, women and children (e.g. cooking, sanitation, gardens, livestock); patterns of water allocation among family members, decision making on uses. ▪ Gender division of responsibilities for maintenance and management of water and sanitation facilities. ▪ Usual means and responsibility for managing excreta and urine disposal; anal cleansing; disposal of children's faeces. ▪ Usual means and responsibility for collecting, handling, storing and treating water; means and access for water transportation. ▪ Identification of special needs groups within the community who may require specific support in water, sanitation and hygiene, such as people living with HIV/AIDS, tuberculosis, etc. ▪ Representation and role of women in community based associations, water committees etc.
What are the cultural aspects to look for?	▪ Location and design for privacy and security of water points, toilets and bathing facilities. ▪ Safety around water points; ability of users (especially women, boys and girls) to access safely. ▪ Sanitary habits of women and girls - what types of materials are appropriate to distribute? ▪ What are the cultural assumptions with regard to water and sanitation activities, for example during menstruation, etc? ▪ Hygiene practices and general health of the population.
What needs to be considered before constructing water and sanitation facilities?	▪ Who maintains toilets/water points; cost associated with maintenance; who will pay; ability and willingness to pay? ▪ Whether the community needs training for operation and maintenance including management? ▪ Do facilities need to be modified for use by women, boys/girls, the elderly and persons with disabilities, or do alternative means need to be provided, such as chamber pots or child-friendly toilets? ▪ Will promotional activities be needed to ensure safe usage of toilets and water facilities? ▪ Physical designs for water points and toilets appropriate to water source, number and needs of users (men, women, boys and girls).

4.   Actions to ensure gender mainstreaming

Issue	Action
Assessments and programme start-up	▪ Ensure assessment teams include female assessors and translators. ▪ Ensure recruitment of a balance of men and women, and that diversity within the affected community is reflected in staff composition.

	▪ Ensure staff have an understanding of the importance of gender in water, sanitation and hygiene programming and provide training and support where necessary.
Ensuring gender equality and equal participation	**Phase I: Immediate actions** ▪ Identify a person (e.g., school teacher, NGO representative, female translator) who could coordinate consultations with women, men and children directly affected. ▪ Provide 'coaching' advice to the technical team and other staff on how to work with the community and make effective use of women's knowledge of the community; ensure women are part of the technical team where possible. ▪ Consult both men and women on who takes responsibility for protecting surface and ground water, transporting water, drilling wells, constructing toilets, distributing water, operation and maintenance of systems. ▪ Establish mechanisms to make sure men and women's voices are heard on decisions related to immediate location and appropriate technology for water and sanitation systems, using appropriate facilitators where necessary and ensure convenient times and locations. ▪ Involve men, women, boys and girls in discussions on water and sanitation, including personal hygiene habits, general health and the needs and fears of children. ▪ Conduct consultations in a secure setting where all individuals (including women and girls) feel safe to provide information and participate in discussion and decision making. ▪ Work separately with women and men's groups, where necessary, to counter exclusion and prejudice related to water, sanitation and hygiene practices. ▪ Ensure equitable and dignified access to distributions of hygiene related materials; ensure materials are appropriate for users. Consult with women on appropriate menstrual cloths, smaller containers for children to collect water and appropriate shaving materials for men. ▪ Involve representatives from the different parts of the community in the monitoring of water, sanitation and hygiene inputs - tracking safety and responding to the needs of different parts of the community and modifying interventions, where needed, in a timely manner. ▪ Consider issues of dignity, for women and girls in particular, in all water, sanitation and hygiene interventions, and design culturally appropriate strategies to enhance dignity. ▪ Engage all the civil society (including women's groups) in the response. **Phase II: Rehabilitation and preparedness** Conduct cultural and gender awareness workshops to facilitate the equal and effective participation of women and men in discussions on: ▪ design and location of more permanent water points; ▪ design and safe locations for toilets; ▪ equitable provisions for water allocation for different tasks (washing, bathing, livestock, irrigation). ▪ Involve women equally with men in water management groups, water committees and other organizations to make decisions on

	allocations of water during drought periods.
	▪ Determine how women's and men's participation and skills acquisition influence power dynamics at the household and community level.
Building capacity	**Phase I: immediate aftermath**
	▪ Provide formal and on-the-job training for both men and women in construction, operation and maintenance of all types of water and sanitation facilities, including wells and pumps, water storage, treatment, water quality monitoring, distribution systems, toilets and bathing facilities.
	▪ Consider when selecting people, particularly women, for training, the timing and language, as well as the trainee's previous education.
	▪ Ensure selection of health/hygiene promoters is appropriate according to the target groups.
	▪ Target hygiene programmes not only to mothers, but also to fathers and other caregivers of children.
	▪ Raise awareness of women, men, boys and girls on ways to protect surface and groundwater sources.
	Phase II: Rehabilitation and preparedness
	▪ Provide training to women in effective water and sanitation planning and management, especially where there is a prevalence of women-headed households (using women-to-women training).
	▪ Offer training to men in water management, especially for single male-headed households who have previously relied on women to collect water and to manage the cooking, personal hygiene and domestic needs for the family (using men-to-men training).
	▪ Work with community groups to expand, operate and maintain communal facilities, and dispose of liquid and solid wastes.
Meeting cultural differences	▪ Guarantee confidentiality and integrate cultural sensitivity into discussion forums on hygiene and sanitation with women and girls.
	▪ Use other women as facilitators in these discussions.
	▪ Include questions on cultural and ethnic beliefs on water usage, responsibilities and sanitation practices.
	▪ Reflect cultural and ethnic differences in the affected community in water, sanitation and hygiene programmes where appropriate.
	▪ Create a participatory, non-discriminatory (age, sex, ability) design for enabling unrestricted access to water and sanitation.

ANNEX 4:   TERMS OF REFERENCE ERRA, Gender Core Group

> **Overall Objective of the Working Group:**
>
> To ensure coordination at the central level among ERRA identified priority sectors and stakeholders working in the area of gender equality in the earthquake affected areas and to facilitate information sharing and collective action required to address gender related gaps emerging at policy and operational level in reconstruction and rehabilitation.

CHAIRPERSON: Deputy Chairman

MEETING FREQUENCY: Bi-Monthly

MEMBERSHIP TO INCLUDE: ERRA/SERRA/PERRA, Department of Social Welfare, Women's Development AJK/NWFP (M&E, Social Protection, Health, Education, Livelihoods, WatSan), UN, NGOs, MOWD, UNDP, UNIFEM institutions and professional bodies

TASKS FOR THE CORE GROUP ON GENDER EQUALITY

1.   Facilitate the exchange of information, good practices and provide systematic updates within ERRA and among stakeholders

2.   Provide regular update on issues, trends and needs of different population groups with special focus on women and girls.

3.   Provide a regular forum for: (1) interaction between ERRA and stakeholders, and (2) inter-sectoral input and feedback on gender equality.

4.   Assist in identifying gaps in Gender and Reconstruction and Rehabilitation related activities.

5.   Identify strategies and advocate follow up action, as well as coordinate resources, required to address issues emerging or faced at different levels congruent with ERRA wide gender policy.

6.   Discuss and sensitize sponsors/donors to agree on use of gender checklist.

7.   Assist the ERRA priority sector Programme Manager to systematically monitor gender related achievements against agreed key performance indicators on gender equality.

8.   Provide and support gender related policy recommendations for mid course correction.

9.   Refer issues when needed to appropriate working groups.