NATIONAL POLICY GUIDELINES FOR VULNERABLE GROUPS IN DISASTERS

National Disaster Management Authority

Contents

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Acronyms

ADB	Asian Development Bank
BMBPA	Ba-Ikhtiar Mustaqbil Ba-Ikhtiar Pakistan Alliance
CDMC	Community Disaster Management Committees
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CCGAP	Climate Change Gender Action Plan
CFS	Child Friendly Space
CRC	Convention on the Right of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DDMA	District Disaster Management Authority
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
GBV	Gender Based Violence
GCC	Gender and Child Cell
GEWE	Gender Equality and Women Empowerment
GIHA	Gender in Humanitarian Action
GTF	Gender Task Force
IASC	Inter-Agency Standing Committee
IDPs	Internally Displaced Persons
IUCN	International Union for Conservation of Nature
MHPSS	Mental Health and Psychosocial Support
NAP	National Adaptation Plan
NCCP	National Climate Change Policy
NDMA	National Disaster Management Authority
NDMC	National Disaster Management Commission
NDRMF	National Disaster Risk Management Framework
NDMP	National Disaster Management Plan
NSPPF	National Social Protection Policy Framework
OPDs	Organizations for Persons with Disabilities
PDMA	Provincial Disaster Management Authority
SADDDD	Sex Age Diversity Disability Disaggregated Data
PWD	Persons with Disabilities
SMS	Short Message Service
SDG	Sustainable Development Goals
UNDRR	United Nations Disaster Risk Reduction
UNICEF	United Nations Children's Fund
UNWOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
WLO	Women Led Organization
WRO	Women Right Organization

Executive Summary

Pakistan is exposed to a wide range of natural and human-induced disasters, and certain population groups and family clusters are disproportionately affected by these crises. The National Policy Guidelines on Vulnerable Groups in Disasters (2025) provide a comprehensive framework to ensure that disaster management in Pakistan is inclusive, equitable, and sensitive to the needs of those most at risk. Developed by the National Disaster Management Authority (NDMA) in consultation with stakeholders, these Guidelines update the 2014 policy to reflect new realities, including intensified climate-related risks, urbanisation, livelihood precarity, and evolving social contexts. The document aligns with international best practices – notably the Sendai Framework for Disaster Risk Reduction 2015–2030, the Sustainable Development Goals (SDGs), Inter-Agency Standing Committee (IASC) guidelines, and Pakistan's commitments under human rights treaties (such as CEDAW, CRPD, CRC). It is intended for use by all levels of government (federal, provincial, district) and relevant partners to strengthen inclusive disaster risk management (DRM).

The Guidelines identify vulnerable groups not only as individuals, but as interconnected **family clusters** whose vulnerabilities compound in crises – including households headed by women, elderly caregivers, or persons with disabilities, as well as families living below the poverty line or without secure shelter. They highlight women (especially pregnant and lactating women), children (including orphans and separated minors), the elderly, persons with disabilities, transgender and gender-diverse persons, economically challenged and socially marginalized groups, homeless and landless populations, ethnic and religious minorities, migrants and displaced persons, and remote rural and informal urban settlements as requiring special attention. An explicit intersectional lens is applied to recognise how gender, disability, age, poverty, homelessness, minority status and other factors overlap to intensify risk. The Guidelines emphasise a rights-based approach to ensure that no one is left behind in disaster preparedness, response, and recovery.

The document addresses vulnerabilities and needs across the entire disaster cycle – preparedness and mitigation (risk assessment, planning, capacity building), response (life-saving relief, protection, and immediate assistance), and recovery (rehabilitation and reconstruction). For each phase, specific barriers faced by these groups and family clusters are identified – for example, inaccessible early warnings for persons with disabilities, exclusion of transgender persons from shelters, lack of safe spaces for women and children, and the invisibility of homeless populations in damage and needs assessments. Policy measures are recommended to reduce risk and improve outcomes, such as accessible multi-format early warnings, safe and gender-responsive evacuation and sheltering, disability-inclusive infrastructure, dedicated outreach to homeless and informal-settlement populations, and livelihood-sensitive recovery packages for poor and precarious households.

Critical cross-cutting issues are integrated throughout the Guidelines. These include promoting gender equality and women's leadership, gender-responsive planning and budgeting, ensuring disability inclusion and accessibility in line with the CRPD, recognising and protecting the rights of transgender and gender-diverse persons, and systematically addressing poverty, homelessness and social exclusion as core risk drivers. The Guidelines call for integrating climate change adaptation measures, strengthening health services to provide mental health and psychosocial support, and leveraging tailored social protection systems – including cash and in-kind support – to build resilience among the poorest, homeless and most marginalised families. Upholding human rights and dignity in all actions is a central principle, guided by the Sendai Framework's call for "all-of-society" engagement and inclusive, accessible, and non-discriminatory participation, with particular attention to those facing intersecting forms of discrimination.[1]

The Guidelines outline clear institutional roles and coordination mechanisms. NDMA will lead at the national level through its Gender and Community Cell (GCC) and dedicated focal points, while Provincial Disaster Management

[1] https://participation.cbm.org/why/international-frameworks/sendai-framework#:~:text=The%20framework%20acknowledges%2C%20that%20disaster,and%20implementing%20plans%20tailored%20to

Authorities (PDMAs) and District Disaster Management Authorities will adapt and operationalize the Guidelines locally, including context-specific strategies for transgender communities, persons with disabilities, homeless populations and economically challenged family clusters. Line ministries and departments (health, education, social welfare, women's development, human rights, etc.) are tasked to integrate these measures into sectoral plans and programmes. Partnerships with civil society, community-based organisations, women-led and disability-led organisations, transgender networks, social protection agencies, the private sector and international partners will be leveraged to support training, awareness, inclusive data systems, and resource mobilization. An Implementation Plan matrix is provided to map out actions, responsibilities, and timelines.

To ensure these Guidelines make an impact, a robust monitoring and evaluation (M&E) framework is included. This comprises indicators such as the collection and use of sex-, age-, disability- and diversity-disaggregated data; systematic recording of homeless and informal-settlement populations in assessments; and the documented inclusion of vulnerable groups in contingency plans, drills and post-disaster reviews. Regular progress reports and an evaluation after three years will enable course correction. NDMA will compile annual reports on the state of inclusion in DRM, and the competent authority will review progress, with feedback loops ensuring that lessons from real disaster events and simulations feed back into policy and practice. The ultimate goal is to fulfill Pakistan's national and international obligations – for example, SDG Target 1.5 on building the resilience of the poor and those in vulnerable situations to climate-related extreme events – by embedding intersectional inclusion and protection of all vulnerable groups, including family clusters, transgender persons, persons with disabilities, and economically and socially marginalized and homeless populations, into the country's disaster management fabric.[2]

[2] https://indicators.report/targets/1-5/#:~:text=,related%20extreme%20events

Background

Pakistan has witnessed a sharp increase in disaster frequency and severity since 2014, driven largely by climate change and new hazard patterns. The country is consistently ranked among those most vulnerable to climate change, facing warming trends above the global average and increasingly frequent extreme events[3]. These disasters have laid bare the deep-rooted vulnerabilities of marginalized groups – including women, children, persons with disabilities, the elderly, transgender persons, and others – who are often hit the hardest. The growing intensity of climate-induced floods, heatwaves, and droughts with their widespread direct and cascading impacts (compounded by public health emergencies like pandemics) underscores an urgent need to update and strengthen inclusive disaster policies to "leave no one behind."

Climate change has amplified extreme heat conditions in Pakistan. Extreme heat not only endangers public health across all segments of society but also reduces productivity and threatens the basic livability of both urban and rural areas – with limited migration options available. It disrupts essential services across sectors: driving up energy demand, inflating healthcare costs, hindering education, straining water supplies, and reducing crop yields. On ecosystems, extreme heat accelerates glacier melt, heightens the risk of flash floods, fuels urban heat island effects, and increases the frequency and severity of wildfires. Furthermore, rising temperatures are a persistent phenomenon observed across all seasons, not just in summer, amplifying long-term risks and compounding impact. The increasing scale and speed of these changes demand immediate and sustained action.

In recent years, the country has recorded some of the highest temperatures globally, with heatwaves becoming more frequent, prolonged, and severe. Several parts of southern Sindh have repeatedly surpassed the wet bulb temperature (a combination of heat and humidity) of 35 °C, a limit widely considered as the upper threshold for human physiological survivability in humid heat4. Country-specific studies reveal that the strongest warming trends have been observed in central, western, and southeastern Pakistan — regions that also encompass key agro-ecological zones, resulting in reduced yield of crops, hence exacerbating socioeconomic conditions of the poors5.

Scientific future projections, including the Intergovernmental Panel for Climate Change (IPCC) AR6 report, foresee further increase in intensity, duration, and frequency of heatwaves for Pakistan6. Similarly, wet bulb temperatures (WBT) are expected to breach survivability thresholds across parts of South Asian region, including Pakistan7. Moreover, life-threatening heat events, where daily maximum temperatures exceed 45 °C for multiple days, are projected to rise, particularly in the two most populous provinces: Punjab and Sindh. Simultaneously, heatwaves in northern Pakistan are expected to intensify, accelerating glacier and snow melt, triggering cascading downstream impacts8. At the city scale, the warming presents a grave scenario. At 1.5 °C of global warming by end of century, Karachi could experience heat equivalent to that of the 2015 heatwave approximately once every 3.6 years; and annually under 2°C warming scenario9. In addition, the exposure to extreme humid heat is also expected to rise with

[3] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=Pakistan%20is%20among%20the%20countries,in%20poverty%2C%20and%20rural%20populations

[4] Saeed, F., Schleussner, C. F., & Ashfaq, M. (2021). Deadly heat stress to become commonplace across South Asia already at 1.5 C of global warming. *Geophysical Research Letters*, *48*(7), e2020GL091191.

[5] Saleem, F., Zeng, X., Hina, S., & Omer, A. (2021). Regional changes in extreme temperature records over Pakistan and their relation to Pacific variability. *Atmospheric Research*, *250*, 105407.

[6] IPCC AR6 WGI Chapter 11-Weather and Climate Extreme Events in a Changing Climate

[7] IPCC AR6 WGII Chapter10-Asia

[8] Saeed, F., Almazroui, M., Islam, N., & Khan, M. S. (2017). Intensification of future heat waves in Pakistan: a study using CORDEX regional climate models ensemble. Natural Hazards, 87, 1635-1647.

[9] Matthews, T. K., Wilby, R. L., & Murphy, C. (2017). Communicating the deadly consequences of global warming for human heat stress. *Proceedings of the National Academy of Sciences*, *114*(15), 3861-3866.

large portions of population expected to face conditions that exceed survivability and productivity thresholds, particularly in Sothern Pakistan10.

A tragic preview occurred in 2015, when Karachi suffered a deadly heatwave that overwhelmed morgues and hospitals and killed at least 1,200 people – mostly elderly, ill, and homeless individuals who could not escape the 45°C heat[11]. During 2022 heatwave, the temperatures in Jacobabad, often labelled as one of the hottest places on earth, experienced wet bulb temperatures as high as 33°C on multiple days12, severely impacting humans and human systems. Similar heat extremes in other subsequent years (2018, 2019, 2022, 2024) have caused heat-related illness and deaths, especially among low-income urban populations lacking cooling or healthcare access. These heat crises highlight the particular vulnerability of the elderly, people with pre-existing health conditions, outdoor laborers, and the urban poor during extreme weather. They also underscore the need for community heatwave preparedness (e.g. cooling centers, early warnings) tailored to at-risk groups.

Pakistan's vulnerability to climate extremes is further exemplified by one of the most devastating recent events; the 2022 monsoon mega-flood, which submerged nearly one-third of the country. Unprecedented rainfall (over 190% above normal in July 2022[13], while Sindh later received more than 700% above its August average[14]) combined with glacial melt triggered floods that affected some 33 million people and displaced almost 8 million. The floods took over 1,700 lives, one-third of whom were children. The humanitarian impacts fell disproportionately on vulnerable groups: for example, an estimated 650,000 pregnant women were among the flood-affected population, many of whom struggled to obtain essential healthcare[15]. Countless children faced heightened malnutrition and disease risks in the aftermath, and those with limited mobility (such as older persons and persons with disabilities) found it difficult to evacuate or access relief. The 2022 floods starkly revealed how pre-existing inequalities magnify during disasters, as vulnerable communities were least equipped to cope with "a climate-induced humanitarian disaster of epic proportions"[16].

Slow-onset droughts have devastated marginalized rural communities, especially in arid regions like Tharparkar in Sindh. Recurrent drought conditions there have led to crop failures, livestock losses, and a public health emergency of malnutrition. In 2018 alone, over 600 infant deaths were reported in Tharparkar due to drought-related malnutrition, water-borne disease, and health complications. Similar tragic outcomes were recorded each year from 2015–2017 in that region[17]. These fatalities – overwhelmingly among young children and infants – illustrate how drought disproportionately impacts those least able to adapt: children, pregnant and nursing mothers, and impoverished families with limited access to food, clean water, and healthcare. The Tharparkar drought crisis has been a grim reminder that "invisible" disasters like drought and famine can be as deadly as sudden catastrophes, and that long-term resilience planning for food security and healthcare in vulnerable districts is imperative.

The COVID-19 pandemic (2020–2021) further exposed and exacerbated societal vulnerabilities in Pakistan. Much like natural disasters, the pandemic's impacts were not felt equally. Globally and in Pakistan, the pandemic

[10] Saeed, F., Schleussner, C. F., & Ashfaq, M. (2021). Deadly heat stress to become commonplace across South Asia already at 1.5 C of global warming. *Geophysical Research Letters*, *48*(7), e2020GL091191.

[11] http://theguardian.com/world/2018/may/22/death-toll-climbs-in-karachi-heatwave#:~:text=A%20heatwave%20in%202015%20left,elderly%2C%20sick%2C%20and%20homeless%20people

[12] Vecellio, D. J., Kong, Q., Kenney, W. L., & Huber, M. (2023). Greatly enhanced risk to humans as a consequence of empirically determined lower moist heat stress tolerance. *Proceedings of the National Academy of Sciences*, *120*(42), e2305427120.

[13] https://www.redcross.org.uk/stories/disasters-and-emergencies/world/climate-change-and-pakistan-flooding-affecting-millions

[14] https://documents1.worldbank.org/curated/en/099945103292317217/pdf/IDU0e363697f0c0a08974030051e1ec772.pdf

[15] https://mhrc.lums.edu.pk/the-2022-pakistan-floods-deepening-vulnerability-in-society#:~:text=Additionally%2C%20damages%20at%20the%20micro,The%20World%20Bank

[16] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=has%20added%20to%20accelerated%20glacier,%E2%80%9D

[17] https://www.dawn.com/news/1449385#:~:text=The%20deaths%20reported%20in%20the,year%20high

disproportionately affected women and children, especially in poor and rural communities[18]. Women faced increased burdens as caregivers, loss of livelihoods, and a surge in gender-based violence during lockdowns. Children – particularly girls and those in low-income households – suffered interrupted education and healthcare, with many unable to access remote learning or essential services. People with disabilities and the elderly were at higher risk of severe illness and encountered barriers in accessing treatment and information. The socio-economic shocks of COVID-19 pushed countless vulnerable families deeper into poverty[19]. This experience highlighted the need to integrate biological hazards and health crises into disaster planning.

Meanwhile, climate change is introducing new hazards in Pakistan's ecology, particularly in the high mountain areas. There are now around 3,000 glacial lakes in the northern Gilgit-Baltistan and Khyber Pakhtunkhwa mountains, formed by rapidly melting glaciers – and 33 of these lakes are poised for Glacial Lake Outburst Floods (GLOFs)[20]. In recent years, surging glacial melt and heatwaves have already triggered multiple GLOF events, sending flash floods down mountain valleys. In 2022, for instance, over seven glacial lake outbursts occurred during the summer heat, exacerbating downstream flooding (as recorded during the mega-flood)[21]. These events threaten remote communities, infrastructure, and hydropower installations in the Himalayan foothills. Mountain villagers – often living in hard-to-reach areas with limited disaster warning systems – are among the most vulnerable, along with indigenous and pastoral groups whose livelihoods depend on climate-sensitive ecosystems. The rise in GLOF incidents is a stark indicator of how rapidly evolving climate threats (like glacier melt) can outpace our current preparedness, demanding updated strategies to protect communities at risk.

Critically, each of these disasters has disproportionately impacted Pakistan's most marginalized groups, laying bare the social inequalities that heighten disaster risk. Women and girls often face heightened risks during disasters – from lack of access to relief services (such as healthcare, sanitation, personal security) to exclusion from decision-making in relief and recovery. The 2022 floods, for example, disrupted maternal health services for thousands of pregnant women and put millions of girls at risk of dropping out of school[22.] Children have been among the worst affected in every major event, suffering trauma, disease, and long-term setbacks to their wellbeing and education. Persons with disabilities and the elderly frequently encounter mobility and access barriers – only about 20% of people with disabilities can evacuate immediately in sudden disasters, according to assessments – meaning many are left behind or deprived of aid in relief camps (a gap that proved fatal for some in recent floods and heatwaves)[23].

Moreover, Pakistan's transgender community has emerged as especially vulnerable in disasters: climate extremes affect everyone, but transgender people suffer disproportionately because social stigma limits their access to education, jobs, housing, and even emergency relief. During the 2022 floods, for instance, an estimated 95% of transgender flood victims could not obtain relief assistance due to lack of official identification documents and pervasive discrimination[24].

[18] https://popcouncil.org/insight/pakistan-perspectives-on-inequalities-magnified-by-covid-19/#:~:text=Pakistan%20is%20currently%20in%20the,of%20school%20closures%20on%20adolescents
[19] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=Pakistan%E2%80%99s%20devastating%20floods%20come%20amid,hit%20by%20the%20floods
[20] https://www.adaptation-undp.org/resources/videos/people-resilience-pakistan#:~:text=As%20the%20globe%20warms%20up,homes%2C%20fields%2C%20livestock%2C%20and%20infrastructure
[21] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=has%20added%20to%20accelerated%20glacier,%E2%80%9D
[22] https://mhrc.lums.edu.pk/the-2022-pakistan-floods-deepening-vulnerability-in-society#:~:text=The%202022%20floods%20damaged%2013,78%20United
[23] https://www.maketherightreal.net/files/documents/learning/DiDRR-country-brief-Pakistan-20240309.pdf#:~:text=Pakistan%20is%20also%20included%20in,national%20disaster%20risk%20reduction%20policies
[24] https://globalhealthnow.org/2024-09/pakistans-trans-community-especially-vulnerable-climate-crises#:~:text=About%2095,Similarly%2C%20because%20many%20lack

In summary, the past decade's events – catastrophic floods, lethal heatwaves, protracted droughts, a global pandemic, and accelerated glacial flooding – have revealed both new vulnerabilities and widening inequities in Pakistan's disaster landscape. Climate change is intensifying hazards and creating complex, overlapping crises. If development and relief efforts do not explicitly account for the needs of vulnerable groups, these segments of society will continue to bear a disproportionate share of disaster losses[25]. This evolving risk environment calls for updated, inclusive policy guidance that builds on lessons learned and addresses the specific challenges faced by women, children, the disabled, the elderly, transgender persons, and other at-risk groups in disasters. The revised National Policy Guidelines on Vulnerable Groups in Disasters respond to this imperative – aiming to strengthen preparedness and resilience across all sectors of society, especially those most frequently left behind by conventional disaster management. By integrating the experiences from 2014–2024, these guidelines seek to ensure that Pakistan's disaster risk reduction (DRR) and response are climate-smart, equitable, and truly inclusive going forward.

Within this context, the Government of Pakistan recognizes that effective disaster management must be inclusive and equitable. The National Disaster Management Act (NDMA) of 2010 provides the legal mandate for national policies and plans to encompass all segments of society. Section 11 of the Act explicitly directs NDMA to develop guidelines for minimum standards of relief "with provisions for vulnerable groups" and to ensure equal access to assistance without discrimination[26]. In line with this mandate, NDMA established a specialized Gender and Child Cell (GCC) in 2010 to ensure that the needs of vulnerable segments – initially defined to include women, children, older persons, and persons with disabilities – are identified and addressed in all phases of disaster management[27]. The first National Policy Guidelines on Vulnerable Groups in Disasters were formulated in 2014 by the NDMA's GCC. Those 2014 Guidelines provided a foundational policy direction and were well-received nationally and internationally as a pioneering effort to focus on vulnerable groups.

The 2025 update of the Guidelines builds upon the 2014 document, incorporating lessons learned over the past decade (including major disasters from 2015–2022) and new developments such as the Sendai Framework and the Sustainable Development Agenda. It reflects the vision of the National Disaster Management Plan 2025 (NDMP-25), which emphasizes inclusion of marginalized communities as a core principle. The NDMP-25 explicitly notes that given Pakistan's alarming disaster trends, "mainstreaming of interventions for vulnerable groups is not only a response to disaster management but also a commitment to promoting human rights and social justice in Pakistan"[28]. The updated Guidelines therefore aim to ensure that "no one is left behind" in disaster risk reduction (DRR) and response – echoing global commitments and Pakistan's own constitutional values of equality and social justice.

[25] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=Pakistan%20is%20among%20the%20countries,in%20poverty%2C%20and%20rural%20populations

[26] https://ndma.gov.pk/storage/publications/July2024/KqarHQnf2KCspRAErTBz.pdf#:~:text=The%20National%20Disaster%20Management%20Act,vulnerable%20groups%20in%20planning%20and

[27] https://ndma.gov.pk/storage/publications/July2024/KqarHQnf2KCspRAErTBz.pdf#:~:text=The%20Gender%20and%20Child%20Cell,with%20its%20vision%20developed%20the

[28] https://www.ndma.gov.pk/storage/plans/February2025/E3I0e3nZWUWOcyniQmvg.pdf#:~:text=Given%20these%20alarming%20realities%2C%20mainstreaming,also%20a%20commitment%20to

Introduction

The global policy context for disaster risk reduction (DRR) has significantly evolved since the formulation of the 2014 guidelines. Notably, the world transitioned from the Hyogo Framework for Action (2005–2015) to the Sendai Framework for Disaster Risk Reduction 2015–2030, which was adopted in 2015 as the blueprint for global DRR efforts. Pakistan, alongside 186 other nations, formally adopted the Sendai Framework and its call for inclusive, all-of-society disaster risk management[29]. The Sendai Framework places strong emphasis on understanding risk, investing in resilience, and empowering stakeholders at all levels – themes that are central to this guideline revision. In alignment with Sendai's approach, the revised guidelines incorporate its four priority areas and tailor them to Pakistan's context:

Understanding Disaster Risk: The guidelines promote improved risk assessment and data collection on vulnerabilities, with sex-, age-, and disability-disaggregated data. This evidence-based approach will enhance awareness of how different groups (women, children, persons with disabilities, etc.) are exposed to hazards, in line with Sendai Priority 1. For example, the policy calls for community-level risk mapping that involves vulnerable groups and integrates indigenous knowledge, thereby improving understanding of localized risks and capacities[30].

Strengthening Disaster Risk Governance: Consistent with Sendai Priority 2, these guidelines advocate for inclusive and gender-responsive disaster governance. This means actively involving women, youth, the elderly, people with disabilities, transgender and marginalized communities in disaster planning and decision-making processes at national, provincial, and local levels. Clear roles and coordination mechanisms are outlined to ensure that the needs and voices of vulnerable groups inform policies and emergency protocols. By fostering participation and recognizing vulnerable groups as "rightful stakeholders and actors" in DRR[31], the policy aims to strengthen accountability and effectiveness in disaster management.

Investing in DRR for Resilience: In line with Sendai Priority 3, the revised guidelines highlight the importance of dedicated resources and targeted programs to reduce the risks faced by vulnerable populations. It calls for investing in resilient infrastructure (such as accessible evacuation centers and disaster-resilient housing), adaptive social protection systems, and community-based DRR initiatives that benefit at-risk groups. The document aligns with national development priorities by emphasizing that building the resilience of the poor and marginalized is not only a humanitarian imperative but also a smart investment – echoing SDG Target 1.5's goal of reducing the exposure and vulnerability of the poor to climate-related extremes, and other economic, social and environmental shocks and disasters[32]. By channeling funds into risk reduction measures (e.g. early warning systems, livelihood diversification, retrofitting of critical facilities) that prioritize vulnerable communities, Pakistan can curb disaster losses and protect development gains.

Enhancing Preparedness for Effective Response and "Build Back Better": Consistent with Sendai Priority 4, the guidelines stress preparedness planning that includes everyone, and post-disaster recovery that builds back in an inclusive manner. This entails establishing inclusive early warning communication (reaching rural women, people with disabilities, and linguistic minorities), training local responders in needs of vulnerable groups, and ensuring emergency shelters and relief services are accessible to all (with provisions for women's privacy, child-friendly spaces, assistive devices, etc.). The "Build Back Better" principle is integrated to ensure that recovery and reconstruction efforts deliberately address pre-disaster vulnerabilities – for instance, rebuilding schools, homes, and health facilities to higher standards of safety and accessibility and restoring livelihoods with a focus on women's economic

[29] https://www.maketherightreal.net/files/documents/learning/DiDRR-country-brief-Pakistan-20240309.pdf#:~:text=Pakistan%20is%20also%20included%20in,national%20disaster%20risk%20reduction%20policies
[30] https://www.hrw.org/news/2022/08/29/epic-pakistan-floods-show-need-climate-action#:~:text=Pakistan%20is%20among%20the%20countries,in%20poverty%2C%20and%20rural%20populations
[31] https://www.maketherightreal.net/files/documents/learning/DiDRR-country-brief-Pakistan-20240309.pdf#:~:text=Pakistan%20is%20also%20included%20in,national%20disaster%20risk%20reduction%20policies
[32] https://ndrmf.pk/about-us/global-linkages/un-sdgs/#:~:text=1%20NO%20POVERTY

empowerment and social equity. By doing so, the aftermath of a disaster becomes an opportunity to reduce underlying risk and inequalities rather than return to the status quo.

In addition to the Sendai Framework, this policy update is firmly grounded in and supportive of international development commitments, particularly the Sustainable Development Goals (SDGs). Disaster risk reduction and social inclusion are cross-cutting requirements for achieving the SDGs by 2030. Reducing the vulnerability of marginalized groups in disasters will directly contribute to SDG 1 (No Poverty) and SDG 10 (Reduced Inequalities), as disasters can erase livelihoods and deepen poverty in already disadvantaged communities. Building the resilience of the poor and those in vulnerable situations to climate-related shocks is a target under SDG 1[33], underlining that effective DRR is essential for poverty alleviation. Likewise, prioritizing gender equality in disaster management supports SDG 5 (Gender Equality), by empowering women as decision-makers and ensuring their needs are addressed in disaster contexts.

The guidelines' focus on safer and inclusive cities and settlements aligns with SDG 11 (Sustainable Cities and Communities) – notably Target 11.5, which calls for reducing the number of people affected by disasters and protecting the poor and vulnerable. Finally, the emphasis on climate change adaptation and resilience in these guidelines complements SDG 13 (Climate Action). By bolstering adaptive capacity and reducing climate-induced disaster risks, Pakistan advances its commitment under SDG 13.1 to strengthen resilience to climate hazards[34]. In essence, the revised guidelines serve as a mechanism to integrate DRR into sustainable development planning, ensuring that progress toward the SDGs is safeguarded against disaster setbacks and that development gains are shared equitably.

Another milestone is the development of the Gender and Climate Change Action Plan (ccGAP) in 2022 – Pakistan's first national action plan focusing on the gender dimensions of climate change and DRR. This Climate Change Gender Action Plan (CCGAP) was formulated by the Ministry of Climate Change with support from partners (including IUCN) as an overarching framework to ensure climate and disaster policies are gender-responsive. The ccGAP identifies six priority sectors (agriculture & food security, forest & biodiversity, disaster risk reduction, water & sanitation, coastal areas, and energy & transport) and sets out actions to integrate gender considerations in each. It emphasizes women's empowerment, inclusion in decision-making, and protection from climate-related vulnerabilities as key objectives. "Strengthening the resilience of women and girls in the face of climate-related impacts" is a primary goal of the plan[35].

The revised vulnerable-groups guidelines draw on the ccGAP's recommendations to ensure that disaster risk governance is gender-responsive. This includes, for example, guidelines on collecting gender-disaggregated data, involving women's organizations in local DRR planning, and addressing gender-based needs in disaster response (such as dignity kits, maternal health services, and prevention of gender-based violence in camps). By aligning with the NCCP 2021, NAP 2023, and GCCAP 2022, the updated guidelines ensure consistency and mutual reinforcement across Pakistan's policy spectrum for climate change adaptation, sustainable development, and disaster risk management. Together, these policies reflect a shift toward inclusive risk governance – recognizing that effective resilience-building must engage and benefit all parts of society, especially those most vulnerable to hazards.

The process of revising the 2014 Vulnerable Groups in Disasters guidelines has itself been a collaborative and capacity-building endeavor, led by the government with support from key development partners. The National Disaster Management Authority (NDMA) – as the lead federal agency for DRR – is spearheading this revision with technical support and co-leadership from UN Women and the Asian Development Bank (ADB). This partnership was formed to infuse global best practices and ensure that gender equality and social inclusion remain at the heart of the new guidelines. UN Women's expertise in gender-responsive policy and ADB's experience in resilience and social

[33] https://ndrmf.pk/about-us/global-linkages/un-sdgs/#:~:text=1%20NO%20POVERTY

[34] https://ndrmf.pk/about-us/global-linkages/un-sdgs/#:~:text=13%20Climate%20Action

[35] https://pid.gov.pk/site/press_detail/24665#:~:text=and%20design,common%20natural%20resources%20and%20being

protection programming have enriched the guideline development, complementing NDMA's mandate and on-ground experience.

Through workshops, consultations, and technical reviews, stakeholders from government ministries, provincial disaster management authorities, civil society (including organizations of women, youth, persons with disabilities, and transgender people), and academia have contributed to the content – reflecting an "all-of-society" approach as advocated by the Sendai Framework. This inclusive process mirrors the intent of the guidelines themselves: to promote gender-responsive and inclusive disaster risk governance at every level. By revising the guidelines in a participatory manner, NDMA and its partners aim to foster ownership and awareness among all actors responsible for their implementation.

Ultimately, the revised National Policy Guidelines on Vulnerable Groups in Disasters represent a strengthened commitment by Pakistan to protect its most vulnerable populations in the face of disasters. The document serves as a practical tool for authorities and practitioners to integrate the needs of marginalized groups into disaster risk management – from risk assessment and prevention to response and recovery. It aligns Pakistan's disaster policies with contemporary global frameworks (Sendai Framework, SDGs) and national strategies (NAP, Climate Change Policy, ccGAP), ensuring coherence and unified direction. By institutionalizing a rights-based, inclusive approach to DRR, these guidelines strive to enhance resilience outcomes: fewer lives lost, reduced suffering, and faster recovery for vulnerable populations when disasters strike.

Moving forward, NDMA, in coordination with provincial and local authorities will oversee the rollout of these guidelines, capacity building of stakeholders, and monitoring of implementation. With the support of development partners like UN Women and ADB, Pakistan is dedicated to translating this policy into concrete actions that empower vulnerable groups as agents of resilience. In doing so, the country takes a significant step toward disaster risk governance that is not only more effective, but also more just and equitable for all segments of society.

1.4 Objectives of the 2025 Guidelines

The overarching goal of the National Policy Guidelines on Vulnerable Groups in Disasters (2025) is **to ensure that disaster management in Pakistan protects, includes, and empowers the most vulnerable segments of society at all stages of a disaster**. To achieve this, the Guidelines set forth the following specific objectives:

- Ensure all disaster management initiatives incorporate gender-, age, diversity and disability-disaggregated data to identify and prioritize the specific needs of vulnerable populations through context-sensitive vulnerability analysis.
- Integrate the distinct requirements of women, girls, children, elderly, persons with disabilities, and marginalized groups into the design of evacuation plans, relief infrastructure, and recovery programs to ensure interventions are accessible and effective for all.
- Ensure non-discriminatory distribution of aid and resources while proactively including vulnerable groups in recovery programs—such as housing, cash-for-work, and livelihoods—to prevent further marginalization.
- Facilitate the active involvement of vulnerable groups in disaster governance by including their voices in local disaster management committees and recovery forums, recognizing them as contributors and agents of change.
- Mainstream human rights-based and culturally sensitive protection measures—such as safe shelter arrangements, accessible grievance mechanisms, and psychosocial support—to uphold the dignity and safety of all individuals.

- Embed disaster vulnerability reduction into national development, poverty alleviation, and social protection frameworks to address root causes of exclusion and build long-term resilience among at-risk groups.

Alignment with the National Priorities and International Commitments

National Disaster Management Authority in Pakistan operates within a framework of national laws and policies, as well as international commitments that Pakistan has endorsed. The 2025 Guidelines are grounded in these frameworks to ensure coherence and legitimacy:

- **National Disaster Management Act, 2010:** The NDMA Act is the cornerstone of Pakistan's disaster management legal regime. It not only created the institutional structures (NDMC, NDMA, PDMAs, DDMAs) but also mandates that vulnerable groups be given due consideration in disaster policies and relief efforts. Section 37 of the Act further prohibits any discrimination in relief distribution on the basis of gender, age, disability, or other factors.[36]

- **National Disaster Risk Management Framework (NDRMF) 2007:** This was Pakistan's first national framework, which already highlighted the need to integrate concerns of vulnerable communities in disaster planning, capacity building, and training. The NDRMF set the stage for recognizing vulnerability as a key component of risk.

- **National Disaster Management Plan (NDMP) 2012 and 2025:** The earlier NDMP (2012–2022) and the revised NDMP-25 both stress inclusive approaches. The *NDMP 2025* in particular adopts a people-centered, "all-of-society" approach consistent with Sendai. It identifies women, children, the elderly, persons with disabilities and other marginalized groups as requiring special focus in risk assessments, early warning, evacuation planning, relief provision, and long-term recovery. The NDMP-25 aligns Pakistan's strategies with the Sendai Framework's priorities and the Sustainable Development Goals, ensuring that vulnerability reduction is central to national DRM efforts.[37]

- **National Climate Change Policy and Adaptation Plans:** Pakistan's Climate Change Policy (revised 2021) and National Adaptation Plan (NAP) recognize that climate-induced disasters affect *"the poorest and most vulnerable"* communities the worst[38]. These policies call for targeted measures to protect vulnerable groups (such as climate-resilient livelihoods for women farmers, early warning systems for remote villages, etc.) as part of adaptation and resilience-building. The NCCP also stresses on the need of mainstream gender

[36] https://www.ndma.gov.pk/storage/NDMA-Act/NDMA-Act.pdf
[37] https://www.ndma.gov.pk/storage/plans/March2025/sps3g997GvbYIOEpwvKw.pdf
[38] https://www.climatepolicylab.org/communityvoices/2024/5/30/protecting-vulnerable-communities-against-climate-risks-in-pakistan#:~:text=Despite%20contributing%20less%20than%201,elderly%2C%20and%20people%20with%20disabilities

considerations and to develop gender sensitive adaptive strategies while recognizing the differentiated impacts that climate change poses on women and girls. [39] In addition, the ccGAP targets to promote narratives on gendered impacts of climate change and their inclusion in policy and planning. Central to the plan is the commitment to ensuring women's full and equal participation in the design and execution of climate action, thereby promoting inclusivity and equity in national climate governance.[40] This evolved policy framework provides supports and facilitation for mainstreaming gender consideration in response planning, paving way for placing gender at the core focus of resilience building. The Guidelines complement these by detailing how to address vulnerabilities in practical DRM operations.

- **Social Protection Frameworks:** The government's social protection initiatives, such as the Benazir Income Support Programme (BISP) and the emerging National Social Protection Policy Framework[41], are important complements to disaster management. The 2025 Guidelines are recommended for integration into these programs[42] so that routine social safety nets can be leveraged or scaled up during disasters to support vulnerable households. A shock-responsive social protection approach is encouraged, linking cash assistance, insurance, and other schemes to disaster early warnings (for example, anticipatory cash transfers to at-risk families before a forecasted flood).

- **Sendai Framework for Disaster Risk Reduction (2015–2030):** Pakistan is a signatory to the Sendai Framework, the global blueprint for DRR. Sendai emphasizes that DRR must be inclusive and people-centered, calling for "empowerment and inclusive, accessible and non-discriminatory participation", with special attention to people disproportionately affected by disasters[43]. It specifically highlights the roles of women, persons with disabilities, children and youth, older persons, migrants, and indigenous communities in DRR. These Guidelines incorporate Sendai's four priorities (understanding risk, strengthening governance, investing in resilience, and enhancing response & "Build Back Better") with an inclusive lens.

- **Sustainable Development Goals (2030 Agenda):** The SDGs reinforce the imperative to protect vulnerable groups. For instance, SDG 1 (No Poverty) includes Target 1.5 which aims to *"build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events"* by 2030[44]. SDG 11 (Sustainable Cities) has Target 11.5 to significantly reduce disaster deaths and those affected, with emphasis on protecting the poor and vulnerable. SDG 13 (Climate Action) urges measures to strengthen resilience to climate hazards. The implementation of these Guidelines will directly support Pakistan's progress toward these SDG targets by focusing on at-risk populations.

- **Human Rights Treaties:** Pakistan's commitments under international human rights law provide a strong foundation for this policy. Key among them:

    - **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW):** Pakistan, as a party, must ensure women's equal rights and protection in all spheres. CEDAW General Recommendation No. 37 (2018) explicitly calls on states to integrate gender perspectives in disaster

[39] National Climate Change Policy (NCCP) 2021
[40] Climate Change Gender Action Plan of the Government and People of Pakistan
[41] https://www.finance.gov.pk/survey/chapter_24/16_social%20protection.pdf
[42] https://faolex.fao.org/docs/pdf/pak173386.pdf#:~:text=In%20short%2C%20the%20main%20purpose,making%20processes%20that%20affect%20them
[43] https://participation.cbm.org/why/international-frameworks/sendai-framework#:~:text=The%20framework%20acknowledges%2C%20that%20disaster,and%20implementing%20plans%20tailored%20to
[44] https://indicators.report/targets/1-5/#:~:text=,related%20extreme%20events

risk reduction and climate change, recognizing women's heightened vulnerabilities and capacities in these contexts.

- **Convention on the Rights of Persons with Disabilities (CRPD):** Article 11 of CRPD obligates states to take "all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk and humanitarian emergencies." The Guidelines fulfill this by promoting disability-inclusive disaster management practices. They endorse the principles of "Nothing about us without us" – involving persons with disabilities in planning and decision-making – and universal design for accessibility in disaster infrastructure.
- **Convention on the Rights of the Child (CRC):** CRC requires states to ensure children's right to survival and development. In disaster settings, children face risks of injury, disease, exploitation and trauma. The Guidelines integrate child protection measures (aligned with UNICEF and IASC guidelines on children in emergencies) to uphold these rights.
- (Other relevant instruments include the International Covenant on Civil and Political Rights (right to life, equality) and the Covenant on Economic, Social and Cultural Rights (right to an adequate standard of living, health, education) – all of which underpin an inclusive approach to disaster management. Pakistan's constitutional guarantees of equality (Articles 25, 26) and special provisions for the protection of women and children also reinforce these commitments.)

- **Inter-Agency Standing Committee (IASC) Guidelines:** The IASC – comprising key UN and non-UN humanitarian organizations – has issued specific guidelines to assist vulnerable groups in emergencies. These global guidelines, while primarily for humanitarian actors, inform this national policy. Notably:
  - The IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action (2019), which set out essential actions for humanitarian actors to identify and respond to the needs and rights of persons with disabilities in crises[45]. These emphasize placing persons with disabilities at the center of emergency planning, ensuring their meaningful participation and leadership.
  - The IASC Gender Handbook in Humanitarian Action, and Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Settings, which provide standards for ensuring women's and girls' protection and participation.
  - The IASC Guidelines on Mental Health and Psychosocial Support (MHPSS), which highlight approaches to address trauma and stress in affected populations, including vulnerable groups.
  - The Sphere Standards also inform minimum standards (e.g. for WASH, shelter, food) that are sensitive to vulnerable groups' needs (such as accessible latrines, privacy for women, etc.).

The context of the guidelines also aligns with climate-relevant frameworks that emphasize on the inclusion of vulnerable groups particularly from a gendered lens into policy considerations. Noteworthy global frameworks on climate change with which the scope of these guidelines aligns include;

- **Paris Agreement (2015):** The article 7.9 encourages Parties to assess impacts and vulnerability and to inform the development of nationally determined prioritized actions[46]. Thus, aligning with the scope of this

[45] https://www.corecommitments.unicef.org/kp/iasc-guidelines%2C-inclusion-of-persons-with-disabilities-in-humanitarian-action%2C-2019#:~:text=The%20guidelines%20set%20out%20essential,left%20behind%20in%20humanitarian%20settings
[46] Paris Agreement 2015

document to inform resilience against climatic threats faced by Pakistan. Additionally, the article 7.5 of the Paris Agreement emphasizes that adaptation action should follow a **gender-responsive**, participatory, and fully transparent approach, taking into consideration vulnerable groups, communities, and ecosystems. Thereby, the special focus of these guidelines on vulnerable groups, particularly on women and girls, aligns with the guiding adaptation principles of the Paris Agreement.

- **UN Human Rights Council Resolutions on Climate Change and Human Rights:** Under this resolution, the states are called upon to adopt and strengthen policies that uphold the rights of individuals in vulnerable situations in the context of climate change[47]. This includes recognizing their specific risks and needs in climate action plans, embedding climate resilience into social and health care systems, and ensuring the provision of climate and disaster-related information through accessible communication channels. The call resonates with the objective of this document to mainstream vulnerable groups in resilience planning based on the challenges they face and needs they pose.

Vulnerable Groups in Disasters

In the context of disaster management, vulnerable groups (or vulnerable populations) refer to segments of society that are more susceptible to harm and less able to cope during and after disasters. This heightened vulnerability can stem from physical, social, economic, or environmental factors that increase the risk to certain people when a hazard strikes. According to UNDRR terminology, "vulnerability" is "the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard"[48]. In simpler terms, vulnerability is not an inherent trait of the people themselves, but results from their situation – for example, living in unsafe conditions, lacking resources, or facing discrimination.

For the purpose of these Guidelines, NDMA identifies the following priority vulnerable groups in disasters[49], based on our national context:

Women and Girls: Due to social and economic gender inequalities, women and adolescent girls often face higher risks in disasters. Cultural norms may restrict their mobility and access to information, and they have specific needs (e.g. maternal health, menstrual hygiene) that require attention. Women-headed households tend to have fewer assets to recover from losses. A combination of these and other aspects like physiological differences, occupational exposure, and under-representation in decision making positions further increase their vulnerability to climate extremes like heat stress[50]. For pregnant women, prolonged heat exposure further elevates risks of gestational complications, premature births, and low birth weight. Limited access to healthcare exacerbates these risks, contributing to higher maternal and infant mortality.[51] Additionally, hormonal fluctuations and heat stress can intensify psychological distress[52], particularly among pregnant, post-partum, and caregiving women, further impeding daily functioning and active decision-making.

[47] UN Human Rights Council Resolutions on Climate Change and Human Rights
[48] https://interagencystandingcommittee.org/iasc-guidelines-on-inclusion-of-persons-with-disabilities-in-humanitarian-action-2019
[49] National Policy Guidelines on Vulnerable Groups in Disasters 2014
https://www.ndma.gov.pk/storage/plans/July2024/HGlDQfefxcAIy9FrJx3R.pdf
[50] Extreme Heat, Regional Impacts, and Why We Need Gender-Transformative Heat Action Plan
[51] Anjum, G., & Aziz, M. (2025). Climate change and gendered vulnerability: A systematic review of women's health. Women's health (London, England), 21, 17455057251323645. https://doi.org/10.1177/17455057251323645
[52] Daraz, U., Khan, Y., Alsawalqa, R. O., Alrawashdeh, M. N., & Alnajdawi, A. M. (2024). Impact of climate change on women mental health in rural hinterland of Pakistan. Frontiers in psychiatry, 15, 1450943.

Traditional gender roles assign women to domestic tasks such as cooking, cleaning, and water collection, often performed during peak heat hours and near heat sources like stoves. Poor indoor ventilation and frequent energy outages during heatwaves exacerbate heat exposure for women working in such environments.[53] To compound the impact, extreme energy poverty hinders the ability of such at risk population groups to access basic cooling mechanisms like fans, air conditioners, or well-ventilated living spaces.[54]

Rural women engage in agricultural labor and livestock management while also fulfilling unpaid caregiving duties. In rural communities, women manage agricultural labor, livestock farming, and unpaid domestic and caregiving duties. Long hours working under the sun with limited breaks, no shade, and insufficient water increase their exposure to heat stress and related illnesses like heat cramps, exhaustion, and heatstroke. Balancing these tasks in extreme heat leaves little time for rest and recovery.[55] Women's vulnerability to heat stress in rural Pakistan is further heightened by cultural and social norms that restrict mobility and limit access to cooler spaces and timely medical care during heatwaves. Traditional clothing, with multiple layers and full coverage, can affect natural cooling mechanisms of the body, especially in humid outdoor conditions. Additionally, women's predominance in low-income and unpaid caregiving roles limits their financial capacity to access cooling or healthcare, increasing their risk during extreme heat events. [56] Additionally, gender-based violence increases in crisis situations, heightening women and adolescent girls' vulnerabilities.

- **Children and Youth:** Children (boys and girls) are vulnerable because of their age and dependence. They can suffer injuries or illness more acutely, face malnutrition, and are at risk of exploitation, abuse or trafficking if separated from family. Disasters disrupt education and normal routines, affecting children's development. Adolescent boys and girls and youth, while more mobile than young children, also face protection risks and need inclusion in decision-making and recovery opportunities (such as cash-for-work, skills training) to avoid long-term marginalization. In rural settings, these young children often engage in outdoor tasks such as herding livestock and collecting fodder, significantly increasing their exposure to hazards like heatwaves.[57] Girls, in particular, face heightened risks due to traditional responsibilities like water fetching, which often requires long walks during peak heat hours, especially in summer months. This prolonged exposure leads to higher incidences of heat-related illnesses such as dehydration, headaches, heat exhaustion, and in severe cases, heatstroke or even death.[58] Additionally, the burden of these responsibilities contributes to school absenteeism, reducing educational attainment for girls. In the aftermath of climate disasters, the economic pressures also increase the risk of child marriage, particularly for adolescent girls[59]. Furthermore, during relief and recovery efforts after a climatic disaster, the focus tends to remain on general healthcare, often overlooking the reproductive or menstrual health needs of girls and adolescent girls-failing to address gender specific health concerns. These gendered and age-specific vulnerabilities necessitate special

[53] Daraz, U., Khan, Y., Alsawalqa, R. O., Alrawashdeh, M. N., & Alnajdawi, A. M. (2024). Impact of climate change on women mental health in rural hinterland of Pakistan. Frontiers in psychiatry, 15, 1450943.
[54] Rising Above the Heat: Strengthening Women's Resilience to Heat Stress
[55] Habibi, P., Heydari, A., Dehghan, H., Moradi, A., & Moradi, G. (2024). Climate Change and Occupational Heat Strain Among Women Workers: A Systematic Review. Indian journal of occupational and environmental medicine, 28(1), 4–17. https://doi.org/10.4103/ijoem.ijoem_320_21
[56] Anjum, G., & Aziz, M. (2025). Climate change and gendered vulnerability: A systematic review of women's health. Women's health (London, England), 21, 17455057251323645. https://doi.org/10.1177/17455057251323645
[57] Hoy, Andreas, Om Katel, Pankaj Thapa, Ngawang Dendup, and Jörg Matschullat. "Climatic changes and their impact on socio-economic sectors in the Bhutan Himalayas: An implementation strategy." *Regional Environmental Change* 16 (2016): 1401-1415.
[58] Patel, S. K., Mathew, B., Nanda, A., Pati, S., & Nayak, H. (2019). A review on extreme weather events and livelihood in Odisha, India. *Mausam*, *70*(3), 551-560.
[59] Ahmed, R. (2018). The impact of flooding on marriage: evidence from Pakistan. *Disaster Prevention and Management*, *27*(1), 115-128.

consideration in climate adaptation and disaster planning, ensuring that policies are sensitive to the differentiated needs of children—especially girls—and prioritize access to education, healthcare, and protection in a warming climate.

- **Older Persons (Elderly):** Senior citizens may have impaired mobility, chronic illnesses, or disabilities that make it difficult to evacuate or access relief without assistance. They may also be socially isolated or on their own if younger family members have migrated. The elderly have valuable knowledge and roles, but in disasters they often struggle to compete for resources and can be overlooked. They have specific needs like medications, assistive devices (glasses, hearing aids), or dietary requirements.

- **Persons with Disabilities (PWDs):** This includes people with physical, sensory, intellectual, or psychosocial disabilities. They are among the most at-risk in disasters due to barriers in the physical environment (e.g. shelters or information not accessible), as well as stigma. Without proactive measures, they may be unable to evacuate timely, access relief distributions, or receive crucial communications. However, with proper inclusion – e.g. sign language interpretation, ramped access, disability-friendly warning systems – these barriers can be reduced. PWDs are not a homogeneous group; their needs vary widely, so individual assessment is important.

- **Transgender:** In Pakistan, transgender persons (commonly known as Khawaja Sira or third-gender) face social exclusion and discrimination even in normal times. During disasters, they may be overlooked or actively discriminated against in rescue and relief efforts. Reports from past emergencies show transgender individuals sometimes avoided relief camps due to fear of harassment or lack of privacy. They also lack official identification, making it hard to register for aid. Recognizing them as a vulnerable group is crucial to ensure they receive equal assistance and protection in disasters.

- **Ethnic and Religious Minorities:** Minority communities (religious minorities such as Hindu, Christian, Sikh, etc., and smaller ethnic groups) often live in marginalized geographic areas and have language barriers or trust deficits with authorities. In some instances, aid is inequitably distributed due to social biases, or their unique cultural needs (dietary restrictions, religious practices) might be overlooked. Minorities can also face intersectional challenges – for example, a minority woman or a disabled person from a minority community faces layered challenges. Ensuring inclusive aid that respects cultural and religious differences is key to serving these groups.

- **Migrants, Refugees, and Internally Displaced Persons (IDPs):** People who are on the move or displaced from their homes are highly vulnerable. This category includes economic migrants living in informal urban settlements, undocumented individuals, as well as refugees (e.g. Afghan refugees in Pakistan) and IDPs displaced by conflict or prior disasters. They often live in precarious housing more exposed to hazards (such as flood-prone riverbanks or unsafe urban buildings). They may not be covered by social protection or local warning systems, and language or legal status barriers can impede their access to relief. Special efforts are needed to reach these populations, including coordination with humanitarian agencies for refugees, and ensuring IDPs are factored into provincial and district disaster plans.

- **Economically Marginalized and Homeless Populations:** People experiencing homelessness, informal settlement dwellers, and those without stable income or employment are among the most exposed and least equipped to cope during disasters. Lacking secure shelter, they face direct exposure to extreme weather events such as heatwaves, cold spells, and floods. The absence of formal housing or land tenure excludes them from most disaster preparedness systems, insurance schemes, and post-disaster compensation mechanisms. Street vendors, daily-wage laborers, and unemployed individuals often live day-

to-day, with limited savings or access to health care. When disasters disrupt livelihoods, these groups are among the first to lose their income sources and the last to recover economically. In urban contexts, people living in makeshift shelters or roadside dwellings face compounded risks from environmental hazards, displacement during evacuations, and social stigmatization in relief distribution. Recognizing economic precarity and homelessness as critical dimensions of vulnerability is essential to designing inclusive early warning systems, cash-based assistance, and long-term recovery programs that enable resilience and social reintegration.

- **People in Remote and Disaster-Prone Areas:** Communities in hard-to-reach areas – for instance, mountainous villages in GB or AJK, desert communities in Tharparkar, or coastal fishing villages in Baluchistan/Sindh – are vulnerable due to their geographic isolation. They may have limited infrastructure (roads, communications) and scant local emergency services. When disasters strike (landslides, avalanches, droughts, coastal storms, etc.), these communities can be cut off, delaying relief. Their traditional coping mechanisms are being stretched by climate change. The Guidelines treat them as a vulnerable group to ensure last-mile coverage – those early warnings, relief supplies, and recovery efforts effectively reach remote settlements.

It is important to note that vulnerabilities are context-specific. Many individuals fall into multiple categories (for example, a disabled older woman, or a child from a minority community living in a remote area, or an economically challenged male who is without any means of support). These intersecting factors can compound risk. Thus, disaster management must adopt an intersectional approach, tailoring solutions to address multiple vulnerabilities together. Moreover, vulnerability is not static – it can be reduced through capacity building, inclusive planning and adaptive social protection mechanisms. These Guidelines aim to both address immediate special needs and empower vulnerable groups as active participants in disaster risk reduction.

Family Cluster Approach to Inclusive Disaster Risk Management in Pakistan

Pakistan's social fabric is deeply shaped by **family and kinship systems**. Extended and joint families, multi-generational households, shared compounds, and informal care arrangements form the core of everyday life. Decisions about **mobility, shelter, income, caregiving, and risk-taking** are rarely made by isolated individuals; they are negotiated within family units shaped by gender norms, age hierarchies, biradari (kinship) ties, and economic dependence.

In this context, disasters do not affect "individuals" in isolation. Floods, earthquakes, heatwaves, droughts and urban fires disrupt **entire family ecosystems** – damaging homes and livelihoods, breaking care chains, separating children and older persons from caregivers, and deepening existing inequalities. Women and girls, persons with disabilities, transgender and gender-diverse persons, older persons, economically challenged and homeless families, and those facing intersecting forms of exclusion experience risk *through* their position in the family and household, not outside it.

To reflect this reality, Pakistan's disaster risk reduction lens must **shift from an exclusive focus on individual or anonymous "community" beneficiaries** towards a **family cluster approach** that recognises the household as the primary unit of risk, planning, support and accountability.

Definition and Scope

For the purpose of these Policy Guidelines, we define a "Family Cluster":

"All persons who share a living arrangement and interlinked care or economic responsibilities, including women and men, children and adolescents, older persons, persons with disabilities, transgender, economically dependent relatives, domestic workers, renters and homeless or landless family members temporarily attached to the household."

A **family cluster approach in DRR** means that:

- **Risk analysis** is conducted at the household level, examining who lives in the dwelling, how they are related, who depends on whom for care, mobility, income and decision-making; and how the dwelling is exposed to specific hazards.
- **Preparedness** is organised around a household plan (evacuation roles, early warning, essential items, medication and documentation) rather than only generic awareness messages.
- **Response and relief** target the family unit and its dependencies, calibrating support for families with multiple dependents, women-headed households, transgender-inclusive households, homeless families and those with high-care needs.
- **Recovery and social protection** reinforce the integrity and functioning of the family system (housing, livelihoods, education continuity, care arrangements, assistive devices), rather than fragmented individual interventions.

Rationale in the Cultural and DRR Context of Pakistan

Adopting a family cluster lens is critical in Pakistan for the following reasons:

1. **Reflecting the Pakistani family system and care chains**
   In Pakistan, care for children, older persons, persons with disabilities and chronically ill members is largely unpaid and home-based, performed mostly by women and girls within the family. When disasters occur, the **breakdown of these care chains** (e.g., injury, death or displacement of a caregiver) instantly increases risk for multiple household members. A family cluster approach ensures that DRR planning accounts for these interdependencies.
2. **Making "hidden" vulnerabilities visible**
   Older women, bed-ridden or homebound persons, neurodivergent children, transgender persons living with families, domestic workers, renters and homeless relatives staying in the compound are often **not captured** in individual-based registration or camp lists. Household-level profiling brings these groups into view and enables differentiated support.
3. **Aligning DRR with social protection and local practice**
   Pakistan's social protection instruments (e.g., BISP), zakat/charity practices and many community welfare mechanisms already operate at the **household level**. A family cluster approach aligns DRR with these systems, making it easier to link early warning, evacuation, relief and recovery with **cash transfers, subsidies, nutritional support and housing assistance**.
4. **Addressing intersectionality in practice**
   Gender, age, disability, class, homelessness and stigma intersect within the same family unit. For example, a low-income, women-headed household with an older person with disability and an adolescent girl is exposed to multiple, overlapping risks. A family cluster lens requires DRM actors to ask:

   > *What combination of identities and dependencies exist within this household, and how does that shape its risk and capacity?*

   This moves GEDSI from a list of separate categories to a **practical, household-based analysis**.

5. **Improving accountability and targeting**
   When assistance is tracked at the household level, it becomes easier to see **who has been reached, who has been left behind, and whether support is commensurate with the complexity of household needs.** This strengthens transparency, reduces duplication, and supports more equitable planning.

Key Design Elements of the Family Cluster Approach

To operationalise the family cluster approach, NDMA, PDMAs, DDMAs and partners shall incorporate the following design elements across the DRM cycle.

Household Risk Profiling

- Map **who lives in each household**, including:
  - children (0–5, 6–12, adolescents);
  - pregnant and lactating women;
  - older persons (60+ and those with functional limitations);
  - persons with disabilities (using functional questions consistent with national and international standards);
  - transgender and gender-diverse members;
  - chronically ill persons (e.g., cardiovascular, respiratory, diabetes, mental health conditions);
  - economically dependent family members;
  - renters, informal tenants and homeless relatives using the space.
- Capture **household-level hazard exposure**, including:
  - housing structure (kutcha/pakka, multi-storey, rented, informal settlement);
  - exposure to floods, riverine and urban flash floods, heatwaves, drought, landslides, cyclones and urban fires;
  - distance and safe access to shelters, schools, health facilities and water sources;
  - access to early warning and information channels (mobile phones, radio, mosque announcements, community volunteers, sign language or accessible formats where relevant).

- NDMA, PDMAs and DDMAs shall **integrate the family cluster lens** into:
  - guidelines for MHVRA and CBDRM;
  - contingency and preparedness plans;
  - evacuation, shelter and camp management SOPs;
  - SitRep templates and assessment tools (including fields on household composition and dependency);
  - recovery and rehabilitation frameworks.
- All relevant DRM training curricula (for officials, frontline workers, volunteers and partners) shall include **modules on family cluster analysis, intersectional vulnerability, and practical tools for household-level planning**.
- Data systems shall progressively shift from only counting individuals to **capturing and analysing family cluster profiles**, with appropriate safeguards for privacy and protection.

By grounding DRR in Pakistan's family and cultural reality, the **family cluster approach** strengthens the country's ability to protect those most at risk, uphold human rights and dignity, and build resilience across generations.

Challenges of Vulnerable Groups in Disasters

Despite policy progress since 2014, significant gaps and challenges remain in practice when it comes to addressing the needs of vulnerable groups. This chapter outlines the key issues observed across different phases of disaster management in Pakistan. These issues have been identified through past disaster evaluations, stakeholder consultations, and lessons learned. Understanding these challenges is crucial, as they form the basis of the guidelines and actions recommended.

2.1 Preparedness and Mitigation Phase

Pakistan has made notable strides in strengthening its disaster preparedness and risk reduction frameworks over the past decade, including the integration of vulnerable groups into national-level policies. This progress reflects growing awareness of the need for inclusive disaster risk governance. However, in the preparedness and disaster risk reduction (DRR) phase, where the aim is to anticipate and reduce the impacts of hazards before they occur, several challenges continue to hinder the effective inclusion of vulnerable groups at the local level:

- National commitments to vulnerable groups often do not translate into district-level disaster planning, with many DDMAs lacking SOPs for evacuation and shelter, and inconsistent integration of gender, disability, and child protection needs in contingency and climate adaptation plans.
- Lack of sex-, age-, and disability-disaggregated data across key sectors, coupled with outdated systems and weak inter-agency coordination, hampers targeted disaster preparedness and undermines early warning systems, as seen in the 2022 floods. Also, heatwave guidelines of 2024 and 2025 lack recognition of physiologically disproportionate vulnerability of women and adolescent girls to heat-stress.
- Gender & Child Cells in PDMAs face resource constraints, unclear mandates, and limited collaboration with key departments, reducing their ability to effectively advocate for and respond to the needs of vulnerable populations.
- Disaster awareness campaigns and early warnings often overlook literacy, language, and disability, excluding vulnerable groups from preparedness efforts such as community drills and hazard mapping.
- Emergency shelters and logistics frequently lack universal accessibility and essential supplies for vulnerable groups, while remote and underserved areas remain critically underprepared due to weak contingency planning.
- Deep-rooted social norms, stigma, and institutional mistrust further marginalize women, persons with disabilities, and minorities, hindering inclusive participation and necessitating deliberate community engagement and trust-building.
- Underrepresentation of vulnerable groups, especially women, in Climate Governance is a key barrier to robust and inclusive response to climate risks[60]. This lack of representation limits the inclusion of gender perspectives in climate governance and inclusion of narratives of vulnerable populations on their challenges and needs that should be addressed in resiliency planning.
- In many conservative or rural settings, cultural norms restrict consultation of representatives or researchers, especially if they are male, with women and girls during policy planning and data collection. These cultural and structural barriers lead to a critical information gap between policymakers and female populations, rendering women's specific needs largely invisible in response, recovery, and adaptation efforts.[61]

[60] Chauhan, D. (2021). Training Manual on Gender and Climate Change Resilience. Kuala Lumpur and Bangkok: The Asian Pacific Resource and Research Centre for Women (ARROW) and UN Women Regional Office for Asia and the Pacific.
[61] GCHRAGD. (2023). *Environment, Climate Change, and Women and Children's Rights: Challenges, Perspectives and the Role of Indigenous Peoples*.

- Women and girls in Pakistan face disproportionate challenges during heatwaves. Socio-cultural restrictions on mobility, limited access to cooling infrastructure, and burdensome domestic responsibilities increase their exposure to high temperatures. Physiologically, women—especially those who are pregnant or elderly—are at higher risk of dehydration, heatstroke, and adverse reproductive health outcomes. Additionally, heat-induced household stress may escalate gender-based violence. These multifaceted vulnerabilities must be acknowledged and integrated into disaster response and resilience strategies.

2.2 Response and Relief Phase

When disaster strikes, rapid and effective response is paramount to save lives and reduce suffering. However, evidence from past responses (floods, earthquakes, etc.) in Pakistan shows that vulnerable groups often face unique obstacles in accessing relief and protection during emergencies. Key issues in the response phase include:

- Vulnerable groups—including women, children, the elderly, persons with disabilities, minorities and economically marginalized—often face unequal access to rescue and relief due to untrained responders, inaccessible transport and sociocultural barriers, resulting in their exclusion from life-saving aid and services.
- Emergency shelters frequently lack safety and protection measures, with inadequate privacy, lighting, and security fueling gender-based violence, child separation, and harassment of marginalized groups such as transgender individuals or those with mental health conditions.
- Health and WASH services are often inaccessible or insufficient, with shortages of female medical staff, limited reproductive care, and poor sanitation facilities disproportionately affecting women, children, and persons with disabilities, while standard food and water provisions often neglect dietary and physical needs of diverse groups.
- Shelter design and camp management regularly fail to accommodate vulnerable individuals, with overcrowded layouts, lack of safe or accessible spaces, and non-inclusive distribution methods disadvantaging those unable to queue or advocate for themselves.
- Critical response information is not communicated in accessible or inclusive formats, leaving vulnerable populations uninformed about life-saving services due to language barriers, illiteracy, or disability, thereby exacerbating distress and hindering informed decision-making.
- Poor coordination among humanitarian actors and limited integration of specialized services result in gaps and duplication, with protection needs of vulnerable groups often falling through the cracks due to the absence of centralized tracking or inclusive protection leadership.

2.3 Recovery and Rehabilitation Phase

The post-disaster recovery phase – including rehabilitation and reconstruction – is where communities rebuild their lives and infrastructure. It's a critical opportunity to "build back better" and safer. However, experience shows that vulnerable groups often struggle to recover, and risk being left even further behind during this phase. Key challenges include:

- Reconstruction planning often excludes meaningful participation of vulnerable groups such as women and persons with disabilities, resulting in designs and decisions that fail to address their specific needs—missing critical opportunities for inclusive, resilient rebuilding.

- Land and property rights issues disproportionately affect women, minorities, migrants, and tenants, who frequently lack formal titles or legal recognition, leaving them ineligible for housing compensation and at risk of long-term displacement or homelessness.
- Livelihood recovery programs frequently bypass the most marginalized—female-headed households, persons with disabilities, elderly individuals, and informal workers—who face structural, physical, and institutional barriers to accessing inputs, employment schemes, or financial recovery tools.
- Housing and infrastructure reconstruction often neglects universal design and hazard-resilient standards, while relocation efforts—without community input—can sever critical social support networks, isolate vulnerable groups, and impair their access to essential services and livelihoods.
- Psychosocial recovery remains critically under-resourced, with mental health needs of children, elderly, persons with disabilities, and disaster survivors going unmet due to stigma, lack of trained counselors, and the absence of culturally appropriate support mechanisms.
- Social protection during prolonged recovery phases tends to overlook newly vulnerable populations, such as disaster-induced disabled persons or children who dropped out of school, while weak policy linkages and funding gaps leave many without long-term rehabilitation or reintegration support.

Policy Guidelines on Protecting Vulnerable Groups in Disasters

This chapter presents the core policy guidelines and recommended actions to address the gaps identified in Chapter 2 and achieve the objectives outlined in Chapter 1. The guidelines are organized into two sections: overarching guidelines that apply to all vulnerable groups across all disaster phases, and specific guidelines tailored to particular groups (women, children, etc.). Together, they form an integrated approach for inclusive disaster risk management in Pakistan.

These guidelines are intended to inform strategic planning, standard operating procedures, and capacity-building programs. While framed as policy guidance, many points will translate into practical steps on the ground, which are further detailed in Chapter 4 on implementation mechanisms.

Overarching Policy Guidelines (All Vulnerable Groups)

The following broad guidelines are to be mainstreamed in all disaster management activities, benefiting all vulnerable groups:

1. Institutionalize Inclusive Planning

Integrate the consideration of vulnerable groups into every stage of disaster management planning. Every disaster management plan (national, provincial, district, municipal) must include a section on vulnerable group needs, based on risk analysis. Planning committees and working groups need to have representation or input from women, girls, PWDs, etc. All contingency plans must incorporate scenarios addressing how to evacuate, shelter, and care for vulnerable populations.

2. Data Collection and Risk Identification

Establish and maintain data systems that capture vulnerability indicators and collect sex, age, disability and diversity disaggregated data (SADDD). Disaggregate all disaster data by sex, age, and disability status at minimum. At the preparedness stage, conduct Community-Based Risk Assessments that map out the vulnerable households and individuals in each community (e.g. who would need help to evacuate, which households are female-headed or have elderly). NDMA will develop a national repository or dashboard where provincial/district authorities update data on vulnerable populations and their locations. Early Warning Systems should integrate this data to trigger targeted alerts (for instance, sending SMS or phone calls to registered PWDs or using community volunteers to alert those who might not hear sirens).

3. Enhance Communication and Accessibility

Ensure that all disaster-related communications and physical infrastructures are accessible to everyone. Early warning messages must be disseminated in multiple formats (written, verbal, pictorial) and languages (including minority languages). Use radio, television, mosque announcements, local community mobilizers, SMS and social media in concert to reach broad audiences. Critical messages (like evacuation orders) should wherever possible be accompanied by sign language interpretation on TV and visual/text components for radio announcements (e.g., simultaneous SMS blasts). During response, set up information helpdesks at relief sites with staff or volunteers trained to assist illiterate persons in filling forms and to provide info in local languages. All relief facilities (shelters, camps, distribution points) should incorporate universal design: build ramps, install handrails, provide wheelchair-accessible toilets, and designate separate, secure spaces for women and for families with small children. Accessibility and inclusion audits should be conducted for major shelters regularly.

4. Participation and Leadership of Affected Groups

Adopt an inclusive, community-based approach by engaging vulnerable groups in decision-making about disaster preparedness, response and recovery. NDMA and PDMAs will promote the formation or strengthening of inclusive Community Disaster Management Committees (CDMCs) in hazard-prone areas. These committees should have women and adolescent girl members (ideally 30-50% representation), youth representatives, elders, and persons with disabilities or their caregivers, as well as representatives of any minority group in the community. These committees also need to be engaged on regular basis with other platforms for women and girls empowerment, for example, Gender Task Force, Ba-Ikhtiar Mustaqbil Ba-Ikhtiar Pakistan Alliance at provincial and National level. Their input should guide local DRM plans, evacuation drills, location of relief camps, etc. In disaster response, establish mechanisms like Women's Committees or Protection Committees in camps to give feedback on issues like safety or services. Engage organizations of persons with disabilities (OPDs) and transgender associations as partners in planning and executing relief services to ensure these perspectives inform operations. As a policy, empower women and PWDs to take on leadership roles in community response teams and as volunteers, as called for by the Sendai Framework[62]. This not only improves relief delivery (as they know their communities best) but also enhances dignity and self-reliance.

5. Protection of Rights and Dignity

Make protection a cornerstone of all disaster management efforts. The humanitarian principle of Do No Harm and protection of vulnerable populations' rights must be upheld. This includes enforcing zero tolerance for discrimination or harassment in relief operations. All responders (government or humanitarian) should sign and adhere to a code of conduct that forbids exploitation, abuse, or discrimination against any individual based on gender, age, disability, ethnicity, etc. Implementing protective measures in camps/centers e.g. separate, well-lit latrines/showers for females; deploying female staff (police, medical, social workers) to whom women and children can report issues; providing secure spaces for people at risk (orphans, women survivors of violence, etc.). This also include assisting people who lost identity documents (which is crucial for accessing aid) in quickly obtaining replacements or alternate verification and prioritizing vulnerable individuals in these processes.

Ensure all aid is provided in a manner that respects the dignity of recipients, hence, no public shaming, no forcing people to wait endlessly in unsafe conditions. For instance, adopt *queue management systems* that give tokens or timeslots, with priority for the frail/disabled, to avoid undignified scrambles for aid and integrate mental health and psychosocial support (MHPSS) from the earliest response through recovery, provide psychological first aid, counseling, child-friendly activities, and community support networks. Train local health workers and volunteers in basic psychosocial support skills. Culturally appropriate counseling (e.g. through community elders or religious leaders sensitized to trauma support) should be mobilized, and referrals to specialized mental health services facilitated for those in acute distress.

6. Gender Equality and Women and girls' Empowerment

[62] https://participation.cbm.org/why/international-frameworks/sendai-framework#:~:text=The%20framework%20acknowledges%2C%20that%20disaster,and%20implementing%20plans%20tailored%20to

Across all actions, apply gender lens. This means assessing how women, girls, men, and boys are differently affected and ensuring equitable benefit. Specifically, uphold women and girl's rights as per CEDAW by:

- Ensuring women's active participation and leadership as mentioned (target at least 30% representation in committees, teams, etc.).
- Providing necessary facilities for women: maternal health services, safe spaces, distribution of dignity kits (containing clothing, sanitary supplies, etc.), and family tracing for separated women.
- Preventing and responding to gender-based violence: establish confidential complaint/reporting mechanisms in disaster settings (like a hotline or protection desk) and ensure there are trained female protection officers or social workers to handle cases, with referral pathways to medical care, psychosocial support, and legal aid. Pre-stock Post-Exposure Prophylaxis (PEP) kits and other essential supplies in health posts for rape cases. All this to be done in coordination with relevant departments (e.g. Ministry of Human Rights, Women Development departments, and NGOs working on GBV).
- Considering gender in livelihoods recovery – e.g., providing seed funding or microcredit for women and girls' home-based businesses lost in disasters, and involving women in cash-for-work programs (with equal pay and appropriate tasks).

7. Disability Inclusion and Universal Design

Pursuant to CRPD, make inclusion of persons with disabilities a standard practice. Key actions include PWDs or disability advocates in emergency planning and post-disaster needs assessments. "Nothing about us without us." Pre-identify and collaborate with organizations that can provide assistive devices (wheelchairs, crutches, hearing aids) and disability services quickly after a disaster. Maintain a stock or quick procurement mechanism for such aids as part of relief inventory. Train rescue and relief personnel on how to appropriately assist people with different disabilities (e.g., safe carrying techniques, communication with the deaf or non-verbal, etc.).

Simulation exercises should include scenarios of rescuing disabled persons to build confidence and skills. When setting up temporary shelters or homes, ensure a certain percentage of shelters are fully accessible or adaptable for persons with disabilities and elderly (ground level, ramped, with accessible latrine). If mass shelters (like schools) are used, partition a quiet area for those with sensory sensitivities or specific needs. Provide key information in Braille or audio form for visually impaired and ensure sign language interpretation availability (perhaps via mobile apps or videos) for the deaf community. Community volunteers can be assigned to households with persons with disabilities to serve as liaisons in disseminating information and assisting in navigation of relief services.

8. Child-Centered Measures

In line with CRC, prioritize the rights and needs of children. To begin with the establishment of Child-Friendly Spaces (CFS) in displacement camps or heavily affected communities where children can receive psychosocial support, play, and informal education under supervision. This provides routine and a sense of normalcy. Implement family tracing and reunification programs quickly for separated children (working with organizations like Red Cross/Red Crescent, etc.).

Meanwhile, ensure interim care arrangements are culturally appropriate and vetted for safety. All distribution of relief should consider children's needs: include child portions of food, milk powder or nutritional supplements, and appropriate clothing/blankets. If feeding centers or community kitchens are set up, ensure child nutrition is monitored (preventing malnutrition spikes). Resume schooling as soon as possible, even informally or in temporary

learning centers. This prevents long educational gaps. Coordinate with the Education Department to integrate disaster risk education and drills into school activities when schools reopen or are rebuilt.

9. Protect and Include Minorities and Marginalized Communities

Ensure that disaster operations consciously include those who might be marginalized due to social or cultural factors including outreach to minority community leaders (for example, clergy of minority religions, tribal elders, etc.) during relief and recovery to invite their participation and feedback. Provide translation or interpretation if needed for communities not fluent in Urdu or the local majority language. At relief centers in areas with linguistic minorities (e.g. Punjabi speakers in Sindh, etc.), have translators or bilingual volunteers available.

Be sensitive to cultural and religious practices: for instance, distribution of food should respect religious dietary restrictions (like clearly marking halal items, or providing vegetarian options for Hindu communities). Time relief activities (such as meal times) with regard for religious customs (e.g. not interfering with prayer times, or fasting periods like Ramadan). Monitor aid distribution for equity. Task independent observers or a monitoring team to check that no particular community or caste is being excluded or receiving less. Complaints mechanisms (helplines, feedback boxes) should be established and accessible to report any bias or unfair treatment.

10. Leverage Social Protection and Financial Inclusion: Use and adapt existing social safety nets to support vulnerable groups in disasters. For example, trigger emergency cash transfers through BISP or a similar program to reach poor households quickly in affected areas, using the existing database of beneficiaries (which often includes many vulnerable families) – effectively a **shock-responsive and adaptive social protection measure**. Such adaptive mechanisms should also be extended to economically marginalized groups such as the **homeless, jobless, and informal workers** who are often excluded from formal registries but face severe livelihood insecurity during and after disasters.

To operationalize this, disaster response plans should include **adaptive social protection mechanisms** that temporarily expand coverage beyond regular beneficiaries. These mechanisms can use flexible targeting (e.g., community-based verification, mobile registration) and diverse delivery channels (such as mobile money, local NGOs, and welfare departments) to ensure that individuals without permanent addresses, employment records, or bank accounts can still access assistance.

Simplify and fast-track claims for any disaster insurance or compensation schemes for vulnerable people. If a small farmer or shopkeeper has microinsurance, assist them in claiming it; if not, consider government relief that mimics insurance payouts for those hardest hits. Encourage livelihood programs that provide grants or assets to the most vulnerable to help rebuild livelihoods (for example, providing livestock to poor farmers who lost animals, tools to artisans, or small capital to street vendors and daily wage earners).

Coordinate with NGOs and donors to avoid leaving out those without formal credit access. In the longer-term recovery phase, integrate the newly disaster-affected poor — including the **economically displaced, unemployed, and homeless** — into regular social protection programs such as cash assistance, public works employment, or food aid. This ensures that the safety net not only cushions their recovery but also reduces their long-term vulnerability to future shocks.

11. Accountability and Monitoring

Establish mechanisms to monitor the implementation of these inclusion guidelines in real time during disaster response and recovery. Deploy Protection Monitors or inclusion focal points within response teams who routinely check on vulnerable groups, identify issues, and report to coordination forums for action. Use technology and

community feedback: for example, set up a hotline or SMS line where people can report problems (e.g. "relief camp X – older people not getting food because they can't queue"). These reports should be tracked up and addressed promptly by authorities. After each major disaster, conduct an after-action review focusing on how well vulnerable groups were served. Involve civil society in this review for objectivity. Document lessons and adjust SOPs accordingly.

12. Compliance with International Standards

Align operations with international humanitarian standards that emphasize inclusion, such as the Sphere Handbook minimum standards and the Core Humanitarian Standard (CHS) on quality and accountability. This ensures that issues like participation, communication, feedback, and impartial aid – which are central to those standards – are met. For instance, Sphere standards provide specific guidance on numbers of toilets per people *and* the importance of segregated facilities for women and girls, accessible design, etc., which should be adhered to.

Specific Guidelines for Key Vulnerable Groups

While the overarching guidelines establish general principles, it is essential to articulate concrete actions and considerations for each vulnerable group. The following sub-sections outline specific policy guidelines addressing the unique needs of each category. These recommendations are to be integrated into disaster management plans and sectoral programs that concern these groups.

Vulnerable Groups	Specific Guidelines
Women and Girls	Women and girls make up about half of the population and often bear the brunt of disasters in distinct ways. To address the gender-specific impacts, the Guidelines recommend: ➢ **Women and girls' Participation and Leadership** Ensure women and girls are actively involved in all disaster management committees and decision-making bodies. At least 30% representation of women (aiming for parity where possible) should be mandated in Village/Union Council Disaster Management Committees, relief camp management committees, and recovery planning teams. Train and support women leaders (for example, via the Women's Development Department or local NGOs) so they can effectively contribute. Women community volunteers should be identified and trained in preparedness (first aid, early warning dissemination) as part of community response teams. To ensure effective and equitable climate change response, it is essential that gender is not treated as a marginal concern but integrated into the core of climate policy, planning, and action. Climate change is not gender-neutral—it affects women, men, and gender-diverse individuals differently due to existing social, economic, and cultural inequalities. When gender considerations are sidelined, policies risk overlooking the disproportionate vulnerabilities of women and girls, particularly in climate-sensitive sectors such as agriculture, health, and water. Embedding gender at the core means recognizing women not only as vulnerable groups but also as powerful agents of change with critical knowledge, skills, and roles in community resilience and sustainability. For instances, effectively address the escalating threat of heat stress, it is essential to include women in all stages of decision-making. Women play a critical role in sectors like agriculture, water management, and caregiving, yet their voices are often excluded from climate and heat-related planning. Ensuring their meaningful participation not only supports gender equity but also enhances the overall resilience and responsiveness of communities and systems to rising temperatures. ➢ **Early Warning Outreach to Women and Girls**

Utilize channels that effectively reach women, recognizing that many may be at home during the day or have limited access to mass media. For example, work with Lady Health Workers, local female school-teachers, and Lady Councilors to disseminate early warnings and preparedness messages to households. Use women's community organizations or WhatsApp groups where available to spread verified alerts quickly. Ensure warning messages address issues relevant to women (such as advising to carry important documents like Nikahnama, CNIC, etc., and items for children when evacuating).

1. **Evacuation and Shelter Arrangements:** Develop gender-responsive evacuation plans, which include provision of female staff or volunteers at evacuation points to assist women and girls traveling without male relatives, and to help pregnant, lactating, or elderly women. At shelters or camps, designate separate living spaces for women-headed families or single women, to ensure privacy and security. If using schools or public buildings as shelters, partition areas by gender/family and ensure adequate lighting at night. Establish women-only latrines and bathing spaces with locks from inside, water supply, and where possible, washing/drying areas for clothes and menstrual cloths. Provide sanitary kits routinely as part of relief item distributions to all adolescent girls and women of reproductive age.
2. **Maternal and Reproductive Health:** Prioritize continuity of reproductive health services during emergencies. The health department and partners should implement the standardized Minimum Initial Service Package (MISP) for reproductive health in crises. Ensure the deployment of skilled birth attendants and midwives to affected areas or camps to handle deliveries and maternal care. Setting up emergency clinics that can provide antenatal care, postnatal care, and emergency obstetric care (or clear referral pathways to functioning hospitals for complicated deliveries). Distribute clean delivery kits to visibly pregnant women or through clinics, which include essentials for a hygienic birth if needed. Ensuring contraceptives are available (to manage family planning needs even in camps) and dignity kits include basic reproductive health information. And provide psychosocial support for pregnant women and new mothers to manage stress.
3. **Gender-Based Violence (GBV) Prevention and Response:** Integrate GBV risk mitigation in all sectors (camp management, WASH, security). In addition:
    - **GBV referral mechanism:** Establish confidential referral pathways in each affected district – e.g., which health facilities handle rape treatment, which NGOs provide counseling or legal aid – and disseminate this info discreetly (such as via women volunteers or help desks).
    - **Safe spaces:** Create Women and Girls-Friendly Spaces in larger camps or communities – these are places where women and adolescent girls can gather, access information, socialize safely, and receive GBV or psychosocial support services.
    - **Legal and police support:** Coordinate with local police to deploy female police officers or Women's Protection Cells to disaster areas, to whom women can report violence or exploitation. These officers should also ensure overall camp security in a gender-sensitive manner.
    - **Awareness and community engagement:** Run community awareness sessions (via local radio or in camp) making it clear that violence, including domestic violence, will not be tolerated and explaining available support. Engage men and boys in these discussions to foster protective, respectful behaviors in crisis times.

- **Livelihood and Economic Support for Women**

  Post-disaster livelihood programs must be tailored to assist women. Provide cash assistance specifically to women (especially widows, single mothers) to give them control over resources for family needs. This can be through unconditional cash grants or through cash-for-work programs that involve women in appropriate activities (e.g. tailoring of relief clothes, preparation of meals in camps, running childcare centers, etc., for a stipend). Include women in agricultural recovery by giving seeds, tools, or livestock to women farmers and training them in resilient farming techniques. Where cultural norms restrict women's fieldwork, offer alternatives like kitchen gardening or poultry. Coordinate with microfinance

	institutions to offer soft loans or grants to women entrepreneurs who lost inventory or assets, helping them restart small businesses (like grocery kiosks, handicrafts). Ensure the process to apply is simplified and that women's groups are informed and assisted in applying. Consider long-term measures such as involving women in reconstruction (for example, training and hiring women as community mobilizers, or in non-traditional roles like community construction overseers for house rebuilding – as has been done in some countries post-disaster to great success). ➢ **Education and Protection of Adolescent Girls** Ensure girls return to school as soon as possible, If schools are damaged, provide temporary learning spaces and work with NGOs to include life-skills and DRR education along with regular curriculum to empower girls with knowledge. Monitor school dropout rates for girls post-disaster; mobilize community education committees (with female members) to encourage families to send girls back to class, countering any economic pressure to keep them home. Protecting adolescent girls from child marriage, which sadly can increase after disasters as a negative coping mechanism. Through coordination with local authorities and awareness campaigns citing laws against child marriage. Provide menstrual hygiene management support in schools and shelters (as mentioned in WASH, ensure water, privacy, and materials so menstruation does not become a barrier for girls to participate in daily activities).
Children and Youth	Children (boys and girls under 18) and youth (roughly 18–24) have specific needs for protection, care, and development that must be safeguarded in disasters. Key guidelines for this group: ➢ **Child Protection Systems** Strengthen child protection mechanisms from the onset of an emergency including activation of the Child Protection Committees at community or camp level, comprising teachers, social workers, parents, and even adolescent representatives. Their role is to identify vulnerable children (orphans, separated, unaccompanied, child-headed households, etc.), monitor their well-being, and coordinate support. Establish a registration and tracking system for separated or unaccompanied children. At any registration desk or shelter entry, systematically screen for children without guardians. Register them, provide immediate care (food, shelter, healthcare), and then prioritize tracing of family. Use tools like photographs and coordination with media/ICT to reunite families, but with confidentiality to protect children from trafficking. Provide interim care through trained foster families or reliable community members when needed, rather than orphanages where possible. Any placement of children must be closely supervised by the social welfare department or a child protection specialist agency to ensure the child is safe and not exploited. ➢ **Safe Spaces and Psychosocial Support** Create Child-Friendly Spaces (CFS) as standard practice in emergency-affected communities. Equip these spaces with recreational materials (toys, sports, art supplies) and assign trained facilitators (e.g. from NGOs like UNICEF's partners) to run structured activities. CFS serve multiple purposes – they keep children safe and supervised, offer them psychosocial first aid through play and routine, and free up parents for other tasks. For youth, set up Youth Engagement Spaces where adolescents and young adults can gather, receive information (on safety, health, their rights), and engage in productive activities (like helping with relief work, participating in DRR projects, or informal learning). Mobilize local youth clubs or scout groups in these efforts. ➢ **Education Continuity** Minimize disruption to education while ensuring that If schools are used as shelters or are damaged, coordinate with the Education Department to establish temporary learning spaces (tents, makeshift classrooms) as soon as basic survival needs are met. Provide learning kits (books, pencils, etc.) which are often available through UNICEF or similar organizations. Implement flexible schooling schedules if needed (half-day shifts, etc.) to accommodate children who might be working or helping families in recovery, to prevent permanent dropout. Integrate DRR education and psychosocial support into the school

	curriculum post-disaster to help children process events and learn how to be safer in future. Post-disaster recovery plans should include rehabilitation of schools as a priority "Build Back Better" action: reconstruct schools to be disaster-resilient (quake-proof, flood-proof designs) and with adequate WASH facilities so that children, especially girls and those with disabilities, feel safe to return. ➢ **Healthcare and Nutrition for Children** Ensure targeted healthcare for children including mass immunization drives if routine services were disrupted. Vaccinate against measles and other communicable diseases that can quickly spread in camp settings. Deploy mobile health teams or clinic days focusing on pediatric care, treating common post-disaster ailments (diarrhea, respiratory infections, injuries) in children promptly. Implement nutrition interventions i.e. rapid nutritional assessments for children under 5 and pregnant/lactating mothers. If malnutrition rates are rising, set up supplementary feeding centers or blanket feeding programs (like high-energy biscuits or cooked meals) for young children. Provide micronutrient supplements (Vitamin A, etc.) and safe feeding spaces for mothers with infants. Ensure access to formula for infants who have no breastfeeding mother (with careful control to ensure safe preparation). Pay special attention to adolescent health, distribute information on menstrual hygiene and possibly menstrual supplies via schools or clinics to teen girls, and information on hygiene and disease prevention to all youth. ➢ **Protection from Exploitation and Trafficking** Unfortunately, unscrupulous actors might try to take advantage of chaos to exploit children (for labor, begging, even trafficking). To counter this, work with law enforcement to monitor for suspicious movement of children out of affected areas. Checkpoints can be sensitized to check credentials of adults traveling with groups of children to ensure they are legitimate guardians or have permission. Raise community awareness via mosques, radio, etc., warn communities to be vigilant about anyone offering to take children away for "education" or work in the aftermath without going through government; encourage reporting of any such approaches. Provide livelihood support to families (as in overarching guidelines) so they are less likely to send children to work or marry off daughters as a negative coping mechanism and enforce child labor laws in recovery projects, for example, any cash-for-work or debris clearing should have age verification to prevent under-18s from being employed in hazardous work. ➢ **Youth Engagement in Recovery** Harness the energy and potential of youth by engaging them in recovery and DRR via Set up youth volunteer programs during recovery – e.g., involving college students or local youth in awareness campaigns, reconstruction projects (as apprentices), tree planting, etc. This not only aids recovery but gives youth a constructive role, reducing psychosocial stress and the temptation to engage in negative behaviors. Provide vocational training opportunities in recovery projects for unemployed youth. For instance, as houses are rebuilt, partner with technical institutes to train young people (male and female) in masonry, carpentry, tailoring, solar panel installation, etc., using recovery funds. This builds their future livelihood while contributing to the recovery needs (a form of "build back better" for human capital). For educated youth, incorporate them into the disaster management system as community mobilizers or data collectors (possibly incentivized via stipends or recognition). Their knowledge of technology and networks can greatly help in tasks like updating registries, conducting surveys for needs, etc. ➢ **Focus on Particularly Vulnerable Children** Some sub-groups of children need extra attention to Orphans and separated children. As above, prioritize family reunification. For those who have truly lost all caregivers, explore kinship care or community fostering rather than institutionalization. If orphanages are the only resort, ensure they are properly licensed and monitored, and efforts continue to find permanent family solutions. Children with disabilities face intersectional challenges. Make sure disability aids and services (as per disability guidelines) cover children – including accessible temporary schools, inclusion in play activities, and targeted support

	(like therapy) if needed. Educate caregivers and aid workers on including children with disabilities in all child-focused activities rather than keeping them isolated. Adolescents (esp. girls) may drop out to help at home or be at risk of early marriage. Create peer support groups for adolescent girls, life skills programs and safe spaces where they can speak freely and get mentorship. Similarly, engage adolescent boys in positive group activities to prevent issues like delinquency or substance abuse which can escalate post-disaster due to stress and idleness.
Older Persons (Elderly)	Older persons (generally defined as those aged 60 and above) have a wealth of experience and often play important roles in families and communities, but they also have distinct vulnerabilities in disasters. The following guidelines address their needs: ➢ **Inclusive Early Warning and Evacuation for Elderly** Identify elderly individuals in each community who live alone or have special needs before disasters (through community health workers or local administration). Create a roster of volunteers/neighbors or *"buddy systems"* responsible for helping specific elderly persons during evacuations. Early warnings should be sure to reach the elderly – for example, via local loudspeakers, door-to-door alerts by volunteers, or phone calls (since some may not catch TV/radio alerts). Evacuation plans must include transport for non-ambulatory or frail seniors (e.g., dedicated vehicles like minibuses that go around picking up those who cannot walk to evacuation points). Stock simple assistive devices (walking canes, etc.) at shelters to aid their mobility upon arrival. ➢ **Accessible Healthcare and Medication Continuity** Older people often have chronic health conditions (diabetes, hypertension, etc.). In disasters, make sure essential medications for chronic illnesses are part of relief medical supplies. Coordinate with health authorities to procure and distribute common meds (blood pressure drugs, insulin with cold storage, etc.) free of charge to affected seniors, because interruption can be life-threatening. At relief clinics or field hospitals, implement a fast-track or priority system for elderly patients so they do not wait in long lines. Train medical teams on geriatric care basics (recognizing signs of dehydration or shock can be subtler in elderly, etc.). Arrange *mobile medical teams* that can go tent-to-tent or house-to-house in communities to check on bedridden or mobility-impaired elderly who cannot come to clinics. Home-based care is crucial for those who are too frail. Post-disaster, provide assistive devices (glasses, hearing aids, wheelchairs, walkers) to elderly who lost them. Partnerships with organizations for the elderly or health NGOs can facilitate donations of such devices. ➢ **Tailored Relief Services** Modify relief distribution to accommodate older persons, use priority queues or separate distribution windows for elderly so they aren't jostled in crowds. Or better, implement direct delivery of food and relief kits to elderly people's shelters/homes by volunteers or local Boy Scouts/Girl Guides. Ensure that food baskets consider their dietary needs – e.g., including some easily chewable food, perhaps less spicy or options for those with dietary restrictions for health reasons. Provide supplemental nutritional drinks or foods if needed for malnourished seniors. For shelter, if communal, locate elderly persons' sleeping areas close to entrances or facilities to minimize how far they must walk. Provide cots or bedding that is off the ground if possible, as getting up from the floor can be difficult for them. Organize community help for tasks like fetching water, collecting firewood, or cleaning for older people. Youth volunteers or the social welfare department can coordinate such assistance. ➢ **Psychosocial Support and Companionship** Many elderly persons might suffer emotional distress, grief for lost family, anxiety, etc., and are at risk of isolation (especially if their adult children are missing or busy rebuilding). To support them, create opportunities for social interaction among older persons in the community or camp. Perhaps a corner of a relief camp or community center can be set as a "seniors' corner" where they can sit, talk, and partake in games or just company. If mental health professionals or counselors are available, ensure they include outreach to

	older persons, who may not voluntarily seek help. Some may open up in group discussions or storytelling sessions. Engage elders in meaningful roles to boost their self-worth: for instance, they can be storytellers for children (sharing cultural stories can comfort kids and give purpose to elders), advisors in community meetings (valuing their opinions), or caretakers of communal spaces. This leverages their wisdom and keeps them integrated. For those who lost family support, link them to any existing social welfare schemes for senior citizens. Some provinces have senior citizen benefits (like stipends or care homes) – expedite their enrollment if needed or coordinate temporary caregiving arrangements. ➢ **Safety and Protection** Some older persons, especially older women or those without family, could be at risk of neglect or abuse even in disaster settings. Relief agencies and authorities should monitor that aid reaches elderly-headed households fairly (e.g., sometimes an elder may give their aid to younger relatives and go without; aid workers should be alert to ensure they too have enough). If an older person is extremely vulnerable (no family, health issues), consider placing them in a safe house or a facility temporarily if available, such as integrating them into an existing old age home in a nearby safe city until their situation stabilizes. Community watch or protection committees should include checks on single elderly living alone, to ensure no exploitation (like theft of their relief entitlements) occurs. ➢ **Long-Term Recovery Considerations:** During rehabilitation, include elderly in housing programs by considering age-friendly house designs. Rebuilt homes for joint families with elders should ideally have a room and bathroom on the ground floor for them, ramps if feasible, etc. Provide input to housing reconstruction teams on such features. While many elderly are retired, some still work. If an older person lost a small business or livelihood, don't automatically assume they should be excluded from recovery assistance due to age. If they are willing and able, help them restart (for example, an older cobbler could be given new tools, an elderly weaver provided a new loom). Encourage community development projects that involve elders, like community gardens (gardening can be therapeutic and provide food), where elders can contribute lighter work and oversight. Strengthen or establish community support networks for elderly – e.g., encourage formation of Elderly Associations in villages that can regularly meet and advocate for their needs in local development even beyond disasters.
Persons with Disabilities (PWDs)	Building on the overarching disability inclusion points, this section specifies actionable guidelines to ensure persons with disabilities (including physical, sensory, intellectual, and psychosocial disabilities) are protected and empowered in disasters: ➢ **Disability Identification and Registry:** Maintain a registry of persons with disabilities at the local level for disaster planning purposes (coordinated by social welfare departments and DDMAs). This registry should note their general location, type of disability, and any specific support needs (e.g., wheelchair user, visually impaired needing guide, etc.), with consent and data protection. Update it annually and utilize it during emergencies to ensure all listed individuals are accounted for and reached. In disasters, if new disabilities occur (injuries causing impairment), add those individuals for follow-up rehabilitation support. Intersectionality within Disability (Gender, Age, Socio-economic Status, and Type of Impairment): o Recognize that persons with disabilities are not a homogeneous group and that risks, needs, and capacities differ by gender, age, type of disability, and social position (e.g., poverty, caste/ethnicity, rural/urban, displacement status): o Ensure risk assessments and vulnerability mapping explicitly identify women, men, boys, girls, transgender and gender-diverse persons with disabilities, noting how their exposure and access to services differ (e.g., a woman with a mobility impairment living alone vs. a boy with a hearing disability in a joint family).

	○ In early warning, evacuation, camp management, and relief distribution, pay special attention to: ○ Women and girls with disabilities facing heightened risks of GBV, exploitation, and exclusion from information and services, and ensure linkages with protection, GBV, and SRH services. ○ Older persons with disabilities and single heads of household (especially women) who may need home-based support, transport, and help with documentation to access relief entitlements. ○ Adolescents and young people with disabilities who may require accessible information on education, SRH, psychosocial support, and livelihoods during recovery. ○ Design accessible services and assistive devices with differentiation by disability type (mobility, sensory, intellectual, psychosocial), and by gender and age – e.g., privacy and safety for women/girls using accessible WASH facilities, child-sized devices for children, and culturally acceptable options for gender-diverse persons with disabilities. ○ Collect and use sex-, age-, and disability-disaggregated data (SADDD) to monitor who is being reached and who is left behind, and adjust programming accordingly. ○ Involve a diverse range of persons with disabilities (women, men, youth, elderly, and gender-diverse persons with different impairments) and their representative organizations in planning, implementation, and monitoring so that intersectional needs are identified and addressed from the outset. ➢ **Inclusive Early Warnings:** Tailor early warning dissemination to reach PWDs: ○ For deaf or hard-of-hearing individuals: use visual signals (flashing lights in public spaces), text message alerts, and ensure that any televised warning has sign language interpretation and captions. ○ For blind or low-vision individuals: use auditory alerts (sirens, local volunteers verbally informing), radio announcements with clear instructions, and door-to-door canvassing by community members. ○ For persons with intellectual or cognitive disabilities: messages should be in simple language; caregivers or family members should be specifically informed and advised on how to assist them. Community health workers can have lists of such persons and include advising their families in preparedness drills. ○ Ensure that all public alert and siren systems are tested for audibility and visibility from the perspective of PWDs in the community, and design improvements are made if needed. ➢ **Evacuation and Rescue Assistance:** Plan evacuations that accommodate PWDs: ○ Search & rescue teams and first responders must be trained to recognize and appropriately assist persons with various disabilities (e.g., not separating someone from their wheelchair or assistive device if possible, understanding that a person may have autism and be sensitive to noise or touch, etc.). ○ Procure or arrange some specialized equipment for evacuation: items like evacuation chairs for moving wheelchair users down stairs, backboard and stretcher with straps for immobilizing and carrying people with mobility limitations, waterproof wheelchairs or floating devices for floods, etc. ○ Engage local disabled persons' organizations (DPOs) in evacuation planning; they might volunteer to help identify who needs help and how. For example, a blind person may evacuate fine with a sighted guide, whereas a quadriplegic person needs full carry – plans should differentiate.

- If shelters are multi-story (like a school building), prioritize ground floor space for PWDs to avoid stairs entirely. Mark accessible routes and ensure they are kept clear.
- Encourage a culture among communities of *"neighbors checking on neighbors"* with disability. If someone with a disability lives alone, a nearby family is assigned to assist them during alarms or in relief processes.

➢ **Accessibility of Relief Infrastructure:**
As stressed, ensure physical and communications accessibility, hence, set up ramps at the entrance of shelters (temporary wooden ramps can do). Inside, have a layout that allows wheelchair maneuvering (wider pathways between tents/beds, etc.). Build or retrofit at least one latrine at shelters to be wheelchair-accessible (seat or commode, handrails). If large camps exist, establish a "Disability Help Desk" possibly combined with the medical post or social service post. Staff it with someone trained (or even a volunteer who has a disability or sign language skill) to assist PWDs in navigating services, filling forms, or arranging for porters to help carry their supplies. Provide priority access for PWDs at distribution points, similar to elderly: no long waiting. Allow them to send a representative if they cannot come in person or deliver to them and make sure information boards or notices in camps are in accessible formats: e.g., large print, and also announced verbally periodically for those who can't read them.

➢ **Assistive Devices and Medical Needs:**
Quick provision of assistive aids can greatly improve PWDs' independence in a crisis:

- Maintain a stock (or rapid procurement plan) of common **assistive devices**: wheelchairs (including some heavy-duty or off-road types for rural areas), crutches, canes (including white canes for the blind), hearing aids with batteries, portable ramps, adult diapers (for those incontinent or severely disabled), etc. Through NDMA's warehouses or agreements with NGOs like Handicap International, ensure these can be dispatched to affected areas in initial response.
- If someone's personal assistive device is lost or damaged in the disaster, prioritize replacing it. Without it, they may become completely dependent; with it, they might manage fairly well.
- Ensure continuity of any specialized medication or treatment for PWDs – for example, a person with epilepsy needs anti-seizure meds without break, someone with a psychiatric condition may need their psychotropic medicine. Health cluster/department should flag and refill these through emergency health services.
- Facilitate physical rehabilitation services in the aftermath. For injuries that cause disability (like fractures, spinal injuries, amputations), early physiotherapy and provision of prosthetics can decide if the person regains function. Partner with specialized institutions (Pakistan has some rehabilitation centers) to deploy outreach teams for physical rehab and psychosocial counseling to newly disabled persons.

➢ **Community Inclusion and Protection:**
Protect PWDs from marginalization or abuse whing ensuring that they are not isolated in the social environment of relief camps. If a person with disability is without a family, camp managers should aim to place them among caring neighbors or near facilities for easy support. Guard against any exploitation – sadly, there are instances where persons with intellectual disabilities or mental illness might be abused or bullied. A vigilant protection presence (with help of the community) should monitor and intervene if any such issues arise. Include messages in community meetings: reinforce that PWDs have equal rights to assistance and any mistreatment or neglect is unacceptable. Encourage community to look out for them. During distribution of rebuilding aid (like housing reconstruction subsidy), verify that households with PWDs or headed by PWDs get their due share and are not cheated. If needed, assign a social worker to assist such households in bureaucratic processes.

➢ **Empowerment and Involvement:**

	Go beyond seeing PWDs as aid recipients; involve them as active participants, invite PWD representatives or advocates to coordination meetings (e.g., if there's a local relief committee, have someone from a DPO join, or at least consult them separately). In recovery projects, ensure any vocational training or livelihood program has slots for PWDs with appropriate trades (like electronics repair, crafting, computer-based work) and provide adaptive training methods if needed. Promote the formation of peer support groups among PWDs in affected areas – they can share experiences, solutions, and advocate collectively for their needs during recovery planning and after the disaster, conduct specific after-action sessions with PWDs and their families to learn what went well or not for them. Use this to refine future plans. ➢ **Compliance with CRPD and IASC Guidelines:** Align actions with the standards set by CRPD and the IASC Disability Guidelines. Accessibility in humanitarian context is a right, not a luxury, therefore, it needs to be treated as such in budgeting and planning, always involve PWDs in developing and reviewing programs for them and as part of preparedness (and even during operations), conduct disability awareness orientations for staff, volunteers, and even community members. Break myths and stigmas by emphasizing PWDs' capabilities and rights. This can improve attitudes and cooperation.
Transgender and Gender-Diverse Persons	Transgender persons (commonly known in Pakistan as Khawaja Sira, or in legal terms as third gender) often face social stigma and exclusion, which can be exacerbated in disaster situations. Although relatively smaller in number, their protection and inclusion are a measure of our commitment to *leave no one behind*. Guidelines for this group: ➢ **Respectful Identification and Registration:** Train relief staff and volunteers on gender sensitivity so that they treat transgender persons with respect and without bias during registration and aid distribution. Any forms or databases should have options beyond the binary where relevant (consistent with Pakistan's recognition of third gender on ID cards). ➢ **Targeted Outreach and Safety:** Recognize that some transgender persons live in guru-chela community structures and may be physically clustered or, conversely, very isolated. Ensure outreach to known transgender community leaders (gurus) in affected areas to assess needs and include them in relief planning. They can help account for their community members and distribute information. If a transgender community is in a relief camp or affected locale, consider grouping them in accommodations where they feel safer (for instance, allocate a tent or area for a group of transgender individuals who wish to stay together, rather than dispersing them among perhaps hostile strangers). This can provide mutual support and protection. ➢ **Dignified Access to Facilities:** Privacy and safety in shelters and WASH facilities is a major concern while, making sure to provide a separate latrine/bathing facility for transgender individuals or designate certain facilities as all-gender single-use (one person at a time) which anyone can use privately. This prevents harassment that might occur if they are forced into either male or female communal facilities where they may face hostility. Consult with the individuals, some may be comfortable in women's areas; others may prefer a discrete separate area. The key is to ensure they are not placed in situations of risk of violence. Camp managers should discreetly accommodate needs, even if it means giving a transgender person a spot near health post or admin tent which is more secure. Include trans-specific items in relief if needed: e.g., some transgender women may require specific clothing items (scarves, etc.) or toiletries that align with their gender expression. Ensure relief clothing distributions have variety and allow individuals to choose what they are comfortable wearing. ➢ **Protection from Harassment:** Make it clear through camp rules and community meetings that harassment, bullying or violence against transgender persons will not be tolerated. The camp/security authorities must respond seriously to any such incidents. Ideally, assign a focal person (maybe from an NGO experienced with transgender rights, or a sensitized social worker) to whom

	transgender individuals can report problems. Work with local police to be aware of any targeted violence – given transgender persons can sometimes face sexual or physical violence, law enforcement should keep an eye out and ensure equal protection under the law during disasters. ➢ **Inclusive Relief and Services:** Ensure transgender persons have equal access to all relief services – food, health, shelter, livelihoods – without discrimination, therefore, sensitize medical teams to provide respectful healthcare. For instance, a transgender woman (assigned male at birth) might still have male-pattern health issues but also may be on hormone therapy; doctors should treat her as per her medical needs without bias. If specialized medicines (like hormones) are needed, see if any provision or referral can be made, though that might be challenging in a disaster context. If vocational training or cash-for-work is offered, include transgender persons who are willing and able, just like others. Historically, this community may be relegated to certain livelihoods (performing, begging) – a disaster can be an opportunity to integrate them into mainstream recovery jobs if they wish. For example, they could be employed in aid distribution, community awareness campaigns (some have strong social networks and communication skills), or other skilled tasks if given training. Guard against any discrimination in distributing relief items – for example, if community-led distributions occur, ensure transgender households (or individuals) receive the same rations. Their often-marginalized status could otherwise result in them being ignored. ➢ **Community Sensitization:** Use the disaster response as an opportunity to foster solidarity, incorporate messages of unity and non-discrimination in community meetings, religious sermons (many clerics are sympathetic if approached correctly), and local radio. Emphasize that *"we are all suffering together and will recover together"* and discourage any exclusionary behavior as against cultural/religious values of helping those in need. Highlight any positive contributions from transgender individuals during the response (for instance, if they helped others or took initiative). Showcasing these can change perceptions – e.g., local media or social media stories can humanize them to the broader community. ➢ **Legal and Documentation Support:** If any transgender person lost their CNIC or documents and faces difficulty due to prior mismatch issues (like if their gender marker had been changed or not on documents), ensure they get fast-tracked help from NADRA mobile units or the district administration to reissue documents. Not having an ID can bar them from receiving formal aid or compensation, so prioritize solving that issue. ➢ **Long-Term Inclusion** In recovery programs, involve organizations that support transgender rights (there are NGOs and CBOs in Pakistan working with Khawaja Sira communities). They can advise on projects to help this community rebuild their lives – e.g., maybe creating a livelihood program like a collective enterprise (tailoring, handicrafts, etc.) for a group of transgender survivors. Also, ensure that any psychological support programs or counseling are inclusive of transgender clients – possibly having a counselor who is trained in gender identity issues.
Ethnic and Religious Minorities	Ethnic and religious minority communities can face unique challenges in disasters, from language barriers to social biases in aid distribution. Ensuring they receive equitable assistance and protection is crucial. The Guidelines recommend: ➢ **Cultural and Religious Sensitivity in Relief:** Tailor aid to respect cultural and religious practices of minorities: ○ **Food and Dietary Needs:** As mentioned, provide food assistance that accounts for religious dietary restrictions. For example, Hindu communities should have vegetarian options if needed; if beef is included in rations in a mixed area, offer an alternative meat or protein (eggs, pulses) for those who cannot consume it. These nuances require local

	knowledge – involve community representatives to advise on distributions. ○ **Religious Observances:** Facilitate minorities to continue their worship or rituals as much as possible. In camp settings, allocate a quiet corner or separate tent that can serve as a chapel/temple or prayer space if the community desires. Be mindful of holy days – e.g., avoid scheduling major distributions or activities on Sunday morning in Christian communities or during important festivals like Diwali, so that people can observe their faith traditions. ○ **Burial rites:** In multi-faith contexts, ensure that if there are fatalities, the dead of minority faiths are handled according to their rites (e.g., not all in a common grave or mass burial without consultation). Coordinate with minority religious leaders for proper funerals, which is important for community healing. ➢ **Language and Communication:** Overcome language barriers by deploying interpreters or bilingual volunteers for minority languages if many survivors speak languages other than the mainstream (e.g., Pashto speakers in Sindh, Brahui speakers, etc.). Vital information should be explained in their native tongue. Translate written materials (flyers, rights information, aid instructions) into minority languages common in the affected area. If literacy is an issue, rely more on verbal or visual communication. Local radio stations or community radio in the minority language can be a great tool for disseminating information and countering rumors. Use them if available. Recognize literacy differences: Some minority ethnic groups have lower literacy rates due to marginalization. So, use pictograms on signs (like pictorial signs for where to get water, food, medical help) in camps or villages that everyone can understand. ➢ **Equal Representation and Consultation:** In any community engagement, whether needs assessments, relief committees, or recovery planning meetings. actively include minority group representatives. If there's a local community leader (like a tribal head, pastor, imam of a minority sect, etc.), engage them similarly to majority leaders. Sometimes minorities are hesitant to speak up; facilitators should create a supportive environment and perhaps have separate focus group discussions with minority groups to ensure their views are heard and then integrate that feedback. During beneficiary selection for any targeted aid (like selecting which houses get rebuilt first, or who gets cash grants), involve minority community leaders to ensure their members are fairly included and there's transparency. ➢ **Monitor and Prevent Discrimination:** Set up oversight for fairness by using the complaints/feedback mechanism (hotlines, help desks) to capture any claims of bias. For instance, if a minority community reports they haven't received anything while others have, treat it seriously, investigate, and correct course. If local officials or individuals are found favoring their own group in aid distribution, higher authorities should intervene and re-establish impartial processes. NDMA/PDMAs should circulate guidelines reminding all staff and partners of the Code of Conduct for impartial aid. It might be wise in some contexts to have third-party monitors (like volunteers from Red Crescent or a respected NGO) present during distributions in mixed areas just to assure accountability. ➢ **Security and Protection:** Minorities can feel insecure if social tensions are present hence, coordinate with local law enforcement to provide security presence in areas or camps housing minority communities if there is any risk of communal tension. The sight of police ensuring order can deter anyone who might exploit the chaos to target a minority group, ensure that relief camps are not segregated by default in a way that isolates minorities (unless the minority group itself feels safer staying together by choice, which should be accommodated). Encourage integrated camp management teams that include members of different groups working together, to foster cooperation. Keep an eye out for any hate speech or scapegoating (e.g., blaming a minority for the disaster or for "taking more aid").

	Counteract swiftly with fact-based communication and, if needed, conflict resolution meetings with community elders. ➢ **Minority Women and Children:** Minority women and children might face double marginalization. Make special efforts to reach them, If cultural norms in a minority group keep women from coming forward (for example, some minority tribal cultures might restrict women's public participation even more), then use female staff or volunteers from their own community or a similar background to engage them. Possibly partner a female outreach worker of that faith/ethnicity to talk to women, identify any hidden needs (they might need specific clothes, privacy concerns, etc., that they aren't voicing). Education and recovery programs should include minority children equally. If a minority-language school was destroyed, involve the Education Dept to reconstruct it with equal priority as others, not neglect it. If children need language support to enter mainstream temporary schools, provide bridging classes or tutors. ➢ **Long-Term Inclusion Measures:** In recovery, minorities help rebuild not just physically but socially. Reconstruct or repair community centers or places of worship for minorities if they were damaged (churches, temples, gurdwaras, etc.), showing respect and restoring their community life. Sometimes such places double as community support hubs, so their rehabilitation has practical benefit too. Support minority livelihoods, e.g., if a Hindu artisan community lost tools, ensure livelihood programs cater to them; if a Christian sanitation worker community lost their colony, ensure housing projects include them robustly. Document lessons on any inequities faced by minorities and integrate minority protection in future DRM training for officials. Essentially, use the experience to raise awareness and reduce social bias.
Migrants, Refugees, and Internally Displaced Persons (IDPs)	Migrants (internal or cross-border) and displaced populations often live on society's margins and can fall through the cracks of disaster assistance. This category includes economic migrants living away from home, stateless persons or refugees (like Afghan refugees), and people already internally displaced by conflict or earlier disasters. Guidelines for their support: ➢ **Inclusion in Disaster Planning:** Map and include migrant/refugee settlements in all disaster risk assessments and contingency plans. Urban authorities should identify slum areas or migrant worker colonies that are disaster-prone (e.g., informal riverside settlements) and incorporate those into early warning systems and evacuation plans. Similarly, if there are refugee camps or IDP camps in disaster-risk zones, coordinate with UNHCR (for refugees) or relevant authorities to ensure their preparedness (drills, fortifying shelters, etc.). Don't assume someone else will handle them – integrate efforts. ➢ **Non-Discriminatory Aid Provision:** Explicitly instruct all responders that all persons affected by the disaster are entitled to aid, regardless of legal status or origin. This means, If ID cards are required for aid distribution, develop alternatives for those who lack them (common for IDPs or refugees). For instance, allow use of an attestation by camp management or community elder, or accept UNHCR refugee cards. During immediate life-saving relief, do not withhold basics due to documentation issues – feed and shelter first, sort documents later. If an area is predominantly occupied by migrant laborers (e.g. brick kiln or agriculture migrants) and is hit, ensure relief is centered there too, not just on registered locals. This might involve mobile teams going to work sites or involving employers to gather and assist migrant workers. For refugees under UNHCR care (like Afghan refugees), liaise with their camp administrators to harmonize aid. Sometimes refugees might hesitate to come to government relief due to fear of harassment; so either deliver aid within their known community or accompany NGO/UN teams they trust. ➢ **Information and Communication for Mobile Populations:**

	Many migrants may not speak the local language well or know local channels of info. Use multiple languages for warnings/announcements if needed (for example, in Karachi floods, include Pashto or Sindhi if many migrants speak those; for Afghan refugees, use Pashto/Dari). Reach out through migrant networks – e.g., truck drivers, labor union heads, or diaspora radio channels – to alert migrant groups of hazards. In camps for IDPs/refugees, ensure camp leaders or humanitarian agencies relay government warnings and vice versa, create two-way comms. ➢ **Protection of IDPs and Refugees:** These groups are already vulnerable, therefore, prevent any forced displacement or coerced relocation under the guise of disaster response. Any evacuation or relocation should be consultative and voluntary to the extent possible, with dignity upheld. If new displacements occur (people leaving their homes due to disaster), set up proper IDP camps or settlements with essential services rather than leaving them to drift. Use the Sphere standards for camp setup to ensure humane conditions. Many IDPs live with host communities; don't ignore them – support host families as well to avoid tensions. Coordinate with protection clusters (if international humanitarian architecture is activated) to monitor issues like family separation, exploitation, or tensions between host communities and displaced. For refugees, coordinate with UNHCR's protection lead. Uphold the Guiding Principles on Internal Displacement – i.e., IDPs have the right to safety, basic necessities, family unity, and eventual safe return or resettlement. ➢ **Legal Aid and Documentation:** Provide services to help migrants/IDPs recover documents lost to disaster. This could be done via mobile NADRA vans for CNICs, or coordination with embassies/UNHCR for refugees' documents. Also, legal counseling might be needed if renters (often migrants) face eviction after a disaster or if landowners try to seize land from displaced communities. Set up legal aid desks through district authorities or NGOs to advise people of their rights (e.g., that they still have tenancy rights, etc.). ➢ **Relief and Recovery Aid Tailored for Displaced:** ➢ Migrant workers often send remittances home and might prioritize that over their own recovery. Consider cash assistance to migrant workers so they don't resort to harmful coping (like taking exploitative loans or child labor). If refugees/IDPs are not formally included in government compensation schemes (which sometimes target citizens), advocate to include them or have parallel support via humanitarian channels. For example, if citizens get cash for damaged homes, see if refugee shelters can get materials through UNHCR to rebuild similarly. Address language/cultural needs, e.g., if constructing housing for a displaced tribal community, incorporate their cultural preferences (layout, shared space) rather than a one-size-fits-all approach. Livelihood programs should not exclude migrants/refugees. If skills training or cash-for-work is offered, allow their participation (if legally permissible) or coordinate with agencies that can provide them similar opportunities. Idle young men in refugee camps after a disaster, for instance, could be usefully engaged in local recovery projects. ➢ **Coordination Between Jurisdictions:** Disasters might cause people to flee across district or provincial lines (or even back across borders in some cases). Strengthen coordination between the authorities of origin and destination, For instance, if floods displace people from one district to another, the host district should register them and share info with the original district for eventual return planning. Provincial and federal NDMA should track displacement numbers and needs to allocate resources appropriately. In case of cross-border movement (like if Afghans in Pakistan decide to return to Afghanistan due to the disaster or vice versa), coordinate with UN agencies and the neighboring government to ensure safe passage and humanitarian assistance along the way. ➢ **Social Cohesion:** Prevent scapegoating or marginalization of migrants/IDPs. Sometimes host communities might blame migrants for crime or resource strain. Implement projects that benefit both

	hosts and displaced (e.g., improving water supply that everyone uses) to reduce resentment. Communicate transparently: if extra relief is given to IDPs, explain to locals it's because they lost everything and have no support, and show what locals are getting too, to avoid perceptions of favoritism. Involve both groups in community dialogues or joint committees for camp management and conflict resolution.
Remote and Disaster-Prone Rural Communities	Communities in remote, hard-to-reach, or high-risk areas (mountain hamlets, desert villages, coastal islands, etc.) might not be a traditional "social" vulnerable group, but their geographic isolation and limited access to services make them extremely vulnerable in disasters. Guidelines for these communities: ➢ **Localized Disaster Risk Reduction:** Implement community-based DRR programs in remote areas as a priority. This includes, ○ **Village hazard mapping and planning:** Facilitate each remote community to map their own risks (flash flood routes, landslide-prone slopes, nearest safe high ground, etc.) and develop simple contingency plans. Train local volunteers in basic early warning, search & rescue, first aid since external help may be delayed. The Pakistan Red Crescent Society and Rural Support Programs can be key partners in this. ○ **Structural mitigation:** Advocate for and invest in small-scale mitigation projects that make a big difference locally: check dams in hill torrents, slope stabilization in landslide zones, raised platforms in flood plains, cyclone shelters on coasts, fire breaks in forests, etc. These can often be low-cost but save isolated communities from being completely cut off or devastated. ○ **Resilient infrastructure:** Push for climate-resilient construction in these regions – for example, build flood-resilient earthen homes, use seismic-safe techniques in quake zones (training local masons), elevate tube wells in flood zones, etc. Even if development budgets are limited, incorporating resilience into ongoing rural development is crucial for these areas. ➢ **Early Warning Access:** Extend the reach of early warning systems to the "last mile". Where mobile network coverage is weak or communities lack TV/radio, use alternative communication channels: HF/VHF radio sets for community leaders, satellite phones for key villages, or through the provincial/district authorities, equip local mosque imams with battery-operated loudspeakers to announce warnings. Establish community siren systems (hand-cranked sirens or bell towers) in villages where technology is minimal – tied to upstream warning triggers (for instance, a volunteer upstream phones a volunteer downstream to sound the siren if river level rises). Employ traditional knowledge and signals – if certain communities watch animal behavior or river color changes as natural warnings, respect and integrate that info with scientific warnings. Ensure the warning lead time for remote areas is maximized by improving forecasting. For example, for flood-prone remote valleys, deploy river gauges upstream that can give extra hours of warning to downstream communities. ➢ **Pre-positioning and Stockpiling:** Because reaching remote areas post-disaster is challenging (roads may be blocked, etc.), pre-position emergency stocks within or near those communities before disaster seasons. Set up community-managed disaster stockpiles containing items like dry food, water purification tablets, tarpaulins, basic medicine, and tools (shovels, axes). Train the community committee to manage and rotate these stocks. NDMA/PDMAs should place caches of relief goods at strategic locations (e.g., a centrally located high school or union council office) that serve clusters of remote villages, so that even if outside help is delayed, locals can access these. Encourage households to maintain emergency go-bags with essentials (through awareness campaigns, women's groups, etc.) and to store some grain or fodder in safer places, given their knowledge of hazard patterns. 2. **Innovative Access Solutions:** Plan for access to remote areas when transport lines are cut, hence, NDMA should have plans with Army/Navy aviation or private contractors for Heli drops of food/medicine to isolated pockets if needed. Practice these air operations in

	simulation exercises for readiness. For flood-prone char (island) communities or wetlands, maintain boats (even inflatable motor boats) in proximity for rescue/relief. For mountainous terrain, have a few hardy 4x4 vehicles or pack animals arranged for delivering aid over trails. Encourage local solutions: e.g., community in Chitral might use a cable car over a river – ensure its maintained well as it may be lifeline if bridges wash away. Instruct telecom regulators to explore emergency cell-on-wheels or satellite Wi-Fi units that can be deployed to an area that lost communication. Communication is lifeline; exploring subsidies to expand rural telecom coverage as preparedness is also a policy angle. ➢ **Mobile Services and Health:** Remote areas often lack daily health or social services, in disasters. Organize periodic mobile clinics (via Health Dept. or Army medical corps) to travel to cutoff villages as soon as weather clears, providing medical check-ups, immunizations and referrals. Use mobile banking/vouchers or direct cash if possible to inject cash assistance quickly (assuming they have some market access). If roads will take long to reopen, consider temporary helicopter evacuation of critically ill or injured persons from remote spots to nearest hospitals, rather than waiting (contingent on availability and weather). Ensure psychosocial support teams include remote villages in their itinerary; often these communities are tight-knit, but prolonged isolation can cause mental stress especially if they feel forgotten. ➢ **Livelihood and Recovery Aid:** Remote communities often rely on subsistence livelihoods (farming, pastoralism). Post-disaster, provide replacement assets quickly – e.g., seeds and tools for the next planting season; feed and veterinary care for surviving livestock, or replacement animals if possible through restocking programs (with attention to breed suitability). Repair community infrastructure on priority: a small washed-out bridge or irrigation channel in a remote village is as critical to them as a highway is to a city. Engage villagers via cash-for-work to repair these with provided materials, rather than waiting for large contractors who may delay because it's a small remote job. Consider relocation only if absolutely necessary and agreed by community. Many remote settlements are in hazardous spots (steep slopes, flood plains). If a particular village is repeatedly devastated, authorities can offer relocation to safer ground nearby – but it must come with genuine consultation, compensation, and support to rebuild livelihoods, otherwise communities often prefer to stay and face the risk due to cultural attachment. ➢ **Engage Local Institutions:** In remote settings, local institutions like tribal jirgas, religious leaders, or community NGOs are key. Work through these informal governance systems to disseminate information and organize relief. For instance, if a tribal elder says "we all will contribute labor to clear this blocked stream," people will do it. Provide those elders with the support (tools, food incentives for workers) to mobilize community action. Strengthen local capacity between disasters: train school teachers or youth from those areas in basic disaster response and first aid when times are calm, so they become the first responders during isolation periods. Provide them with first aid kits, satellite phones, etc., as community emergency wardens.
Economically Marginalized and Homeless Populations	People experiencing homelessness; residents of informal settlements (katchi abadis), roadside dwellings, or makeshift shelters; daily-wage labourers; street vendors; and unemployed or under-employed individuals face compounded risk from exposure, displacement, and exclusion from formal relief/compensation. The following actionable measures ensure inclusion across all phases. **Identification, Registration, and Inclusion in Targeting** Map informal settlements, pavement dwellings, under-bridge encampments, and other high-risk urban pockets (e.g., markets and transport hubs) as priority DRR/response zones, and maintain location-wise rolls through UC/DDMA in partnership with CSOs/CBOs. Where CNICs are missing, enable alternative verification for aid—such as attestations by the UC, recognised community elders, or certified NGO rosters—and fast-track mobile NADRA vans for CNIC re-

	issuance. Ensure homeless persons and informal tenants are explicitly included in beneficiary selection for relief and recovery, applying needs-based, vulnerability-weighted targeting even in the absence of tenancy documents. **Early Warning Access for the Economically Precarious** Disseminate alerts where day-wage earners congregate—addas, chowks, bus stands, wholesale markets—using loudhailers and SMS/WhatsApp broadcast lists run by market committees, union leaders, and thela/street-vendor associations. Pair these with visual/pictorial warnings and multilingual audio for low-literacy groups, complemented by door-to-door outreach in katchi abadis through Lady Health Workers, municipal staff, and trusted CBOs. Always couple warnings with clear, actionable options: the nearest safe shelter, locations of heat/cold day centres and water points, and the timings and modalities for cash or voucher assistance. **Evacuation, Shelters, and Heat/Cold Day Centres** Guarantee non-segregated, non-discriminatory access to public shelters for homeless and informal dwellers by removing "proof of residence" barriers. Establish seasonal Cooling/Heating Centres (summer/winter) near transport hubs and markets, providing water, shade or warmth, basic first aid, device-charging points, and staffed information desks. To reduce resistance to evacuation, provide secure storage—numbered lockers or tag-and-hold systems—so street vendors and daily-wage earners can safeguard tools, carts, and other productive assets. **WASH and Basic Services** Ensure 24/7 gender-sensitive toilets and bathing cubicles at shelters and day centres, including menstrual hygiene materials and child-friendly facilities. In informal settlements, install emergency standpipes/water tanks and handwashing stations, and maintain water safety through routine chlorination alongside vector-control cycles following floods or inundation. **Health, Mental Health, and Harm Reduction** Deploy mobile clinics to markets, transport nodes, and informal settlements to deliver primary care, catch-up immunisation (missed RI), treatment for heat stress, ARI, and diarrhoeal diseases, and refills for NCD medications. Provide psychological first aid and group counselling, and screen sensitively for GBV and substance-use risks, ensuring dignified, confidential referral to appropriate services. **Cash-Based Assistance and Livelihood Protection** Prioritise unconditional, multipurpose cash transfers for homeless households, women-headed households, street vendors, and daily-wage labourers, enabling simplified KYC through token accounts or mobile wallets. Offer work-with-dignity cash-for-work opportunities aligned to skills and constraints—such as market clean-up, community kitchens, debris sorting, and micro-repairs—with strict safeguards against child labour. Protect productive assets by financing repair or replacement of vendor carts, tools, and sewing machines, and by providing small toolkits and starter packs to restart income rapidly. **Social Protection Linkages** Fast-track assessment and temporary enrollment in BISP/Ehsaas and provincial social protection schemes via on-site helpdesks at shelters and markets, coordinating with Zakat and Bait-ul-Maal for bridging support. Use one-stop "Recovery Desks" to connect affected persons to CNIC re-issuance, cash assistance, health insurance cards where applicable, and accessible grievance-redressal mechanisms. **Tenure, Relocation, and Legal Aid** Prevent forced evictions under the guise of disaster "clearance." Any relocation must be consultative, adequately compensated, and sited proximate to livelihoods. Establish legal aid desks—partnering with Bar associations and NGOs—to address tenancy disputes, wage theft, and documentation loss, and issue official moratoria on evictions during response and early-recovery windows. **Protection and Non-Discrimination** Train camp managers, police, and municipal staff in respectful, rights-based engagement and enforce zero tolerance for harassment, confiscation of goods, or exclusion at distribution points. Provide safe, well-publicised complaint channels (hotlines and helpdesks) with rapid corrective action and transparent reporting of resolved cases to reinforce accountability. **Data, Monitoring, and Community Engagement**

	Track sex-, age-, and disability-disaggregated data for homeless and informal groups across all assistance to monitor coverage gaps and outcomes such as shelter utilisation, heat-related illness, and return-to-income rates. Engage street-vendor unions, waste-picker groups, transport worker associations, and faith-based charities as delivery partners, formalising roles via MoUs for preparedness and response. **Urban Planning and Risk Reduction** Integrate micro-mitigation in informal areas—raised platforms, shaded queuing zones, flood-safe water points, and storm-drain clearing with community labour. Expand legal, safe vending zones with weather-resilient kiosks and storage, co-designed with vendors to reduce hazard exposure while protecting livelihoods. Pre-position essential stocks—tarpaulins, blankets, water containers, ORS, fans/heaters—within or adjacent to informal settlements ahead of hazard seasons. **Long-Term Recovery and Socio-Economic Reintegration** Create pathways from shelters to stable housing via rental support, transitional shelters, or inclusion in low-income housing schemes located near livelihoods. Offer accelerated skills training and micro-grants or soft loans for ultra-poor entrepreneurs (e.g., tailoring, repair trades, food carts), coupled with mentoring and market linkages. Conduct after-action reviews with homeless and informal residents to refine plans and institutionalise their representation on UC/City DRM committees to sustain inclusion over time.

Family Clusters	This household profiling can be integrated into **multi-hazard vulnerability and risk assessments (MHVRA)**, CBDRM processes at union council level, LHW and community health worker visits, social registries and local government datasets, ensuring data protection and ethical use.
	Family Emergency and Evacuation Plans
	Each family cluster should be supported to develop a **simple, visual micro-plan** that clarifies:
	• **Roles in an alert or evacuation**:
	  ○ a responsible person for children under five;
	  ○ a responsible person for older persons and persons with disabilities;
	  ○ a responsible person for documents, cash and medicines;
	  ○ a focal person to coordinate with neighbours and community volunteers.
	• **Pre-identified safe locations**, such as schools, mosques, community centres, raised platforms or designated shelters, that are **accessible for older persons and persons with disabilities**.
	• **Household early warning protocols**, including who receives and verifies warnings (SMS, mosque loudspeaker, radio, TV, siren, door-to-door visits) and who relays them to the rest of the family.
	• **Neighbourhood "buddy systems"** between family clusters, whereby:
	  ○ households with transport support those without;
	  ○ households with able-bodied adults assist those with multiple dependents or mobility barriers;
	  ○ households with better connectivity or literacy assist those who face communication barriers.
	Family-Centred Relief and Services
	During response and relief, authorities and partners shall:
	• Use **family profiles** as a basis for registration and prioritisation, with specific attention to:
	  ○ households with multiple dependents (children, older persons, persons with disabilities);
	  ○ women-headed households;
	  ○ households including transgender and gender-diverse persons;
	  ○ homeless and landless families;
	  ○ families with bed-ridden or high-care patients.
	• Design assistance packages that respond to **household composition**, including:

	○ adequate food and nutrition for children, pregnant and lactating women, older persons and persons with chronic illness; ○ dignity kits tailored to women, girls and transgender persons; ○ assistive devices, medication refills and accessible WASH arrangements for persons with disabilities and older persons. • Provide **integrated, family-linked services** in camps, shelters and host communities, such as: ○ health and nutrition services; ○ GBV risk mitigation and response; ○ child protection and psychosocial support; ○ disability-inclusive services and referral pathways. Where feasible, one social worker or community volunteer should be assigned to a set of **family clusters**, ensuring continuity and follow-up. **Family-Based Recovery and Resilience** In early recovery and long-term resilience-building, authorities and partners shall: • Link **shelter reconstruction, livelihood support and education continuity** at the household level, so that families can safely return or resettle without re-entering displacement or harmful coping strategies. • Ensure that **all children** in the family cluster – particularly girls and children with disabilities – are supported to re-enrol in education and protective services. • Recognise and support the **care economy** by: ○ providing information, training and psychosocial support to caregivers; ○ exploring stipends or community-based care networks for high-burden households; ○ ensuring that recovery interventions do not unintentionally increase unpaid care burdens on women and girls. • Build **systematic linkages to social protection** (e.g., BISP, disability allowances, housing and livelihood schemes), using DRR-sensitive criteria derived from family cluster data.

Implementation, Coordination, and M&E Mechanisms

Translating policy guidelines into practice requires clear roles, robust coordination, adequate resources, and systems to monitor progress. This chapter outlines how the 2025 Guidelines will be implemented and sustained across Pakistan's disaster management system. It covers institutional arrangements, capacity building, partnership strategies, financing considerations, and monitoring & evaluation (M&E) frameworks.

Institutional Roles and Coordination Framework

A coordinated, multi-tier structure is essential for effective implementation:

1. **National Disaster Management Authority (NDMA):** NDMA, as the apex body, will lead the overall implementation of these Guidelines. NDMA's Gender and Child Cell (GCC) will be upgraded into an Inclusion and Protection Cell (or a similar broadened mandate) to cover all vulnerable groups. This cell will:

   - Develop national action plans and checklists for inclusion (based on Chapter 3's guidelines) and circulate to all provincial and district authorities.
   - Coordinate with federal ministries (Climate Change, Human Rights, Women Development, etc.) to integrate guideline measures into their sectoral disaster plans.

- Serve as the technical resource hub: developing training modules, compiling best practices, and providing surge support during major disasters (e.g., deploying inclusion specialists to affected areas).
- Convene a National Advisory Working Group on Vulnerable Groups in Disasters bi-annually, including representatives from key ministries, provincial PDMAs, civil society, DPOs, women's organizations, etc., to review progress, share experiences, and recommend policy refinements.
- Liaise with international partners (UN agencies, IFRC, etc.) for technical assistance and ensure Pakistan's commitments (Sendai targets, etc.) on inclusion are reported and met.

2. **Provincial Disaster Management Authorities (PDMAs):** Each PDMA is to designate a Provincial Vulnerable Groups Focal Person (building on existing GCCs where present), who will be responsible to coordinate implementation at provincial and district levels by:

   - Translating national guidelines into provincial context (e.g., developing provincial SOPs or policies for inclusive shelters, minority language materials, etc.).
   - Ensuring district disaster management units (DDMAs) incorporate vulnerability measures in their DRM plans and budgets. This could involve approving district plans only when they show adequate inclusion components.
   - Maintaining province-wide data on vulnerable populations and mapping services/capacities (e.g., mapping all special schools, sign language interpreters, women NGOs by district for quick mobilization in disaster).
   - Leading provincial capacity building: training DDMA staff, line department focal persons, and emergency responders on the guidelines (through workshops, simulation exercises focusing on inclusive scenarios).
   - Coordinating with Provincial line departments: e.g., Health (for inclusive health response), Social Welfare (for IDP camp management and protection), Education, etc., ensuring each has integrated the needs of vulnerable groups in their disaster preparedness and response plans.
   - Overseeing relief operations for compliance: during a disaster, PDMA should deploy Monitoring Teams (with members from social welfare, health, etc.) to visit affected areas and evaluate if, say, women are getting aid, or if PWD accessibility is arranged, and report back for any immediate course correction.

3. **District/Local Authorities (DDMAs):** District Disaster Management Authorities are on the front line of implementation. They shall:

   - Maintain updated rosters and plans as described (vulnerability registry, evacuation assistance assignments, etc.).
   - Form District Inclusion Working Groups under the DDMA, including district officers of health, social welfare, education, police, plus NGO reps and respected community figures. This group meets pre-disaster to plan specifics (like which shelters are best for elderly, or which volunteers will cover which villages) and post-disaster to coordinate targeted interventions.
   - Ensure inclusive disaster drills and community education. For example, when conducting annual flood drills, the DDMA must include scenarios like rescuing a mock unconscious patient (to test health response) or setting up a women-friendly space, etc., so that all agencies practice inclusion.
   - During disasters, sectoral coordination sub-groups at district Emergency Operation Centers (EOCs) should include a Protection sub-group (covering issues of gender, child protection, etc.). If UN

Cluster system is active, mirror it: have a Protection Cluster led by Social Welfare Dept or an NGO, feeding into DDMA decisions.

- DDMAs also coordinate incoming aid agencies. They should use this authority to direct NGOs to fill inclusion gaps (e.g., if an NGO with expertise in disability is present, assign them to assess and assist PWDs in camps).
- Use union council-level committees (often existing) to reach each community. The DDMA should supply these local committees with the plans and resources (like basic first aid kits, megaphones, etc.) and get regular feedback from them.

4. **Line Ministries/Departments:** Key sectors have specific roles:
    - Health: The Ministry/Dept of Health at all levels must integrate emergency health needs of vulnerable groups (trauma care for disabled, obstetric care, mental health) into its disaster response plans. Pre-position emergency health kits that include reproductive health and basic pediatric kits as per international standards. Ensure health facilities have ramp access, etc., as a preparedness measure (retrofit where needed).
    - Education: Ensure safe schooling spaces post-disaster and DRR education. Also, maintain lists of teachers who can volunteer in child-friendly spaces or as camp managers.
    - Social Welfare/Women Development: They should take lead in protection activities – deploying social workers, setting up women and child spaces, identifying orphans, facilitating psycho-social support. They also can coordinate relief for the destitute (like running soup kitchens, distributing relief to those who can't come get it).
    - Police/Security: Develop SOPs for preventing and responding to violence or exploitation in disaster settings; assign female officers to relief duty; guard relief convoys to ensure equitable distribution (prevent hijacking or corruption that might deprive vulnerable groups).
    - Agriculture/Livestock: Tailor recovery aid to small-scale farmers, provide veterinary camps for livestock in rural disasters which is crucial to livelihoods of vulnerable farmers.
    - Finance/Economic Affairs: Allocate contingency funds for vulnerable-focused interventions; manage international assistance ensuring a portion goes to inclusion measures (for instance, if donor funds come, earmark some for protection and inclusion programs).
    - Local Government: Through union councils and municipal bodies, mobilize community volunteers (like the traditional chowkidars, or community organization members) to keep an eye on vulnerable neighbors, manage local shelters, and report needs promptly upstream.
5. **Civil Society and Community Organizations:** Recognizing their reach and trust at the grassroots:
    - NDMA/PDMAs will formalize partnerships via MoUs with NGOs specializing in gender, disability, child welfare, etc. so they become part of the response system. For instance, have agreements with Edhi Foundation, Akhuwat, Handicap International, etc., delineating roles like Edhi ambulances to transport disabled, etc.
    - Encourage provinces to have a Volunteer Roster (like a provincial pool of Red Crescent, scouts, university volunteers) trained in inclusive response, who can be called up during major events to assist local authorities.
    - Leverage religious networks for outreach – e.g., collaborate with mosques and madrassahs to disseminate messaging and possibly shelter people (some mosques do serve as shelters).

- The private sector can contribute (as part of CSR) by donating accessible vehicles, communication systems, or funds for assistive devices. NDMA should engage corporate partners to invest in these resilience measures (like telecom companies improving rural coverage, etc.).

6. **Coordination Mechanisms:**

At the national level, NDMA will report to the **National Disaster Management Commission (NDMC)**, chaired by the Prime Minister, on the status of vulnerable group protections. An annual report will be submitted and NDMC can issue directives to any lagging department. Utilize the cluster coordination approach in large disasters: ensure that the *Protection Cluster* (if activated with UN/OCHA help) is led or co-led by NDMA's GCC or Social Welfare so that it directly feeds into government decisions, not parallel.

Schedule regular coordination meetings focusing on vulnerable groups during a disaster response (e.g., a weekly "Inclusion meeting" at the provincial EOC where NGO reps and officials discuss emerging issues and solve them). Ensure vertical flow of information ensuring Districts report to provinces any major gaps in servicing vulnerable groups; provinces escalate to NDMA if needing national support or policy decision (e.g., requiring a policy change to allow cash aid to undocumented persons). Engage local media to broadcast info about services for vulnerable groups (e.g., announcements: "If you have lost contact with a family child, contact XYZ for tracing"; or "Women in X camp, a female doctor is now available at clinic").

By clearly defining responsibilities and coordination lines, these Guidelines will be institutionally anchored. Essentially, NDMA steers the ship, PDMAs and line agencies row in unison, DDMAs navigate locally with community compass, and partners add wind to the sails – all to ensure the most vulnerable are safely brought to shore in any storm.

Capacity Building and Resource Allocation

Successful implementation hinges on the skills and resources available to stakeholders. Pakistan must invest in capacity building at all levels and ensure adequate resourcing for inclusive DRM initiatives. Develop a comprehensive training curriculum on Inclusive Disaster Management. NDMA, through its training institutes (e.g., National Institute of Disaster Management) and in partnership with provincial civil defense/training centers, will roll out training modules on:

- Gender-sensitive response (covering needs of women, setup of women-friendly spaces, etc.).
- Child protection in emergencies (identification, psychosocial first aid for kids, family tracing methods).
- Disability inclusion (practical simulations of assisting PWDs, using assistive tools, communication etiquette like speaking to a deaf person, etc.).
- Camp management and protection (site planning for safety, handling diversity).
- These should target officials from all key departments, first responders (Rescue 1122 staff, for example, and civil defense volunteers), and also local community volunteers. Use a Training of Trainers (ToT) approach to cascade knowledge down to district master trainers who then train Union Council committees, etc.
- Incorporate scenario-based exercises focusing on vulnerable groups in mock drills and simulation exercises conducted annually (e.g., simulate an evacuation including elderly person with stroke, or distribution where a mob threatens to leave minorities without aid, and see how teams handle it).

- **Guideline Dissemination and Manuals:** Produce user-friendly operational manuals or checklists summarizing these Guidelines for practitioners:

- E.g., a pocket guide for field responders: "10 things to remember to include vulnerable groups" with bullet points on basic dos and don'ts.
- Posters or visual aids to put up in control rooms and camps (like camp layout standards showing where to put toilets for women, etc.).
- Translate key materials into Urdu and provincial languages so local staff can absorb them easily.
- Conduct orientation workshops whenever these guidelines are updated or introduced, bringing together govt officials, NGOs and community leaders in each province to walk through the content and expected actions.

- **Community Awareness and Education:**
  - Integrate disaster preparedness and inclusive response messaging into ongoing community programs (like those by Rural Support Programmes, or health extension sessions). For instance, teach village committees how to identify the most vulnerable households and plan to help them.
  - Use media campaigns (especially ahead of monsoon or winter) focusing on "Caring for the Vulnerable in Disasters" – radio dramas, TV talk shows, social media infographics – to instill a culture of empathy and collective action.
  - Schools and colleges should have curricula or co-curricular activities on DRR that emphasize helping vulnerable peers. The younger generation should be brought up with these values.
- **Resource Allocation and Financing:**
  - **Dedicated Budget Lines:** NDMA and PDMAs should allocate dedicated budget for vulnerable-group focused measures in their annual plans. For example, funds earmarked for procuring assistive devices stockpile, or for training women-led and women and girls rights organizations, etc. This ensures these activities aren't lost among competing priorities.
  - **Disaster Response Funds:** When disaster strikes and emergency funds are released (like from the PM's Relief Fund or Provincial relief funds), ensure that part of this funding is directed to protection activities (setting up women/child centers, hiring temporary protection officers, etc.) and targeted distributions (like extra food for children, etc.). Budget guidelines can specify, say, "at least X% of relief budget must address needs of vulnerable groups" for accountability.
  - **Donor Engagement:** Proactively engage with donors (UN, bilateral, NGOs) to fund capacity-building and innovation on inclusion. There are often grants available for gender in emergencies, disability inclusion pilots, etc. NDMA's Inclusion Cell can develop proposals e.g., for a pilot project equipping one district fully for disability-friendly shelters, or for training 1000 rescue workers in gender & child protection.
  - **The National Disaster Management Fund** (if existing or NDRMF etc.) should consider financing community-level mitigation projects specifically benefiting vulnerable communities (like accessible evacuation centers in remote areas, strengthening houses of the poorest against hazards, etc.).

- **Use of Technology and Innovation:**
  - Develop or adopt management information systems (MIS) for tracking aid to vulnerable groups. For instance, a simple software where camp managers tick off how many women, children, disabled have been served – data can flag gaps in real-time.

  - Use mobile apps or helplines to allow people to request assistance for someone overlooked (crowdsourcing feedback).
  - Encourage innovation challenges or student projects to solve inclusion problems (like cheap flood-resistant wheelchair design, or solar powered auditory alarm for villages). This can harness creativity and possibly find context-appropriate solutions.

- **Monitoring Capacities:**
  - Train a cadre of monitoring officers at NDMA/PDMAs specifically on protection and inclusion indicators (see M&E section). They should be able to conduct field visits and evaluations critically.
  - Engage independent bodies, like the National Commission on the Status of Women, or human rights commissions, to occasionally assess how well vulnerable groups were served in disasters, providing external validation and recommendations.

- **Accountability and Incentives:**
  - Incorporate performance on inclusion into the evaluation of disaster management officials. For example, when NDMA or a province appraises a DC or relief commissioner's disaster response, include criteria like "Did they ensure women's needs were addressed? Did they coordinate with health to care for PWDs?" This makes it a professional responsibility.
  - Recognize good practices: institute awards or public appreciation for districts or agencies that excelled in inclusive response (e.g., "Most Gender-Sensitive District Response" award after monsoon season). Humans respond to recognition, and this can create healthy competition and learning.
  - Conversely, if serious negligence towards vulnerable groups is found (like an incident of abuse in a camp that was ignored), there should be accountability (personnel action, inquiry) to underline seriousness.

Properly building capacities and allocating resources are investments that save lives and reduce losses in the long run. A rupee spent on training a responder to include all could prevent many rupees of damage or tragic outcomes later. The government must treat these not as optional add-ons but core components of DRM budgets and plans.

Monitoring, Evaluation, and Reporting

To ensure the Guidelines are effectively implemented, a strong M&E framework is required for continuous oversight, learning, and improvement. The robust monitoring and evaluation ensure that the fine words of the Guidelines turn into measurable actions and outcomes. It creates a loop where data and feedback drive continual refinement of practice. By establishing clear indicators and actively involving vulnerable groups in evaluating our work, we uphold the principle of accountability to affected populations, as promoted by the Core Humanitarian Standard. It also helps maintain the political and bureaucratic will to keep prioritizing these issues, as evidence of positive impact can justify sustained or increased investment.

Key components include:

Indicators and Benchmarks:	• Develop a set of Key Performance Indicators (KPIs) related to inclusion of vulnerable groups. These indicators should be specific, measurable, and tied to the objectives of the Guidelines. Examples: ○ Preparedness Indicators: % of districts that have updated disaggregated data on vulnerable populations; % of union councils with community evacuation plans addressing vulnerable groups; number of officials trained in inclusive DRM. ○ Response Indicators: In a given disaster, what proportion of relief camps had functioning segregated WASH facilities and women-friendly spaces; ratio of female to male relief staff deployed; % of disabled persons in affected area who received necessary assistive aid within first 2 weeks; time taken to reunite separated children with families, etc. ○ Recovery Indicators: % of female-headed households or other vulnerable households that received housing reconstruction support; # of livelihood grants given to vulnerable individuals; extent to which rebuilt infrastructure meets accessibility standards (e.g., 100% of new schools have ramps). ○ Cross-cutting: Presence of GBV incidents reported vs responded to; level of satisfaction expressed by vulnerable groups in after-action surveys. NDMA will define baseline and target values for these indicators where possible (e.g., target 100% of camps to have proper toilets for women; or reduce average reunification time for separated kids to under 2 months, etc.).
Data Collection:	• Establish mechanisms to collect SADDD (Sex, Age, Disability, Diversity Disaggregated) data during disasters and in normal times: ○ Situation reports during emergencies should include a section on vulnerable groups (for instance: "X number of children separated, Y number of PWDs identified and assisted, etc."). ○ Use assessment tools that integrate vulnerability metrics – initial rapid assessments (IRAs) and detailed sector assessments must ask questions like "Is aid reaching women and men equally? Are there minority pockets not getting aid?". ○ Leverage technology: maybe an electronic dashboard where districts input daily data on key indicators, which NDMA/PDMAs can see to monitor trends and gaps. ○ Engage third parties for independent monitoring: e.g., academic institutions or the Pakistan Bureau of Statistics could be tasked post-disaster to conduct a quick survey on relief coverage including vulnerable groups. This external check can validate official data.
Evaluation and Reviews and Reporting Mechanisms	• After every major disaster operation (say one affecting >50,000 people), NDMA in collaboration with PDMAs will conduct a Post-Disaster Review focusing on the response to vulnerable groups. This should involve multiple stakeholders, including community

	representatives and NGOs, and result in a report highlighting what worked, what didn't, and why. The evaluation should specifically comment on each category (women, children, etc.) and the effectiveness of measures taken. • Commission a mid-term and end-term evaluation of the Guidelines' implementation (for example, a mid-term review in 2028 and a final review in 2030). This would examine overall progress towards integrating these principles across the system and recommend any policy updates or extensions needed. • Participate in international monitoring – e.g., reporting progress in Sendai Framework Monitor (there's a global target on having local DRR strategies, which could include inclusion elements), and in reports to human rights treaty bodies (CEDAW, CRPD committees often ask about inclusion in crises; showing this Guidelines and results will be important). • NDMA will produce an Annual "State of Inclusion in DRM" Report. This will compile data from provinces on the KPIs, document case studies, highlight advancements (like new inclusive infrastructure built) and flag persistent gaps. This report is shared with NDMC, provincial governments, and published for transparency. • At provincial level, PDMAs to include a section on vulnerable groups in their regular disaster reports and annual work plan reports. • Public transparency: consider making certain info public (on NDMA website, social media infographics) such as "In 2025 floods, we assisted 10,000 elderly and 5,000 persons with disabilities" – showcasing commitment and inviting public accountability.

Feedback and Complaint Systems:	• Monitoring isn't just top-down data; it should integrate feedback from affected populations, especially the vulnerable:
	  ○ Strengthen and advertise feedback channels: toll-free helplines, SMS lines, help desks in camps, suggestion boxes – accessible to the less literate (maybe voice message system).
	  ○ Ensure complaints related to neglect or abuse of vulnerable groups are prioritized and addressed. NDMA/PDMAs should track resolution of such complaints (like if women in X camp complained of no privacy, record that and note what was done and when).
	  ○ Conduct community "listening sessions" post-disaster, where women's groups, PWDs, etc., can speak openly to officials or evaluators about their experience. Use facilitators to guide discussion and ensure respectful hearing. Incorporate what is learned into action plans.

Learning and Adaptation:	• If an indicator shows underperformance (e.g., only 50% of identified PWDs got aid in time), do root cause analysis – was it lack data, or logistic issue, or bias? Then update protocols or provide additional training accordingly. • Capture good practices from one region and replicate them into others. For instance, if KP province had success with a women volunteers' network aiding response, document it in the NDMA annual report and encourage other provinces to adopt similar networks. • Revise the Guidelines if needed. The National Advisory Working Group (mentioned under NDMA) should use evidence from monitoring to suggest revisions or additional guidance. For example, if climate

	impacts intensify, maybe more focus on mental health emerged as needed – then Chapter 3 or 4 could be updated with more on that.
External Auditing and Oversight	• Auditor General's office could include disaster relief operations in their scope, checking if funds meant for vulnerable group measures were spent correctly on those. • Parliament or Senate committees on climate change or human rights can call for briefings on how disaster-affected vulnerable populations are being treated, adding a layer of democratic oversight. • Engage with civil society coalitions – for example, the Pakistan Humanitarian Forum or Vulnerability forums – to do shadow reports on disaster responses from the perspective of affected communities. Treat their findings as valuable input rather than criticism.
Global Reporting	• Leverage international platforms to report achievements: o For instance, at Sendai Framework mid-term and final reviews, highlight Pakistan's initiatives from these Guidelines as a model for inclusive DRM. o Report relevant progress in Pakistan's reviews of SDGs (like SDG 11 and 13), showing how inclusive disaster management advances SDG targets on resilience. o This not only keeps Pakistan accountable to global commitments but also can attract support or recognition.

Sustainability and Linkages

For these Guidelines to have lasting impact, they must be embedded into broader systems and future developments:

- **Policy Integration**: Efforts will be made to mainstream the Guidelines into any future national policies or development frameworks. For example, if Pakistan updates its National Social Protection Policy or Poverty Reduction Strategy, include references to disaster resilience for vulnerable groups. Similarly, provincial DRM plans and sectoral plans (health, education) should annex or mirror the relevant sections of these Guidelines, making them part of standard operating procedures even beyond the disaster context (e.g., schools routinely practicing inclusive drills).
- **Legislative Backing:** Consider, if necessary, moving towards making certain aspects legally binding. For instance, NDMA Act 2010 could be amended in future to explicitly mandate inclusion and protection standards (some of which are implied already via nondiscrimination clauses). A Provincial assembly might pass a resolution or law for protection of vulnerable groups in emergencies, lending more authority.
- **Continuous Funding:** Work with finance and planning ministries and departments to ensure funding for inclusion measures is not seen as an "extra" but a core part of disaster management budgeting. Explore setting aside a small percentage of the National Disaster Management Fund or donor contributions specifically for vulnerability/inclusion projects each year.
- **Updating and Revising Guidelines:** Aim to review and update this policy document every 5 years or so, factoring in new knowledge (for example, new international frameworks post-2030, or emerging vulnerable groups like climate-induced migrants). The National Advisory Working Group can spearhead this, consulting widely to ensure the Guidelines remain current and forward-looking (e.g., addressing vulnerabilities due to new tech, or urban vulnerabilities as cities grow, etc.).

- **Public Awareness and Ownership:** Ultimately, a guideline is only as good as the uptake by those on ground. By raising public awareness (through education and media as discussed), we encourage communities themselves to demand and co-create inclusive practices. When citizens know that, say, women have a right to be heard in relief planning, they are more likely to insist on it at local level, reinforcing implementation.
- **Research and Development:** Encourage universities and researchers to study the outcomes of inclusive disaster management – e.g., do case studies on how these guidelines improved response in a particular flood. Their findings can inform adjustments and also contribute to global knowledge (Pakistan could become a case study internationally for effective inclusion if done well).
- **Regional and International Cooperation:** Share experiences with neighboring countries (SAARC framework for DRR) on managing vulnerable groups – maybe organize a regional workshop. Pakistan can also learn from others' good practices (like Bangladesh's work with women in cyclones, or Nepal's with disability in earthquakes). Keeping connections with international forums (IASC, UNDRR, etc.) will bring in new ideas and keep our approach cutting-edge.