

# PAKISTAN

## Understanding Climate Change Impact on Women's Reproductive Health: Post Disaster Interventions in Sindh Province

### SCOPING STUDY

Building New Constituencies for Women's  
Sexual and Reproductive Health and Rights (SRHR):  
Climate Change and SRHR



## **A Scoping Study**

### **Understanding the Climate Change Impact on Women's Reproductive Health: Post Disaster Interventions in Sindh Province**

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Sindh Community Foundation

Asian-Pacific Resource and Research Centre for Women (ARROW)

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## LIST OF ACRONYMS

CC	Climate Change
COP	Conference of Parties
SRHR	Sexual and Reproductive Health and Rights
PPHI	People Primary Health Initiative
MNCH	Maternal, New born and Child Health
PDMA	Provincial Disaster Management Authority
NDMA	National Disaster Management Authority
UNICEF	United Nations Children's Fund
SCF	Sindh Community Foundation
CSO	Civil Society Organisations
CBO	Community Based Organisations
BHU	Basic Health Unit
RHC	Rural Health Centre
SPO	Strengthening Participatory Organization
SAARC	South Asian Association for Regional Cooperation
FGD	Focus Group Discussion
DRR	Disaster Risk Reduction
TRF	Technical Resource Facility
BISP	Benazir Income Support Program
INGOs	International Non-Government Organizations
UNFCC	United Nations Framework on Climate Change
WHO	World Health Organization

## EXECUTIVE SUMMARY

Pakistan has already experienced effects of climate change. Repeated floods, cyclones, and cycles of droughts are frequent in country and have had very severe impacts on human lives, health, infrastructure, livelihoods, and basic amenities. The component of health has been in a poor state during and post disasters. Reproductive health facilities are already not accessible for women and girls even in normal times due to various constraints, ranging from social norms, misinterpretation of religious teachings, and societal attitudes towards reproductive health.

The reproductive health issues and problem become more crucial in the times of disaster and in post disaster phases. There is limited available research on climate change and research in the context of SRHR is lacking especially in connection to disasters. Since women suffer more during disasters, the scoping study is aimed to give insight and identify gaps that address the issues of SRHR in the aftermath of climate change. This scoping study provides an evidence based overview on SRHR in the context of disaster and post disaster interventions to devise recommendations that can be incorporated into policies and planning actions that do not cover SRHR in mainstream climate change adaptation and risk management plans.

It provides the voice of the victim of disasters and provides an understanding of the inter-linkages of SRHR and CC that how the disaster impacted their lives and RH in specific and the recovery interventions in disaster hit areas. The study was focused on the 10 district of Sindh affected by various forms of the disasters repeatedly. The research reviewed the existing literature, policies, plans of DRR, climate change and Health and climate change related actions plans to find gaps and missing links.

It was seen that civil society interventions in the areas of DRR and SRHR are not connected to each other, and SRHR is very low on priority in the interventions. The study provided civil society perspective on climate change. However, it must be borne in mind that usually, the civil society does not have much orientation about climate change and SRHR discourse or international frameworks of negotiations at the international level.

Due to limitations of research, the study focuses on the province of Sindh in Pakistan, yet It provides scientific and qualitative findings and resource material to increase debate on SRHR in the context of climate change in Pakistan. The research findings are the starting point from where to work in the area of SRHR and climate change as well as advocacy interventions that support the research.

## INTRODUCTION

Pakistan is a country vulnerable to climate change and has been affected drastically by its impacts through extreme event in recent years, mainly witnessed through floods and cyclones.

Unpredictable rainfall, increased temperatures and changing of the seasons have also been observed. Pakistan's recent history of disasters includes the following:

The cyclone in 1999 had a severe socio-economic impact on the coastal communities of Sindh. During the earthquake in 2005, 87,350 people and, 138,000 were injured people were injured, and 500,000 families were affected

(Ref: <http://www.ndma.gov.pk/new/aboutus/Earthquake2005.pdf>) and during the earthquake in 2013 in Awaran Baluchistan, 32638 houses were completely damaged, 386 people died and the injured were reported to be 816. Livelihoods, houses and infrastructure in many areas were completely destroyed, affecting about an estimated population of 300,000.

(Ref: [http://www.ndma.gov.pk/new/aboutus/EQ\\_Awaran\\_13.pdf](http://www.ndma.gov.pk/new/aboutus/EQ_Awaran_13.pdf))

The floods in 2010 and 2011: The floods in 2010 were called super floods as they displaced more than 30 million people across the country and the floods in 2012 in the northern part of Sindh and Baluchistan ((Ref: <http://pdma.gos.pk/FloodFacts.pdf>).

[http://www.ndma.gov.pk/new/aboutus/flood\\_2011.pdf](http://www.ndma.gov.pk/new/aboutus/flood_2011.pdf))

[http://www.ndma.gov.pk/new/aboutus/flood\\_2012.pdf](http://www.ndma.gov.pk/new/aboutus/flood_2012.pdf)

There were also floods in 2014 in Punjab which damaged 100,000 houses, and affected 2.47 million people. 286 people lost their lives while 512 received injuries ( Ref:

[http://www.ndma.gov.pk/new/aboutus/flood\\_2014.pdf](http://www.ndma.gov.pk/new/aboutus/flood_2014.pdf)). The drought in Tharparker in 2014,

which led to migration and death of more than 311 children according to a report, prepared by the provincial government vis-à-vis the drought situation in Thar. It reported that 311 children under five years of age had died between December, 2013 and November 2014 (

Ref: <http://www.dawn.com/news/1150898>). Based on the data compiled by NDMA, it was observed that 10 districts of Sindh were badly affected by various forms of disasters, including floods and droughts and cyclones at various times.

There is no sex segregated data on the super flood of 2010. Significant However, significant differences were noted between urban and rural affectee, as well as among different genders. Flood waters receded in Balochistan province and Khyber Pakhtoonkhwa within days, and after several weeks in Punjab province, but took months in some areas of Sindh. There was widespread infrastructure damage, which resulted in loss of housing and services such as electricity, water and sanitation. The economic impact of the floods was also widespread, and our survey by Sindh Community Foundation (SCF) conducted in three districts of Sindh, Jamshoro, Thatta and Matiari, demonstrated that even after 6 months, much of the population made limited progress towards their earlier standard of living and access to services.

Literature review has had a look at specific health-related effects of the 2010 Pakistan floods, including infectious diseases, malnutrition, malaria, cholera and other water borne diseases.

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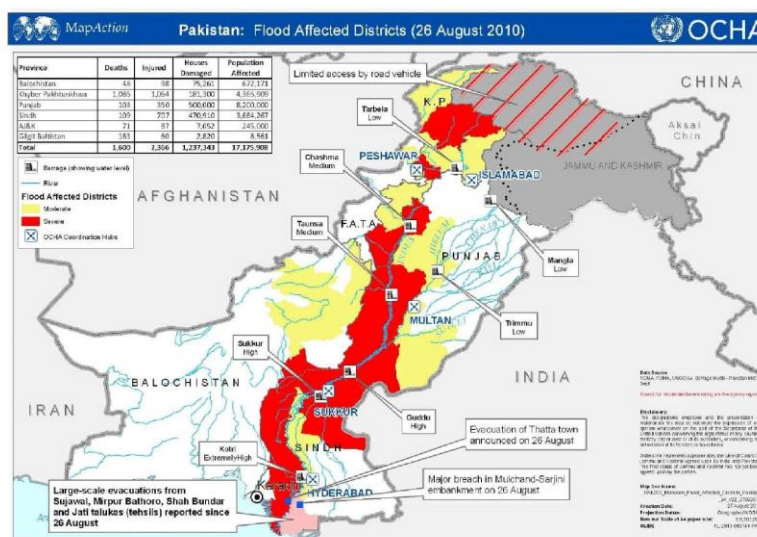


Sindh province had high malnutrition rates even before the impact of floods. According to statement report<sup>1</sup> released by UNICEF before the super flood disaster in 2010, about a third of Pakistan's children were born with low birth weight. The report further states that children in Sindh province are particularly vulnerable to malnutrition. Even before the floods, stunting rates in Sindh were higher than the national average. The severity of impact felt in the Sindh province can be attributed to various factors, including poor governance as manifested in the Government's climate change response. This has affected the livelihoods of the rural communities, women and children's health and destroyed the basic community infrastructure.

An example of poor governance was observed in the city on Khairpur Nathan Shah in Dadu district of Sindh, where an embankment of 2 main irrigation branches on Main Nara Valley drain were full of flood water because the district government did not take any precautionary actions. Poor infrastructure of irrigation led to damage from the channels.

Powerful feudal lords were on stand-by, one on each bank; one feudal lord decided to make an artificial breach to save his own people and lands. No measures were taken to plug the breach by the government and this is one of the glaring examples of the poor

The mission of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) is to mobilize and coordinate effective and principled humanitarian action in partnership with national and international actors.



governance. Consequently almost 0.4 million people had to flee from their houses and the town of Khairpur Nathan Shah was inundated with flood water. Displaced people stayed in camps for up to three months which is as long as it took for the water to recede.

Due to poor governance, climate change vulnerability is increasing and the impacts of floods and droughts are greater. <sup>2</sup>A recent BBC Climate Asia Report states that around 72 per cent of the people did not trust the government to help them in responding to these challenges.

<sup>1</sup>Retrieved from: [http://www.unicef.org/infobycountry/pakistan\\_56974.html](http://www.unicef.org/infobycountry/pakistan_56974.html).

BBC Climate Asia Report (Pakistan BBC Climate Asia Report oHow the People of Pakistan Live with climate change and what communication can do by Khadija Zaheer and Anna Colom

<sup>2</sup>.BBC Climate Asia Report (Pakistan BBC Climate Asia Report on How the People of Pakistan Live with climate change and what communication can do by Khadija Zaheer and Anna Colom

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Sexual and Reproductive Health is a right for both men and women. This was agreed by 180 nations at the 1994 International Conference on Population and Development (ICPD). As compared to young boys, young girls have limited access to information on reproductive health due to patriarchal mind set of society in Pakistan. Climate change incidents, mainly floods, negatively affect people's general and reproductive health. A few cases of harassment were also reported by the women in during interviews and FGD but these were not highlighted because of the strict gender norms and cultural, tribal notions of honour.

Apart from the impact of climate change, it was noted during field work that SRHR in post-disaster recovery was also not assigned the needed priority. Even in the rehabilitation and reconstruction phases by government and NGOs/INGOs, health outlets and reproductive health services were given low priority while in post disaster; health, education and nutrition initiatives were implemented in a few districts. Women's role and participation was low in early recovery interventions, which indicates why interventions did not encompass the actual needs of women.

Policy and planning actions also do not cover SRHR in mainstreamed climate change adaptation and risk management. The scoping study aims to give insight to and identify gaps to address the issues of SRHR in the context of climate change and will suggest evidence based recommendations to incorporate them into policies and action plans.

### **Area of Research**

The field research was conducted in 10 districts of Sindh: Jacobabad, Kashmore, Shikarpur, Dadu, Badin, Mirpurkhas, Jamshoro, Thatta, Tando Mohammad Khan, Tharparkar. These districts have been affected repeatedly by various forms of disasters in recent history, including flash floods, drought and cyclones.

<b>District</b>	<b>Affected by Disasters</b>
Jacobabad	Floods in 2010 and 2011
Shikarpur	Floods in 2010 and 2011
Kashmore	Floods in 2010 and 2011
Thatta	Cyclone in 1999 and flood in 2010
Dadu	Flood in 2010
Mirpurkhas	Floods in 2011
Sanghar	Floods in 2011
Tando Mohammad Khan	Floods in 2011
Tharparkar	Drought in 2014
Badin	Cyclone in 1999 and flood in 2011

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## **Context of Disasters in Pakistan**

Pakistan has been suffering from extreme climate events over the past 20 years, which have badly impacted its economy and development, and increased its vulnerability to climate change. Pakistan has been experiencing the effects of climate change, flash floods, droughts, and cyclone over the years as the country fell within the disaster-prone zone of South Asia.

### **Cyclones (Cyclone 2-A) 1999**

According to the Pakistan Metrological Department, Pakistan's coastal area stretches over 1000 Km east/southeast – westwards (Figure 1) and remains under tropical cyclone threat during May-June (pre-monsoon) and October-November (post-monsoon) period, with May being the host of highest Tropical Cyclone formations in the Arabian Sea. (2)

Cyclone 2-A was the strongest and most intense cyclone in the history of Pakistan. The cyclone killed 6200 people before making landfall in Shah Bandar near Karachi city in Sindh province at the peak of its intensity on 20 May.

It has history of causing a large-scale damage to coastal areas of Sindh and Balochistan due to past disastrous cyclones in the region. According to the web-based country profile of Pakistan by SAARC (South Asian Association for Regional Cooperation) Pakistan Disaster Knowledge Network ) PDKN, the cyclone of 1999 in Thatta and Badin districts wiped out 73 settlements, and resulted in the loss of 168 lives. Nearly 0.6 Million of people were affected, besides the loss of 11,000 heads of cattle. It also destroyed 1,800 small and big boats and partially damaged 642 boats that caused of a loss of about 380 million PKR. (2)

The subsequent effects of the cyclone, such as contaminated and stagnant water created further health hazards. Women suffered more than the men in seeking health facilities during displacement because of lack of mobility and unavailability of the lady doctor in the camps.

(2)(Ref:[http://www.pmd.gov.pk/rnd/rnd\\_files/vol8\\_Issue16/2\\_Numerical\\_Simulation\\_of\\_storm\\_surges.pdf](http://www.pmd.gov.pk/rnd/rnd_files/vol8_Issue16/2_Numerical_Simulation_of_storm_surges.pdf))  
(<http://pakistanweatherportal.com/2011/03/31/history-of-cyclones-in-pakistan/>)

(Ref: [http://www.saarc-sadkn.org/countries/pakistan/hazard\\_profile.aspx](http://www.saarc-sadkn.org/countries/pakistan/hazard_profile.aspx))

Floods 2010&2011, 2012 in Sindh and 2014 in Punjab

The deadliest weather related disasters of 2011 unfolded in Pakistan between mid-July and mid-August, when heavy monsoon rains triggered flooding that affected 9,723,221 people and damaged 2,166,623 acres of crops according to a Provincial Disaster Management Authority. (Government of Sindh PDMA Sindh update on 20Oct 2011).

It was reported that 1,595,343 households were completely or partially damaged, while 456 people in Sindh lost their lives. The districts of Mirpurkhas, Benazirbad, Badin, Tando Muhammad Khan, Tando Allahyar and Sanghar were declared the worst effected districts. In 2012 heavy rains again affected Jacobabad, Shikarpur, Kandhkot and few districts of Baluchistan including Jaffarabad.

Both the incidents of repeated flooding impacted the livelihoods of the rural population as they lost their main source of agriculture. Food insecurity also increased in the flood affected districts because lands were uncultivable due to slow recession of flood waters. Because of lack of proper income sources, small growers were unable to start cultivation on time after the floods. There were also floods in 2014 in Punjab which damaged 100,000 houses, affecting 2.47 million, and 286 people lost their lives while 512 received injuries. (Ref: [http://www.ndma.gov.pk/new/aboutus/flood\\_2014.pdf](http://www.ndma.gov.pk/new/aboutus/flood_2014.pdf))

## **Earthquake**

A 7.6 magnitude earthquake in Islamabad struck at 08:50 local time on 8 October 2005 with a 7.6 magnitude on the Richter scale (centred 95 km northeast of Islamabad) struck at 08:50 local time on 8 October 2005. Khyber Pakhtunkhwa, formerly known as North West Frontier Province/NWFP, and Azad Jammu & Kashmir, (AJK) were the worst affected areas, while tremors were felt across the South Asian region. In Pakistan, according to the official figures of the Government<sup>3</sup> the earthquake claimed 87,350 lives, injured 138,000 people and approximately 3.5 million people were displaced. Several villages were completely flattened and wiped out.

In Sep 2013 an earthquake struck the Awaran District in western Balochistan. The earthquake's epicentre was near the Awaran District, but other districts of Balochistan, Turbat, Panjgur, Chaghai, Khuzdar and Gwadar were also affected. According to the reports, tremors from the earthquake, which registered 7.8 on the Richter scale were also felt in Quetta, Hub, Kharan, Jhal Magsi, Kalat, Sibi, Mastung, Jafferabad and Karachi, and also as far away as the UAE. Provincial Authorities of Balochistan indicated the toll as 359 people killed and 619 injured. Livelihoods, houses and infrastructure in many areas were completely destroyed, affecting an estimated population of 300,000.

## **Drought 2013-14 in Thar Desert-Sindh**

Recent drought in Thar severely affected the health of women and children. More than 175,000 families had to migrate from remote areas of Thar to other parts of Sindh for their survival. According to the latest report prepared by the provincial government Sindh regarding the drought situation in Thar, and published in daily Dawn shows that 311 children under five years of age died between December 2013 and November in 2014<sup>4</sup>. Thar district is a huge district spread over an area of 22,000 square kilometers of desert with scattered settlements and has remained vulnerable to drought because the district has no irrigation infrastructure and it entirely relies on rainfall. The vast distances and tough terrain make it a challenging task for people to access health and civic facilities, which are present in relatively well-settled cities of Thar.

According to the report of the Sindh government, quoted in Daily Dawn in 2013, Sindh in general and Thar region in particular did not receive adequate rainfall during the monsoons.

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<sup>3</sup>Retrieved from: [www.ndma.gov.pk/new/aboutus/Earthquake2005.pdf](http://www.ndma.gov.pk/new/aboutus/Earthquake2005.pdf).

<sup>4</sup>Retrieved from: <http://www.dawn.com/news/1150898/311-thar-children-died-in-11-months-report> (Ref: <http://tribune.com.pk/story/641662/malnutrition-in-sindh-higher-than-any-other-province-say-experts/>) 5)Ref: <http://www.trfpakistan.org/LinkClick.aspx?fileticket=1EyZSVfIMkg%3D&tabid=2618>)

During the 2014, only parts of Thar, Mithi and Islamkot, received scattered and somewhat heavy rainfall, which minimized the impacts of drought in the region temporarily. Thar as a region received less than average rainfalls of 100 millimeters during the monsoon against the recorded average of 189mm, whereas the average required rainfall is around 277mm.

Due to floods and heavy rainfall and in case of prolong drought, the agricultural yield is also reducing so the access to foods for the rural communities becoming difficult due to increasing population and they don't store the foods for any future disastrous situations but sell the production and buy the food from outside. This tradition was shared by the women and men farmers and CSOs during the FGDs.

Pakistan has some of the worst malnutrition rates in South Asia. At an alarming rate of 49.8 per cent, and Sindh has a dangerously high rate of nutritional stunting among children under the age of five. According to the Sindh Nutrition cell

The National Nutrition Survey (NNS) compiled by the Ministry of Health and Aga Khan University (September 2011) indicates in Sindh province a Global Acute Malnutrition (GAM) rate of 17.5% and a Severe Acute Malnutrition (SAM) rate of 6.6% among children under five years (U5). The prevalence of GAM exceeded the emergency threshold of 15% according to WHO categorisation. In addition, the prevalence of chronic malnutrition is critically high among Under5 children in Sindh, i.e. prevalence of stunting is 49.8%, and underweight is 40.5%, making them increasingly vulnerable to disease and at high risk of impaired intellectual and physical development.

Sindh has the worst health indicators. According to provincial health department's "Health Sector Strategy Sindh" document, Sindh's MMR score is 314 per 1000 and overall in Pakistan 276 out of 1000. Maternal anaemia was found to be 62%, similar to overall average figure in Pakistan. Sindh has the very highest rate of child malnutrition at 40%, maternal at 62%, child anaemia at 73%, and food insecurity at 72% compared to rest of Pakistan.

Malnutrition is one the contributing reasons of MMR and IMR in Sindh as flood and drought has negatively contributed to increase of this rate because of low yield of crops.

## Review of Related Literature

The existing research material and data available have been reviewed because of their relevance to the research on climate change, disasters and women health:

- Pakistan's Initial National Communication on Climate Change(2013) submitted to UNFCCC-Ministry of Environment Pakistan
- Climate Change Indictors - Pakistan 2009, Pakistan Metrological Department
- Climate Change in Pakistan(Local Practices of adaptation) - Oxfam Report
- BBC Climate Asia Report on [How the People of Pakistan Live with climate change and what communication can do](#), by Khadija Zaheer and Anna Colom
- Pakistan's Initial National Communication on Climate Change(Ref: <http://unfccc.int/resource/docs/natc/paknc1.pdf>)

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- National Disaster Management Authority (NDMA) website/facts and figures/ sex desegregated data

#### **Gaps identified through review of research and compiled data:**

- Climate Change Indicators Report does not look into details of climate change impact on gender and women's health including SRHR. Pakistan's Initial National Communication on Climate Change (2003) submitted to UNFCCC-Ministry of Environment Pakistan does not cover the SRHR. It only addresses the socio-economic conditions in general socio-economic conditions in general.
- Data of flood affected areas do not provide data on pregnant women and lactating mothers, or gender based violence
- Areas of reproductive health are not addressed into Climate Change policy and Disaster Risk Reduction policy in detail
- There is no gender responsive action plans on disaster response and climate change
- A review of Pakistan National Climate Change Policy published by Strengthening Participatory Organization- a national level NGO in Pakistan, revealed that it does not talk about SRHR in the policy recommendations

## **Objectives**

The scoping study aims to provide an insight on the identified gaps outlined above and suggest evidence-based recommendations for policies and plans of government and NGOs. It also plans to mainstream the discussions of interlinking issues in climate change debates in Pakistan. Specifically it will:

- Provide evidence-based data on climate change and its impact on public health and SRHR, specifically on women in disaster hit districts of Sindh province
- Assess the interventions of SRHR in post-disaster recovery with a focus on pregnant women and girls in the province of Sindh.

## **Methodology**

### **Research Questions for Broader Project**

1. What interventions on SRHR have previously been or are currently being implemented in disaster hit areas?
2. How does climate change impact universal access to SRHR?

### **Research Techniques**

- Focus group discussion with women and men in 10 disaster hit districts
- Interviews with flood affected) women. The interviews supported the development of case studies of flood affected women.
- Existing literature review and reports

- Review of international norms and standards, references to gender equality, SRHR, climate change and human rights.
- Review of existing policies of climate change and disaster risk reduction (DRR) at national level
- Meetings with reproductive health and environmental organisations and relevant government departments on interventions

The above mentioned methodology was chosen to collect primary and secondary data and develop an argument for SRHR advocacy.

### **Women's Perspective**

Ten focus group discussions were conducted, one in each district, attended by 170 women between the ages of 25-35 years. There were 30 individual interviews conducted with 30 women who have experienced disasters. The interviewer has a background on women's health and SRHR during and after disasters. The geographic background of the area was covered with the range of disaster affected area and people affected by floods, drought, cyclones in coastal regions.

### **Participation in FGDs**

<b>District</b>	<b>Number of women</b>	<b>Number of men</b>	<b>Total</b>
Jacobabad	10	7	17
Shikarpur	10	5	15
Kashmore	10	9	19
Thatta	8	9	17
Dadu	11	8	19
Mirpurkhas	9	7	16
Sanghar	8	8	16
Tando Mohammed Khan	12	9	21
Tharparkar	7	8	15
Badin	8	7	15
<b>Total</b>	<b>93</b>	<b>77</b>	<b>170</b>





FGD with women in a village of Jacobabad district

## UNDERSTANDING THE INTERLINKAGES

Pakistan has been experiencing the effects of climate change, flash floods, drought and cyclones over the years as the country falls within the disaster-prone zone of South Asia. The Global Climate Risk Index 1993-2012 released by German Watch ranked Pakistan as 12th on the list of the state's most affected by extreme weather conditions.

Reports generated by NDMA recalled that the recent floods in Punjab 2014 and the 2010, 2011 and 2012 floods in Sindh devastated the social and economic infrastructures of the two provinces. The province of Sindh witnessed two consecutive floods in 2010 and heavy rains followed by flash floods in 2011.

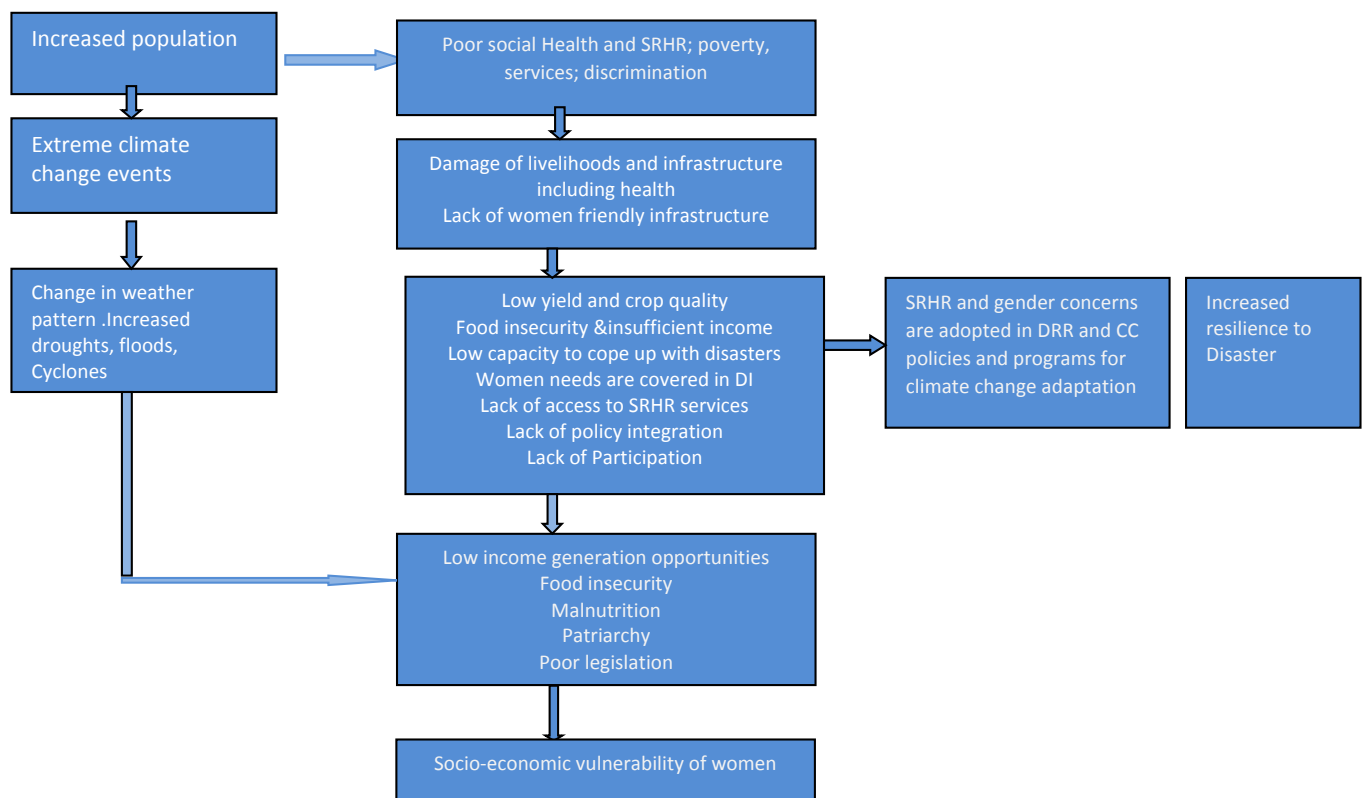
Of Pakistan's four provinces, the 2010 floods are widely acknowledged to have hit Sindh worst. More than seven million people were affected including around half of the province's rural population, and more than 2.5 million acres of agricultural land was flooded. Nearly 350,000 homes were destroyed, leaving at least 1.5 million people homeless, causing massive displacement. (5) The floodwaters also took longer to recede in Sindh than in other provinces. These two events exposed weaknesses in the health system to cope with such situations. Although intensive rescue efforts were put in place through medical camps and staff deployment, they lacked prior preparation and planning, and interventions made were not always in line with on ground needs. The disasters brought about intensive but uncoordinated involvement of the private sector, highlighting a missed opportunity for effective action. Moreover, both public and private sector efforts lacked a recovery phase plan.

Climate change incidences directly impact human lives, negatively affecting general and sexual and reproductive health. During the floods, stress causes disruptions to the reproductive health of women and young people. Climate change induced disasters also leave negative impacts on the psychology and behaviour of people affected. There is evidence that shows the inter-linkages of climate change, health and SRHR. However, this is not integrated in national policy on climate change adequately. Therefore, there is a growing need to interconnect SRHR into climate change. Understanding of SRHR perspective in climate change among CSOs, policy makers, media level is needed at provincial and national level so that government, policy makers and civil society can actively negotiate on this aspect in upcoming Conference of Parties (COP).

5) (Ref: Sindh Provincial Disaster Management Authority (PDMA). Available at <http://www.pdma.qos.pk>)

( Ref: Government of Pakistan and UNHCR. "Profile of the Internally Displaced Persons from the Floods of 2010 in Pakistan").

## Impact of Climate Change on Women Linkages with SRHR<sup>5</sup>



<sup>5</sup>The application of this framework was based on PATH Foundation Philippines, Inc. (PFPI)'s Population, Health, Environment and Climate Change Nexus.

The research has analysed the interconnection and linkages of SRHR and climate change based on the FGDs and interviews conducted with affected women, CSOs and health providers of the areas.

- Disasters leave the worst impact on women's health, access to food security, and reproductive health experiences psychological stress during the flood, in camps and even after returning homes. Girls and pregnant women are vulnerable to psychological fears. According to CSOs discussions, 3 honour killings cases were reported in Jacobabad.
- As climate change incidents directly impact human lives, they also impact general, sexual and reproductive health during floods and disturb the reproductive health of women, men and young people. Climate change also leaves a bad impact on psychology and behavior of people so there is lot of interlink between climate change, health and SRHR. During the discussions with women who were staying in the camps, 1 maternal death, 3 infant deaths were reported due to severe complications. Women also reported that sexual harassment is also happening but the incidents are not rising.
- Rehabilitation process was very slow by the government, however NGOs provided one room shelters, WASH, small pathways, cash for work interventions but still various dimensions of health remained underserved or unaddressed.
- Pregnant women were provided mosquito nets and hygiene kits to improve their health in all districts.
- Because of strong gender barriers and strict male dominance, women were not allowed to get food, access services at camps or even when they had returned home.
- Sindh province has had the highest level of malnutrition even before the floods. Due to floods, women who were involved in agriculture lost their livelihoods because the water receded after a long time. This resulted in poor yield of crop for the next year, thus the flood affected districts have increased food insecurity, and this impacted women and girls' health. Access to livelihoods of women decreased because of the lack of alternative livelihoods skills and sources in the rural settings.

She left her ancestral village at night in the wake of the flood. Her family only managed to collect some key belongings. An hour later the village was inundated. She along with her family set off for a safer place and arrived at a camp established by the government in a school in Jamshoro district. They paid a higher fare to vehicles. Ms Nusarat has 6 children--4 sons and 2 daughters. Recalling the circumstances, she said she travelled in a truck for 15 hours for the first time in her life and could not sleep throughout the journey. The road was dilapidated. For that reason her 8-month pregnancy ended in a miscarriage at the camp. As a consequence, she suffered from postpartum complications. The camp was without healthcare facilities. Her family returned home after staying 3 months in the camp and found their homes and livelihood resources destroyed. The nearest health centre was 5 km away and it was also closed when the flood hit the area. The nearest health centre is 5 km away but closed since flood time. She received

- Women and girls felt insecure and psychologically fearful while staying in camps due to displacement from villages.
- Women's access to health revived very slowly in rural areas as government health outlets in rural areas still lacked health facilities
- There was lack of resources for economic revival of home-based women. The economic recovery of women got delayed in many areas. In some areas INGOs and women worked together but the outreach was on a small scale.
- Because of lack of proper shelter, women's insecurity increased and a few cases of sexual violence were reported.
- Mobility of rural women suffered because of the damages of the community infrastructure road, streets, etc.
- Distribution points by the NGOs and private sector was not gender sensitised and appropriated, so women received lesser relief goods
- Environmental organisations are not attentive to incorporate SRHR or women's health in their regular programs
- The SRHR discourse is not in the forefront in climate change discussions at national, provincial and international level
- Advocacy by CSOs on health and women empowerment issues is lacking in all interventions of the CSOs and even in international organisations

### **SRHR Context**

- According to a report of UNFPA<sup>6</sup>, it was estimated that at least 1.2 million women of reproductive age were among the people affected by heavy monsoon rains and floods across Pakistan in 2010. The maternal and child health services in at least 40% of health facilities were disrupted. UNPFA estimated that at least 1.2 million women of reproductive age were among the 5 million people affected by the heavy monsoon rains and floods across Pakistan. At least 115,000 were pregnant and every day, close to 400 women went into labour, with at least 60 having life-threatening pregnancy-related complications that require medical assistance<sup>7</sup>.
- Due to floods, women who were living in camps experienced difficulty in accessing reproductive health services and pregnant women did not get proper attention during relief interventions
- Services for child delivery were not much provided by the government, NGOs and INGOs
- Water for consumption was unhygienic
- Insecure environment in camps, lack of privacy for women especially pregnant women, in shelters and in toilets
- Health diseases like malaria and other water borne diseases even after returning home

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<sup>6</sup>Retrieved from: <http://asiapacific.unfpa.org/public/lang/en/pid/8374>.

<sup>7</sup>Retrieved from: <http://asiapacific.unfpa.org/public/lang/en/pid/8374#sthash.nvBrIL3z.dpuf>.

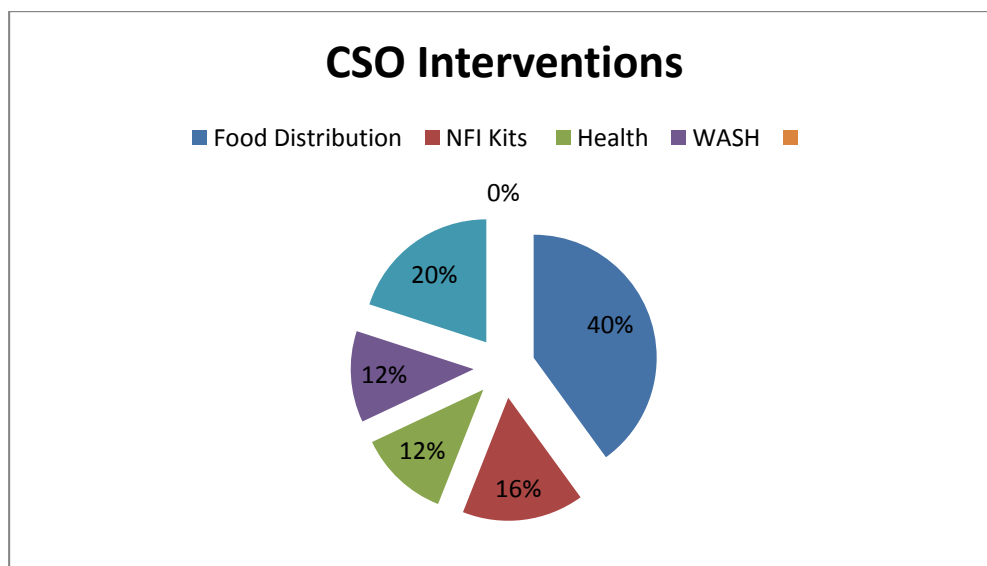
- Health related infrastructure rebuilt very slowly and this increased maternal deaths in disaster areas
- National Disaster Risk Reduction Policy does not have specific focus on reproductive health
- In post disaster recovery, SRHR was not given focus even in rehabilitation and reconstruction phases by the government, NGOs and INGOs. The health outlets and reproductive health services were given low attention, very few national NGOs and international organizations provided reproductive health services to women in the districts of the research
- Women's role and participation was low in early recovery interventions so these interventions did not address their actual needs
- Policy and planning does not cover and mainstream SRHR in climate change adaptation and risk management
- Provincial health policy has very little focus on SRHR
- NGOs pay very little attention to SRHR. Disasters and health vulnerability are not considered in regular programs
- Environmental organizations and health organizations do not prioritize SRHR and only a few organizations are working on the issues

## Interventions During and Post Disaster Situations

### NGO Interventions

Most NGOs are engaged in relief and rehabilitation interventions in targeted districts with very little focus on the health sector at the time of relief. SCF reached 50 CSOs, NGOs and CBOs from all these 10 districts to determine their interventions during disasters. Only 10 organisations were found to be making particular efforts on reproductive health projects. Others mainly focused on early recovery, shelter, construction, WASH, women hygiene kits, food, and safe delivery kits but at very minimum level. FGDs were also conducted with youth to record their opinion on SRHR. Health services, NGOs and charitable organisations do not meet the international standards of disaster management. Out of 50 CBOs and NGOs, only 7 NGOs were working in health and reproductive health area while 3 NGOs worked in multiple approaches for early recovery with 20% working in reproductive health.





The chart shows the interventions based on the FGDs. Food distribution was highest of all the interventions by NGOs, 40%, NFI Kits remained 16%, WASH has portfolio of 12%, construction of community infrastructure has 20%, Health has 12%. Chart shows the health interventions are integrated thus reproductive health or family planning intervention were at a smaller level.

### Government perspective

Meetings with district Primary Health Care Initiative -PPHI government hospitals were held where health workers were interviewed to determine the post-disaster interventions on women's health. It was found that government provided camps and cooked food to affected people in the relief phase. Health services and emergency gynaecological services were provided at the camps. However, these claims were refuted by the women who were interviewed and they highlighted poor treatment facilities. Government authorities provided vehicles for rescue.

Government of Sindh initiated WATAN Card for compensation of damages to flood effected families in the districts. Another regular program Benazir Income Support Program (BISP), a program to provide financial support through cash disbursement is being implemented It was named after the assassinated former prime minister of Pakistan, Benazir Bhutto, and it was launched in 2009 to provide monthly cash grants to the poorest 20% of the population, which is amount to more than 6 million families. It was provided to female recipients against a recognised poverty scorecard. It had two main objectives:

- The short-term objective is to cushion the negative effects of food and fuel price crisis on the poor;
- The medium-term objective is to develop a modern safety net programme that will protect the population against chronic and transient poverty.

This program also contributed to income restoration of women affected by floods but the amount was 1,000 PKR (10 USD) and then increased to 1,200 PKR (12 UD) by the present

government and has now been fixed at Rs. 1500/-per month w.e.f (with effective from)1st July2014.Althoughthere is a tiny increased due to inflation, it contributed to reducing poverty and increasing access of poorest women to income and access to food. Women in FGDs were not satisfied with these government interventions because of the poor access, services, and quality of government facilities and aid.

## Community Restoration

The damaged health outlets, Basic Health Units, were not fully repaired and reconstructed and to date, women in flood affected areas still face difficulty regarding health facilities. According to a document of health strategy2012-2020 developed by the provincial health



department of Sindh: There are wide disparities within districts of Thatta, Tharparkar, Jacobabad, Badin, Mirpurkhas, Kambar- Shahdadkot and Kashmore being the least developed districts interms of socio economic and health indicators.

## Review of Policies and Action Plans

### Sindh Health Sector Strategy 2012-2020

The strategy document has been developed by Health System Reform Unit (HSRU) and Department of Health (DoH), Sindh with support from Technical Resource Facility -TRF, Department for International Development (DFID) and Australian Agency for International Development (AUSAID). The 18th Amendment is a great opportunity for provincial governments to develop, review and close gaps in human, administrative, management and financial resources to be able to plan for the additional responsibilities. All provinces in Pakistan now have an independent and enhanced role in policy-making.

The provinces are now responsible for providing stewardship to the health sector in addition to the earlier service delivery role. The proposed strategic framework for 2012-2020 is expected to serve as an overarching guide to the operational action plans of medium and long-term programs and projects. The Sindh government health department developed the strategy.

Scoping Study on Understanding Climate Change Impact on Women's Reproductive Health: Post Disaster Interventions in Sindh Province- Pakistan

The Sindh Health Sector Strategy however, lacks political will and has poor implementation due to various reasons.

The strategy covers a range of health issues including maternal, new-born and child health services and also highlights the DRR perspective of health. The document is very effective for implementation at the local level with increased political will, finances, and budgetary allocations to strengthen health facilities at local level for women especially so they can be resilient during disasters.

### **National DRR Policy**

The National Disaster Risk Reduction Policy was approved on 21st February 2013 by the Prime Minister of Pakistan. It has one step forward in considering DRR as a core issue in the country's development. It covers the range of issues such as housing, gender sensitivity, infrastructure, WASH, health in general, but the specific focus on reproductive health is not put in the focus regarding health. After the 18<sup>th</sup> amendment, disaster management is a provincial subject but still provincial DRR policies are not initiated.

### **National Climate Change Policy**

The National Climate Change Policy is approved in 2012 by the National Assembly. The policy has covered gender in terms of women and included vulnerable groups, but unfortunately the document's reflection of this aspect is superficial. The policy document recommends "Take step to reduce the vulnerability of women from climate change impacts particular in relation to their critical roles in rural areas in provisioning of water, food and energy" The policy does not have clear actions on addressing SRHR or women's health through its principle objectives. Intersectoral articulation is also vague in the policy regarding planning, coordination and implementation.

## CONCLUSION

The study looked into the issues of women health in post disaster scenario to assess the impact of the disasters on women's health in disaster hit districts of Sindh, as there was no such study available. The study compiles a small view of the disasters and tried to find the vulnerability of women who experienced disasters. The study has been very eye opening; it concludes that disasters have left a severely negative impact on the livelihoods, access to services and infrastructure for general health and Reproductive Health specifically in the province of Sindh. Women and girls face a lot of difficulty in surviving during and post disasters and in recovery interventions. Women's needs are not fully addressed in the post disasters interventions, which are mostly duplicated and not integrated.

Interventions by NGOs were not well coordinated although a cluster approach existed but the integration of the actions was poor. Government programs were reviewed in the literature review and FGDs for CSOs and affected women. It was also noted that very few women-headed households received this compensation but the process for disbursement of instalments of the WATAN Card for the compensation of the damaged houses, was very cumbersome.

The second program BISP as safety nets for the poor women had already been launched and after floods the amount was increased, though it still did not cover the inflation rate or fulfil the nutritional needs of women. The health and other community based infrastructure were damaged and took a long time to be functional for people, still lacking of standard health services and equipments in rural areas of the flood affected districts of Sindh so women in these areas had very poor health facilities.

The scoping study gave an insight into the early warning systems put in place by the government which were not found to be appropriate. People had to flee in haste as all of a sudden the embankments of the irrigation channel discharged water beyond their capacity to hold, causing flash floods which damaged their households. They could only take a few of their livestock with them but other assets were damaged.

In the rescue phase, pregnant women experienced difficulties when they arrived at a safe place/camps due to complications. There was one case of miscarriage and 2 neonatal deaths because of insufficient conditions and poor health facilities in the camps. One maternal death was also reported by the women interviewed in FGDs. The government interventions were restricted only to food distribution and camps management and health facilities at camps while other needs of SRHR, WASH were not very effective, so the NGOs were highly appreciated and remembered by the women interviewed during the data collection.

Waterborne diseases and food poisoning happened because for 15 days they received food which did not comply to the standard food assistance package set out by the government. However, after that, NGOs mainly World Food Programme provided standard food baskets which covered the food needs of a family for one month.

During and post disasters period, medical assistance was insufficient in camps run by the government and no lady doctor was available in the night time in camps so most of the women having reproductive health and maternal problems did not receive proper attention. Findings reveal that early recovery phase services of women's health and reproductive health were lacking in the interventions by government and NGOs which caused poor maternal and neonatal health status in rural areas of flood affected districts.

Local health outlets damaged in floods had not yet become fully functional as they received very low attention for reconstruction and rehabilitation. Reproductive health of girls and young women were not addressed effectively. They experienced fear, harassments and faced attempted gender based violence in camps but these were not reported by family members because of strict gender restriction for women to not raise their voices because of the concepts of honour linked with women in tribal Sindh. Women and girls experienced depression, anxiety and fear, and this was shared by the interviewees.

The study also revealed that the interventions of NGOs working in the areas of environmental, and humanitarian response and climate change do not cover the aspects of women's health effectively in relation to climate change events and also lack sensitisation of inter-linkages of health issues, especially SRHR and climate change. Their voice is not raised on the issues of SRHR of women in the broader debate on climate change at the national and international advocacy levels of population, development and climate change and they have very little knowhow about the international negotiation process of climate change.

The study also reviewed the existing DRR and climate change policies and provincial level health strategy. It was found that these policies and action plans give very little attention to SRHR and women-friendly and gender perspective of DRR policies in tandem with health plans and policies. The study opened a discourse on reproductive health of women within the climate change debate to draw attention of policy makers, CSOs and authorities to advocate for the gender sensitive policies and actions plans, keeping in view the women's SRHR needs

# RECOMMENDATIONS & ADVOCACY

## For Government

Provincial DRR and climate change policies must be developed at the local level. The specific focus on reproductive health is not included within the health sector. After the 18<sup>th</sup> Amendment, disaster management is a provincial subject but still provincial DRR policies have not been initiated. There is a need to initiate DRR and

- CC policies at provincial levels to address these issues within local contexts of each region.
- Increased budgetary allocations and political commitment needs to be made for effective and speedy implementation of Sindh Health Sector Strategy 2012-2020
- Reproductive health centres and district level health outlets need to be provided with comprehensive reproductive health services in flood affected areas/districts.
- Specific programs for nutritional development for girls and women in drought affected districts are needed to combat malnutrition.
- Inter-sectoral articulation is also vague in the policy regarding planning, coordination and implementation of policy actions
- Damaged health outlets need to be functionalised, keeping in mind gender concerns.

## For NGOs

- CSOs can play active role in advocacy for accountability and transparency in the areas of rehabilitation of damaged health outlets in flood affected areas.
- CSOs working on climate change and health need to adopt the health and climate change programs within their regular programs because both sectors have close interconnection and impacts on women
- CSOs should increase communications on making climate change and DRR policies gender sensitive and have a gender action plan for climate change with specifics on having more focus on SRHR.
- CSOs should build their capacity and engage actively in COP negotiation process by having strong knowledge and procedures of COP
- Humanitarian organisation should take SRHR as a key component in the time of relief interventions and early recovery interventions
- Youth led organisations need to be mainstreamed to mainstream and address SRHR and climate change issues in their localities.

## Using Findings of the Study for Advocacy

The findings of the scoping study will be used to develop a position paper and carry out advocacy activities such as findings sharing workshop with relevant stakeholders. The findings will be shared with a number of audiences from research institutes, universities, INGOs, embassies, international donors, UN agencies, humanitarian organisations working in Pakistan, media, government officials, human rights organisations, youth organisations, and environment, health and reproductive health organisations, ministries, etc. The findings of the scoping study will be a tool used for lobbying, developing the thought process, raising



awareness by sharing with the media, policy makers and authorities in provincial and national level advocacy dialogue.

The targeted stakeholders for advocacy are the National and Provincial Disaster Management Authorities, Ministry of Climate Change, policy makers at the provincial and national parliaments, NGOs, women led organisations, youth groups, and health and environmental focused media. The findings sharing workshop will be carried out to attract attention of relevant authorities and stakeholders to the issues. The media will also be asked to highlight the findings in forms of news and articles.

- Position paper will be developed based on findings of the scoping study
- Country fact sheet and policy brief will be developed and shared with policy makers
- Meeting with policy makers (political leadership) and authorities of Climate Change Ministry and National Disaster Management Authority –NDMA& Provincial Disaster Management Authority -PDMA and sharing charter of demand developed by the civil society to include SRHR in CC and DRR policies, position paper, factsheet and research findings
- Engagement with the media, networks, alliances of civil society and youth, INGOs like (IUCN, UNFPA, RWPF, Mary Stopes Society, WWF, Aahung, Human Rights Commission of Pakistan, SPO, SAP-PK) will also be implemented
- Lobbying meetings with policy makers will be held
- Provincial level advocacy Roundtable for 50 persons from Sindh province who have relevant background of climate change and reproductive health, policy makers who are officials of Climate Change and Health ministries, youth groups, women organisations and NDMA & PDMA officials of all 4 provinces, media, researchers, NGOs, networks, and alliances
- Capacity building workshop for 30 national and provincial level NGOs (health and environment, women organisations, youth organisations, media and government officials from ministries related to health, environment, climate change, youth and health
- Two annual national advocacy dialogues for 150 persons each. The participants will be those who have relevant background on climate change and reproductive health, policy makers of climate change and health ministries, youth groups, women organisations, NDMA & PDMA officials of all 4 provinces, media, researchers, NGOs, networks, and alliances

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# APPENDICES

## Annexure

### 1. Names of Organizations Contacted

1. Laar Humanitarian Development Program-LHDP (Badin)
2. Badin Research Development Organization BDRO-(Badin)
3. Laar Development Association- LDA (Badin)
4. Sindh Radiant Organization- SRO( Thatta)
5. Health and Nutrition Development Society –HANDS( Hyderabad)
6. Sindh Development Society –SDS( Hyderabad )
7. Marvi Rural Development Organization-MRDO (Jacobabad )
8. Shifa Development Foundation (Jacobabad )
9. Root Work Foundation –RWF(Jacobabad )
10. Dev.Con (Jacobabad )
11. Community Development Foundation-CDF (Jacobabad )
12. Insaf Social Welfare Association- (Shikarpur)
13. Pirbhat Women Development Society (Shikarpur)
14. Latif Development Organization -( Kashmore@ Kandhkot )
15. Megnet Sociaty – (Sukkur)
16. Kainat Development Association-( Kashmore@ Kandhkot )
17. Strengthening Participatory Organization –SPO ( Hyderabad)
18. Mari Stopes Society( Hyderabad)
19. Indus Rural Development Organization-IRDO(Jamshoro)
20. Green Work Foundation-GWF( Hyderabad)
21. Indus Future Foundation –IFF(TM Khan)
22. Shama Social Development Organization- SSDO( TM Khan)
23. Tando Muhammad Khan NGOs Network –TNN( TM Khan)
24. Society for the Protection of the Rights of the Child-SPARC(Hyderabad)
25. South Asia Partnership Pakistan-SAP-PK( Hyderabad Office)
26. Pakistan Fisher Folk Forum –PPPF (Thatta)
27. Integrated Rural Advocacy and Development Organization-IRADO(Tharparkar)
28. Roshan Samaj Development Organization –SSDO( Mirpurkhas)
29. World Wide Fund For Nature –WWF( Thatta Office)
30. Trust For Voluntary Organization-TVO(Hyderabad and Karachi Offices)
31. Bhandar Sangat BS- Mirpurkhas
32. Almehrhan Rural Development Organization-AMRDO (Hyderabad)
33. Sindh Agriculture and Forestry Workers Coordinating Organizations-  
SAFWCO(Hyderabad)
34. Sindh Rural Support Program SRSP(Hyderabad)
35. Research and Development Foundation-RDF(Hyderabad)
36. Society for Environmental Actions, Reconstruction and Humanitarian Response-SEARCH(  
Hyderabad)
37. Hamdam Foundation( Thatta)
38. Dawn Development Organization- Youth Led Organization (Dadu)

39. Nari Development Organization –NDO - Women Led Organization ( Dadu)  
 40. Center for Knowledge and Peace – CNP- Youth Led Organization ( Dadu )

## 2. Questioner for Individual Interview

Name:

Number of Children:      Male:                                  Female

Civil Status:

Community /Village: Husband name:

Age:

Educational Background:

Language Spoken and written:

Describe the community living:

1. Kind of disaster you faced?
2. Where did you flee for safety?
3. How disaster impacted your health?
4. How disaster impacted your life?
5. Where pregnant women received health facilities?
6. How long did you stay in camps?
7. How were the health facilities at camp?
8. What kind of major health problems you faced?
9. What was the attitude of male family members for pregnant women during the floods and stay at camp?
10. Did you witness any death of mother and child during stay at the camp?
11. What relief interventions were provided by NGOs?
12. What relief was provided by the government?
13. Was the health center near to your village reconstructed?
14. After how much time was it restarted?
15. Are RH facilities available at your nearest Health center after floods damaged?
16. Are you satisfied with them?
17. What is your understanding on RH?
18. Any suggestions for SRHR?

## 3. Questions for FGD with Women

Village Name:

Taluka:

District:

Number of Women attended:

1. Kind of disaster you faced?
2. Where you fled for safety?
3. How disaster impacted on your health?
4. How disaster impacted your life?
5. Where pregnancy women received health facilities?
6. How long you stayed in camps?
7. How were the health facilities at camp?
8. What kind of major health problems you faced?

9. How was the attitude of male family members for pregnant women during the floods and stay at camp?
10. Did you witness any death of mother and child during staying at camps?
11. What relief interventions were provided by NGOs?
12. What relief provided by government?
13. Did the health centre near to your village reconstructed?
14. After how much time it restarted?
15. Are RH facilities available at your nearest Health centre after floods damaged?
16. Are you satisfied with them?
17. What is your understanding on RH?
18. Any suggestions for SRHR?

#### 4. FGD with Civil Society

How CSOs intervened in relief?

Which sectors were prioritised?

How many NGOs provided health services in camps and in village after restoration?

What about Reproductive health services and CSOs interventions in this sector?

How is the CSOs involvement in advocacy for rehabilitation in health sector?

How is understanding of CSOs on inter-connections of women Health mainly RH and climate change? Opinion from CSOs

Discussion on any intervention of CSOs and change in programs on climate change and RH women health



This research is an initiative of a regional partnership that are working together on building the interlinkages of climate change and SRHR. The 8 partners are from Bangladesh, Indonesia, Lao PDR, Malaysia, Maldives, Nepal, Pakistan, and the Philippines. The regional partnership generates evidence on the linkages of the issues and advocates for the integration of SRHR in climate change frameworks to advance sustainable development.

**Sindh Community Foundation** is a registered non-profit organization and certified with Pakistan Centre for Philanthropy as a non-profit organisation based in Sindh province of Pakistan. It has in special status with the Economic and Social Council –ECOSOC since 2015. It has been working in the areas of disasters risk reduction, climate and environmental justice, community development, youth empowerment, girls and women empowerment through various social and economic justice programs. SCF has been engaged in advocacy and research on health issues including Reproductive Health in different areas of the Sindh province. SCF has been engaged with youth led organisation to address development issues of women and youth through actions, research and advocacy at policy level. SCF has intervened in 18 districts of Sindh and has strong interaction with the larger civil society in Pakistan.

**ARROW** is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Since it was established in 1993, it has been working to advance women's health, affirmative sexuality and rights, and to empower women through information and knowledge, evidence generation, advocacy, capacity building, partnership building and organisational development.

#### **Sindh Community Foundation**

Information and Resource Development Center  
B-14 Model town near Chandio Goth Qasimabad  
Hyderabad Sindh Pakistan

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**Facebook** The Asian-Pacific Resource & Research Centre for Women (ARROW)  
**Twitter** @ARROW\_Women  
**Youtube** [youtube.com/user/ARROWomen](https://youtube.com/user/ARROWomen)  
**Pinterest** [arrowomen](https://pinterest.com/arrowomen)

