

UNDERSTANDING CLIMATE CHANGE IMPACT ON WOMEN'S REPRODUCTIVE HEALTH: Post Disaster Interventions in Pakistan Policy Advocacy Brief

Purpose

The purpose of the policy brief is to provide evidence based data on climate change and its impact on public health and reproductive health and rights (SRHR), specifically on women in disaster hit districts of the province of Sindh. The policy brief provides a set of recommendations on integrating SRHR aspects into climate change and disaster risk reduction (DRR) policies and actions plans, as well as DRR and climate change into health policies, strategies and action plans.

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You are the Change Makers. You can play an effective role in making communities' climate resilient

Introduction

Overview of the issue or problem

- Pakistan has been experiencing the effects of climate change, flash floods, drought and cyclones over the past few years as the country fall within the disaster-prone zone of South Asia. The Global Climate Risk Index 1993-2012 released by German Watch ranked Pakistan as 12th in the list of the states that are most affected by extreme weather conditions, and for three years continuously Pakistan had remained in the top ten list of vulnerable countries. Reports generated by National Disaster Management Authority (NDMA) indicate that the recent floods in Punjab in 2014, 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 comprising of devastating rains in2010 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, affecting more than seven million people¹.
- Climate change incidents directly impact human lives, negatively affecting general and reproductive health. During the floods, stress causes disruptions to the reproductive health of women and young people. Climate change events also leave negative impacts on the psychology and behaviour of people. There is evidence showing the interlinkages 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 interlink SRHR into climate change. Understanding of SRHR perspective in climate change among CSOs, policy makers, media level is needed so that the government, policy makers and civil society can actively negotiate on these issues in the upcoming Conference of Parties (COP).

Detailed background context, in relation to international conventions, international agreements and national polices

Pakistan is a country vulnerable to climate change and has been affected by extreme climate events in recent years such as floods and cyclones. Climate change has negatively impacted Pakistan's economy and development and increased its vulnerability. Pakistan has been experiencing the

¹Ref: Sindh Provincial Disaster Management Authority (PDMA). Available at http://www.pdma.gos.pk

effects of climate change, such as flash floods, drought and cyclones over the years as the country falls within the disaster-prone zone of South Asia.

Pakistan's recent history of disasters includes the following:

- The floods in 2010 which were called super floods displaced more than 30 million people across the country
- Cloud burst and heavy rainfall in lower Sindh districts of Badin, Mirpurkhas, and Thatta did a lot of damage to standing crop and infrastructure in 2011
- The floods in 2012 in northern part of Sindh and Baluchistan also left negative impacts to affected people²
 - http://www.ndma.gov.pk/new/aboutus/flood_2011.pdf) http://www.ndma.gov.pk/new/aboutus/flood 2012.pdf
- There were also floods in 2014 in Punjab which damaged over 100,000 houses and affected 2.47 million people³
- The drought in Tharparker on 2014led to migration and death of more than 311children December 2013 and November 2014 according to a report prepared by the provincial government and published in daily DAWN.
- Based on the data compiled by National Disaster Management Authority (NDMA) it has been observed that 10 districts of Sindh province were badly affected by various forms of disasters including floods, droughts, and cyclones within the past 10 years.

Approach and Findings

The study was conducted in 10 flood affected districts of Sindh i.e Jacobabad, Shikarpur, Kashmore, Thatta, Dadu, Mirpurkhas, Sanghar, Tando Mohammed Khan, Tharparkar, and Badin.

To collect the needed data, the following methodologies were conducted:

- Focus group discussions with women and men in 10 disaster hit districts
- Case-studies and interviews with flood-affected women. The interviews will be used in developing the case studies of flood affected women.
- Review of existing literature and reports
- Review of international norms and standards, references to gender equality, SRHR, climate change and human rights.
- Review of existing policies on climate change and disaster risk reduction (DRR) at the national
- Meetings with reproductive health and environment organisations and relevant government departments

Relevant Findings

Women Health

- Disasters leave the worst impact on women's health, access to food, and reproductive health. Experiencing disasters during the flood also cause psychological stress to those in camps and those who return to their homes. Girls and pregnant women are vulnerable to psychological fears. According to discussions with CSOs, 3 honour killings cases were reported in Jacobabad.
- As climate change incidents directly impact human lives, they also impact and disturb reproductive health of women, men and young people during floods. Climate change also leaves a bad impact on psychology and behavior of people. Hence, there are a lot of linkages between climate change, health and SRHR. During the discussions with women

²http://pdma.gos.pk/FloodFacts.pdf

³http://www.ndma.gov.pk/new/aboutus/flood 2014.pdf

⁴http://www.dawn.com/news/1150898

- who are staying in the camps, it was reported that there was 1 maternal death and 3 infant deaths due to severe complications. In addition, women reported discreetly that sexual harassment is also happening but the incidents are not rising. Pregnant women were provided mosquito and hygiene kits to improve their health in all districts.
- Women's access to health revived to some measure in rural areas though government health outlets still lack health facilities
- The SRHR discourse is not in the forefront in climate change discussions at national, provincial or international levels
 Advocacy by CSOs on health and women's empowerment issues is lacking in all interventions of the CSOs and even international organisations

Rehabilitation Interventions of NGOs/INGOs and Government

- Rehabilitation process by the government is very slow and NGOs are providing one room shelters, WASH, small paths, cash for work interventions but still various dimensions of health need improvements.
- In post disaster recovery, SRHR was not considered even in rehabilitation and reconstruction phases by the government and NGOs/INGOs. The health outlets and reproductive health services were given low attention, very few national and international NGOs provided RH services to women in the Districts under research.
- Because of strong gender barriers and strict male dominance, women are not allowed to get food, have access to services at camps or even when they returned home. There are lack of resources for economic revival of home based women. The economic recovery of women got delayed in many areas, and in some areas the outreach was at a small scale.
- Because of lack of proper shelter, women's insecurity increased and few cases of sexual violence were also reported

Food Security

Sindh province had high rates of malnutrition even before the floods. Due to floods,
women, who are involved in the agriculture sector, lost livelihoods even after the water has
receded. This resulted in poor yield of crop, increasing food insecurity in the affected
Districts, severely impacting women and girls' health. Access to livelihoods for women
decreased because of the lack of alternative livelihoods skills and sources in the rural
settings.

Violence against women

- Women and girls felt insecure and experienced psychological fear while staying in camps due to displacement from villages.
- Mobility of rural women suffered because of the damages of the community infrastructure road, streets, etc.

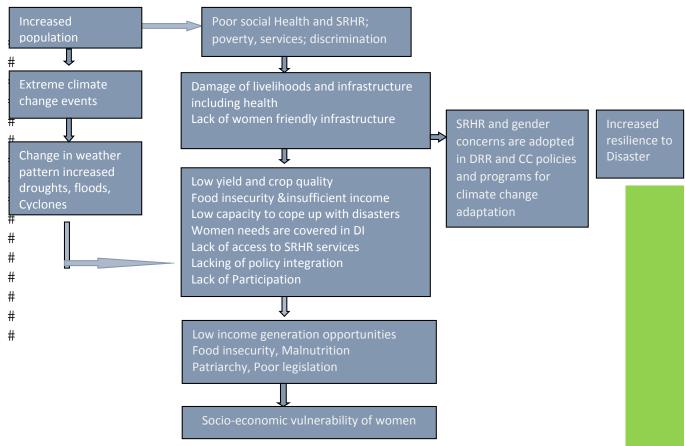
Policy Perspectives

National Disaster Risk Reduction Policy does not have specific focus on health. After the 18th amendment, disaster management is a provincial subject but still provincial DRR and climate change policies are not in place.

Women's Participation

• Women's role and participation was less in early recovery interventions which is why these interventions did not meet the actual needs of the displaced women.

Impact of Climate Change on Women Linkages with SRHR



Conclusion

The study assessed the impact of disasters on women's health in disaster hit districts of Sindh and tried to find the vulnerability of women, who experienced disasters. The study, was an eye opener. It revealed that disasters leave the worst impact on livelihoods, access to services and infrastructures for general health and reproductive health in the Sindh province. Women and girls face a lot of difficulty to survive during disaster, post-disaster and recovery interventions. Women's needs are not fully addressed in post disasters interventions. Interventions by NGOs are not well coordinated with each other although cluster approach exists but the integration of the actions was poor. Government programs were reviewed in the literature review and FGDs with CSOs and women affected were conducted. It was reviewed that the distribution of the WATAN Card (a card for damages compensation) was as not effective as very few women headed households so did not receive this compensation. The process of disbursement of instalments was very long.

The second program Benazir Income Support Program which is a social safety net for poor women, was launched and after the floods its services have expanded but it still does not cover the inflation rate not does it fulfil the nutritional needs of women. The health and other community based infrastructures were damaged and it took a long time for these to become functional again. There's also a lack of standard health services and equipments in rural areas in the flood affected districts of Sindh. Women in these areas have very poor health facilities.

The scoping study highlights that early warning systems that were not deployed by the government. People had to flee all of a sudden when the local embankments of the irrigation channels breached. The discharged water was beyond the actual quantity which caused the flash floods and damaged

the households. Some was able to take their livestock with them but other assets were damaged. In the rescue phase, pregnant women experienced difficulties when they arrived at camps due to complications. One of them suffered a miscarriage and 2 neonates died because of insufficient One maternal death was witnessed by a women interviewed in the FGD. The actions of the NGOs were highly appreciated and remembered by the women interviewed during data collection.

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

The study reviewed the interventions of NGOs working in the areas of environmental, humanitarian response and climate change. These however, do not cover the aspects of women's health effectively in the context of climate change. These also do not look at inter-linkages of women's health, especially SRHR, and climate change. The inter-linkages are not raised as issues of SRHR of women in the broader debate of climate change at national and international advocacy levels of population, development and climate change.

The study also reviewed the existing National DRR Policy covers the health with broader perspective in the chapter 3 with the sub section 3.2.3 Resilient key-infrastructure and life-lines which further mentions Educational and Health Facilities; as a key infrastructure and lifelines include those facilities, structures and services whose disruption destruction would seriously affect peoples' lives and livelihoods including those whose functioning is crucial in a post disaster situation. Although provincial government of Sindh province has come up with provincial level health strategy Health Sector Strategy Health Sect Health Sector Strategy Sindh (2012-2020) which covers a wide range of health perspectives and proposes seven strategic outcomes addressing the addressing contextual needs of low income urban population. Strategy talks little bit about the disasters management and its links with health in the section of finding analysis mentioning that Concerted action on Maternal Neonatal and Child Health (MNCH), nutrition and polio eradication, with special focus on control of key communicable diseases, occupational health and disaster; which needs more focus with frequencies of disasters in the province. The national climate change policy draft has been also reviewed with its context of health. Section 5 talks about the climate change adaptation further review the Human Health in sub section 5.3 and further directs policy measures to be taken to address the health in climate change domain and focuses on general health issues and emphasise to address health related issues are incorporated into national health plans.

These polices and action plans give very little attention to RHR and women needs and problem and gendered perspectives of DRR policies mainstreaming into health plans and polices are not much focused . The study opened a discourse on women's RHR in the climate change debate to draw the attention of policy makers, CSOs and authorities to advocate for gender sensitive policies and action plans.

Key Recommendations

For Government:

- Provincial DRR and climate change policies must be developed at the local level. The specific
 focus on reproductive health is not included in the discussions on health. There is need to
 initiate DRR and climate change policies at provincial levels to address these issues within
 local contexts of each region.
- Increase budget and political commitment required for effective and speedy implementation of Sindh Health Sector Strategy 2012-2020 with special focus on control of key

- communicable diseases, occupational health and disaster; which needs more focus with frequencies of disasters in the province.
- Provide comprehensive reproductive health services in the reproductive health centres and district level health outlets in flood affected areas/districts
- Implement specific programs for nutritional development of girls and women in drought affected districts to combat malnutrition among them.
- Include inter-sectoral articulation in planning, coordination and implementation of policy actions
- Consider gender concerns when improving damaged health outlets

For NGOs:

- CSOs can play an 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 interconnections and impacts on women.
- CSOs should increase communications on making climate change and DRR polices gender sensitive and having a gender action plan for climate change with specifics on having more focus on SRHR.
- CSOs should build their capacity and engage actively in the COP negotiation process after developing strong understanding of the procedures of COP
- Humanitarian organisation should take SRHR as a key component the time of relief and early recovery interventions
- Youth led organisations need to be brought into the mainstream to address SRHR and climate change issues in their localities.

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This brief was supported by the Norwegian Agency for Development Cooperation (Norad).

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