



**Special bulletin on the 2005 earthquake in Pakistan**

# **Rising from the rubble**





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شركت گاه

Women's Resource Centre

موانین زین ائس مناسم قوانین  
Women living under muslim laws  
النساء فی ظل قوانین المسلمین  
Femmes sous lois musulmanes

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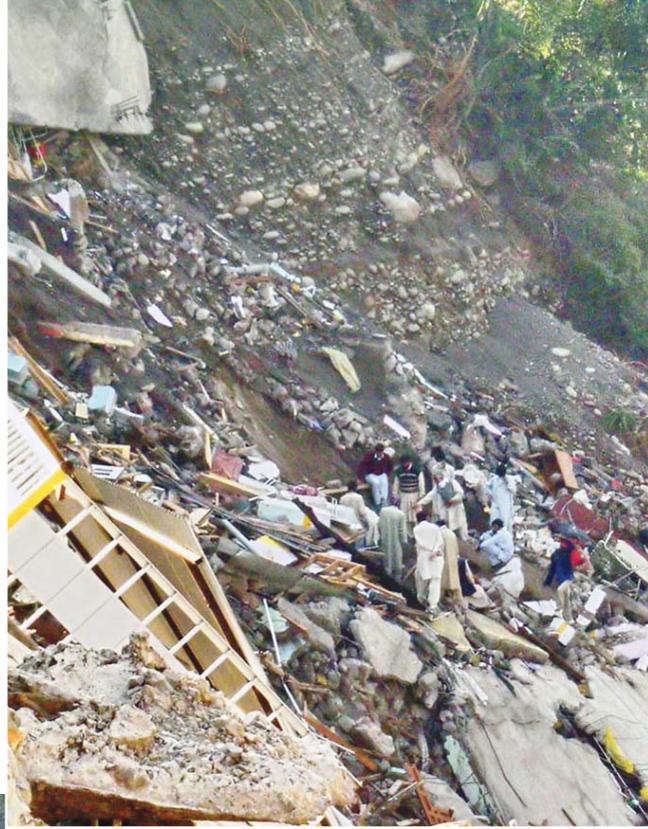
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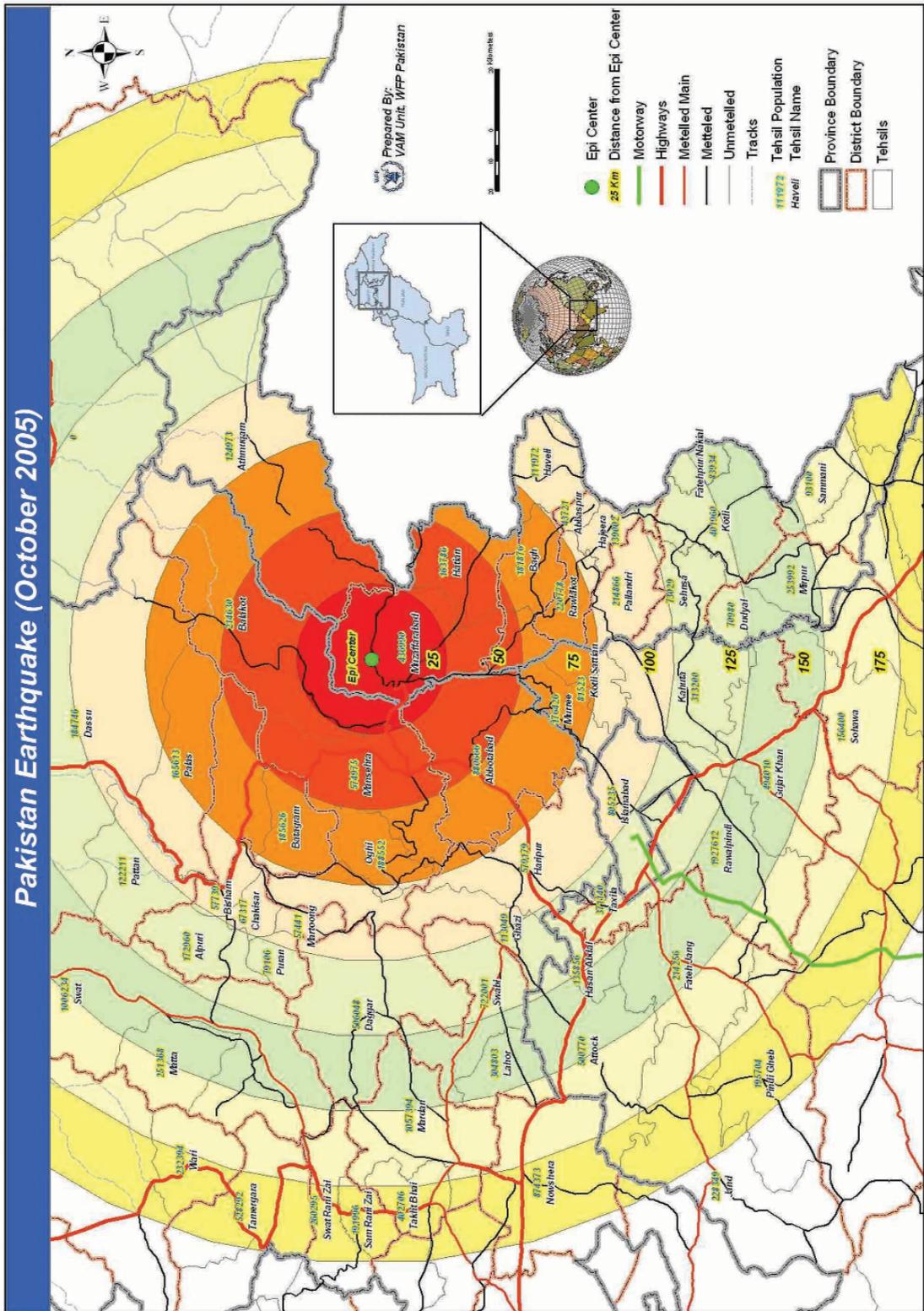


Online



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# Pakistan Earthquake (October 2005)





# Rising from the rubble

## Introduction

On October 8, 2005, a massive earthquake, measuring 7.6 on the Richter scale, jolted the mountain ranges straddling Pakistan and India. One of the worst catastrophes in recent years, the quake killed roughly 86,000 people, injured more than a 100,000, orphaned about 10,000 children, and rendered an estimated 3.5 million homeless. Soon after the earthquake, speaking of the challenges posed to relief work, Jan Egeland, the UN Emergency Relief Coordinator, said "We thought the tsunami was the worst we could get. This is worse."

The bulk of the devastation occurred on the Pakistan side of the Line of Control with disaster hitting remote areas cut off from development benefits where people were already vulnerable: many people were living below or close to the poverty line and livelihood was highly dependent on off-farm labour in urban centers in Pakistan and abroad.

As news of the devastation spread, the immediate response of people across the country and the Pakistani diaspora was overwhelming. Everyone chipped in - from street urchins in Karachi to large businessmen, from housewives to popular singers and entertainers - people responded with unprecedented support and empathy.

Like countless other civil society organisations, both large and small, Shirkat Gah - Women's Resource Centre suspended its regular work to respond to the crisis. Joining hands with other

rights-based organisations in the Joint Action Committee for People's Rights (JAC), Shirkat Gah (SG) initially devoted its energies to sending relief goods (tents and clothing, shrouds and baby bottles, bedding and quilts) to groups previously working in the quake-affected areas. Efforts were coordinated through the JAC Earthquake Relief Efforts (JAC-ERE).<sup>1</sup> Subsequently, SG responded to a call for assistance put out by the Kashmiri group, Press for Peace, for the Punjgran area of Azad Kashmir. With road access cut off for weeks, Punjgran had also been missed out in the air drop relief efforts. Consequently, SG started direct relief efforts in this area and later on in the Kohistan area of NWFP. (SG relief work is summarised in Appendix 1.)

Only a few of the JAC-ERE rights-based groups had previous experience of humanitarian work and like many others, Shirkat Gah too learned as we responded. As a forum, JAC-ERE made a conscious effort to keep issues of people's rights on the agenda at all times: highlighting and responding to the special needs of women and other vulnerable sections in the disaster-hit areas from the start.

## Ensuring women's needs and rights

As a women's rights organisation, Shirkat Gah was and remains particularly concerned about women's survival, safety and rights.

All disasters impact women and men differently. October 8 was no different; the impact on women and men was similar in some ways but dissimilar in many other significant ways.

The shock and scale of devastation compounded pre-existing gender-specific vulnerabilities emanating from the norms of *purdah*: gender segregation and female seclusion. The result: women had less access to relief goods and greater difficulty in accessing compensation measures than men. They were excluded from decision-making, initially in terms of camp management and later in reconstruction and rehabilitation. The paucity of female medical practitioners and helpers compounded vulnerabilities and meant that women often did not get enough medical care, for instance, shying away from discussing any internal or reproductive health problems they may have been experiencing.

Concerned about the special vulnerability of women and anxious to minimize the kinds of issues that arose in the 2004 tsunami relief efforts, Shirkat Gah facilitated a series of interventions to

- (a) Learn from the disaster-related experience of others,
- (b) Assess and understand the risks and vulnerabilities confronting women, and
- (c) Support efforts to help a healing process.

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1. Most of Shirkat Gah relief was coordinated with Sungi Development Foundation, the Labour Party and the Labour Education Foundation, and Omar Asghar Khan Development Foundation. Some relief was channeled through NRSP.

## Learning from past experiences

On behalf of JAC-ERE, Shirkat Gah and the Society for the Advancement of Education (SAHE), organised a *'Roundtable Discussion on Post Disaster Interventions: Needs, Issues and Responses'* in early December 2005. Held in Islamabad, the meeting aimed to enhance advocacy and interventions by enabling JAC-ERE and other NGOs to learn from activist experience of intervening in other crises. Three guest speakers shared their experiences of working in disaster and post-disaster situations, key lessons and some rule of thumb guidelines. Kiran Bhattia, who has run a women's shelter for over a decade, shared the lessons learnt in her post-tsunami work addressing South Asian women's health and safety issues. Emphasizing that psychological and emotional healing is as important as physical healing, she underlined that men have to be assisted in overcoming their trauma as well. Terrice Bassler Koga, with decades of experience working in ex-Yugoslavia and with marginalised people through education, pointed out that, counter-intuitively, disasters provide an opportunity to improve past practices. Speaking of the crucial role educational institutions can play in the healing and reconstruction process as places of refuge and sanity in chaotic circumstances following an armed conflict or natural disaster, she emphasised the need to think of relief, reconstruction and rehabilitation not as sequential phases but as integrated activities aimed at improving pre-disaster standards. Jane Barry, a women's human rights activist with experience in conflict and post-conflict situations, underlined the importance of a human rights perspective in all humanitarian responses to disasters. A key starting point is for all humanitarian workers to understand that receiving relief is not a concession; it is a right of all affected. A rights framework also requires ensuring human dignity at all times and in all interventions.

The presentations are carried in this publication; some key points made are highlighted here:

### General points

- **Relief and rehabilitation work must be contextualised in a human rights framework.** Every aid worker must recognise that access to relief is the right of every affected person and is not charity or a concession made to someone.
- **The military's role in disaster response should be time-bound.** Initially the military's unique capacity in logistics etc. is helpful, however:
  - The military's humanitarian response is not grounded in a human rights framework and can result in a very gender-insensitive distribution of aid,
  - Nowhere in the world has a military's emergency response ever been cost-effective. Thus, utilising the armed forces in humanitarian responses should be a last resort and a time-bound activity.
- **Media plays a crucial role in monitoring relief and reconstruction. News coverage needs to respect people's dignity** while capturing or reporting images of the wounded and the fatally injured.
- **Documenting and tracking every agency's relief work is vital to overcome**

**duplication** of efforts usually observed between different agents involved in the humanitarian response

- **A more participatory approach to decision-making is required at the local level than may have existed.**
- **Accountability mechanisms are needed to address gender-specific vulnerabilities** in mainstream disaster relief work

## **Women's safety and emotional wellbeing**

- **People need post-trauma psychosocial rehabilitation** to recover from their psychological wounds, especially women and children. To achieve this it is critical that women are active partners in all recovery efforts.
- **Sufficient numbers of women volunteers and field staff are needed to** overcome gender problems in relief efforts and for community mobilisation.
- **Inappropriate camp facilities increase the risk of violence**, such as ill-placed latrines and insufficient lighting.
- **Spousal violence is a risk** if no steps are taken to help men overcome trauma.

## **Lessons for civil society organisations**

- Civil society organisations (CSOs) **may face significant hurdles in securing government's receptivity to their efforts of sharing knowledge and adopting a participatory/consultative approach to decision-making.** To counter this, CSOs must consistently and aggressively strive for high-level fact-based advocacy.
- **CSO disaster interventions may**
  - adversely affect regular programmes
  - allow a back-sliding on policy commitments if CSO staff is not able to focus on or ensure presence at key policy-level processes
- **BUT disasters present CSOs an opportunity to:**
  - bolster local leadership
  - strengthen the role/capacity of local groups,
  - widen the network of civil society in the country.

- **Avoid 'burn out' of workers.** The physical and mental health of relief workers is normally neglected in the emergency response especially when interventions are made with little financial and personnel resources. The lack of breaks and 'burn out' negatively impacts the quality of work and creativity as fatigue sets in. Due attention must be paid to ensuring the personal safety and mental health of field staff who have witnessed unprecedented pain and suffering.

**JAC-ERE experience:** A number of issues confronting women identified by JAC-ERE groups in the process of providing relief were as follows:

- **Women's lack of mobility and gender norms** was a problem from day one. Lack of mobility impeded women's access to relief goods, medical assistance and compensation.
- **No sanitary napkins:** Despite its own efforts, JAC-ERE could not convince the mainstream humanitarian response to ensure women had access to sanitary napkins and other hygiene needs. This is apparently common in many disaster situations. For instance, in ex-Yugoslavia male personnel was responsible for handing out sanitary napkins and only gave out 2 at a time; similar problems were apparent in the tsunami-hit areas of South Asia,
- **Widows and young women:** A number of women widowed in the disaster had been forcibly remarried to their husband's relative or alternatively driven back to their natal families; young women had been hastily married off by parents feeling insecure about the future.
- **Land rights and inheritance:** The lack of proper documentation of land ownership and the gender system in Pakistan raised a number of questions for women. For instance, would women who lost their husbands inherit land? Even if they did inherit land, would they have decision-making powers? What would happen to widows without male off-spring in areas where it is customary for land to be put in the name of the eldest male child?
- **Sins, the cause of disaster:** Finally, many affected people believed that the earthquake was somehow a result of their sins. More problematic was a campaign alleging that the earthquake was retribution for the sins of usury and promiscuity in which women's inappropriate dress and behaviour was singled out in some places.

## **Rapidly assessing women's needs and vulnerabilities**

As a first step, to assess women's needs in earthquake affected areas, SG facilitated a training workshop, '*A Rapid Needs Assessment of Women Survivors*', in collaboration with Kausar S. Khan and Shama Dossa of the Department of Community Health Sciences, Aga Khan University. Held in Islamabad in parallel to the Roundtable Discussion, the aim was to train teams to assess gender-based risks and vulnerabilities. Following the training, 2 to 3 person teams from SG and six other organisations immediately conducted the rapid assessment in six different camps in three localities each in District Muzaffarabad (Azad Kashmir) and District Mansehra (NWFP).

Many of the issues identified at the above mentioned Roundtable Discussion were confirmed in the rapid assessment of women's needs and vulnerabilities conducted in the camps in NWFP and Azad Kashmir.

The Rapid Assessment led SG to formulate a proposal for creating 'safe spaces' for women in the camps, where they can spend time on structured and unstructured activities. Shirkat Gah is starting a pilot project of six safe spaces for women in collaboration with Sungi and OAKDF in Mansehra and Muzaffarabad. The idea appealed to many others as well.

## **Towards emotional wellbeing**

Recognising the need for psychological and emotional wellbeing of men, women and children, SG facilitated a two day training workshop with Dr. Anica Kos, an eminent child psychiatrist from Slovenia, to equip helpers, trainers and teachers with some useful and easy to apply tools to facilitate their work with traumatised people, especially children, in the aftermath of the earthquake. The training took place in Abbottabad on March 20-21, 2006, and was attended by 25 field workers, teachers and journalists from various non-government organisations.

## **The road ahead**

The impact of any disaster of this magnitude is manifold and long lasting; many factors and their outcome are closely interwoven and inter-connected. Not intended to be comprehensive, this Special Bulletin: '*Rising from the rubble*' brings to the fore some of the key lessons learned from other experiences, including the South Asian 2004 Tsunami, and those emerging from the work of Shirkat Gah and JAC-ERE in earthquake affected areas in NWFP and Azad Kashmir. This Bulletin has been divided into three sections:

- **Learning from the past experiences** focusing on issues highlighted by the three key participants of the '*Roundtable Discussion on Post Disaster Interventions: Needs, Issues and Responses*';
- **Insights into the post earthquake situation** incorporating personal accounts, including visits and interactions with the people in the area;
- **The path to recovery** emphasising the importance of psychological wellbeing of the victims.

Disasters, no matter how terrible, simultaneously provide an opportunity to correct past mistakes, to re-build lives and society in an improved way, we hope that by sharing information and lessons this Bulletin can contribute to thinking of how we can better respond to the current crisis in Pakistan and beyond.



## Learning lessons from past experiences

*Recognising the role of women as key actors in any emergency response, Shirkat Gah - Women's Resource Centre in collaboration with Society for the Advancement of Education (SAHE) organised the 'Roundtable Discussion on Post Disaster Interventions: Needs, Issues and Responses' in Islamabad. The aim was to learn from the experience of past disasters, especially the South Asian Tsunami. This section incorporates presentations by the three key participants, who focus on ways to reduce women's risks and vulnerabilities — and how the relief agencies are affected in a crisis situation.*



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## Relief work in the human rights framework

# Core issues

***JANE BARRY emphasises the importance of relief as the right of every person affected by the disaster***

Unlike in an ideal world, where relief and rehabilitation responses are implemented in a way that serves all affected by disaster, equally and with dignity, in our real world women's rights and priorities are consistently overlooked and women specific priorities are rarely, if ever, properly assessed. Even in those cases where such issues are identified, the subsequent agency response is not translated into practical programme measures in the field.

*Why is an engendered, human rights-based approach so rare in emergency response?*

While the theory is in place to enable an appropriate response, both timing and lack of institutional commitment to rights-based approaches are key barriers. Rights-based efforts are often set aside as an 'extra' in emergency response, i.e, 'there is no time to assess the specific issues, we go with what we know.'<sup>1</sup> Therefore, priorities specific to women and girls remain unrecognised. 'What we know' is, as a baseline, undifferentiated packaged responses which

1. "The "tyranny of the urgent" often short-changes women and girls in disasters, even when responding organisations are well aware of gender issues. This is even more likely over the long term as media attention declines and the politics of recovery become more complex. But decisions made now will open or close doors to the future." E. Enarson 'Promoting Social Justice in Disaster Reconstruction: Guidelines for Gender-Sensitive and Community-Based Planning, Drafted March 13, 2001 for the Disaster Mitigation Institute of Ahmedabad, Gujarat.

relief agencies believe work, for a great part because they have not listened to the feedback otherwise.<sup>2</sup>

A pertinent question then is: *What are the consequences of overlooking women's rights in emergency response?*

By not assessing different priorities, agencies render women and girls invisible and unimportant, and deny them the right to receive appropriate and adequate support. Also, women and girls are perceived as victims and not as key actors in the response efforts, from the grassroots level through to the more formal, organised women's rights movements.

This brings us to question why this is important: *Why must we approach relief and rehabilitation from an engendered, rights-based perspective?*

When relief and rehabilitation agencies ground their response in a human rights framework, it is not a favour or an 'extra'. In fact, they are simply fulfilling the rights of the survivors of the natural disaster as actors who have a responsibility and a mandate to serve them. Among these actors the state takes the first and foremost slot, followed by national and international civil society agencies that are bound by values and principles laid out in international law and clearly articulated in key documents such as Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief.<sup>3</sup>

All humanitarian responses offered by the actors should be based on the human rights principle of non-discrimination. In cases of emergency, non-discrimination means that all disaster survivors have a right to ask for and receive assistance equally. This is regardless of their gender, ethnicity, religion, caste, age, sexual orientation, physical ability and political affiliation. We cannot discriminate and choose to help some over others - the only choice is based on severity of need. Therefore, humanitarian agencies must ensure that their interventions are engendered; that they are addressing the specific needs of men, women, boys and girls equally.

Although, humanitarian agencies have invested significant resources of time, people and money into learning lessons from their responses over the past decades — with a particular upsurge in the years following the Rwandan conflict, yet these efforts have not been translated into good practice in the field.<sup>4</sup>

Undeniably, any emergency response that does not take the different priorities of men, women and children into consideration, is ineffective and harmful.

2. *It is important to say that there are of course exceptions to this there are agencies who are rights based and engendered, as well as some agencies who are trying their best to get there. In addition, in some cases, this dynamic may change by the time a situation reaches the rehabilitation phase, but by then, most of the harm has been done.*
3. *Both the Humanitarian Charter and the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organisations (NGOs) in Disaster Relief can be found in the Humanitarian Charter and Minimum Standards in Disaster Response, published by the Sphere Project, latest edition 2004, pages 16 and 315 respectively.*
4. *This soul-searching started with the publication of 'Do No Harm' in the mid-1990s, and has been followed by several key evaluations and some further accountability initiatives. For more information on the 'Do no Harm' Project, see the Collaborative Learning Projects & the Collaborative for Development Action, Inc website at <http://www.cdainc.com/dnh/>.*

## Key issues for disaster survivors

Interestingly, the lessons learnt about human rights - and particularly women's rights - are primarily drawn from the experience of women's rights groups responding to disasters. The issues fall into four categories:

- Physical Protection: Safety and Security
- Relief Inequalities
- Legal and Administrative Issues
- Rehabilitation Phase

### Physical protection: Safety and security

#### *Militarised response*

Any response that has more than a very short-term involvement of armed forces or security forces can pose a serious risk to disaster survivors, particularly women and girls. This is for three reasons:

Firstly, military-based responses are not grounded in a human rights framework, and in particular not engendered. They are framed in a way that reinforces stereotypes of men as leaders and women as victims.

Secondly, in the context of natural disaster in a conflict area, armed actors are often parties to the conflict. As a result, even if these armed actors wish to, they cannot provide aid in an impartial way - because this is not their military aim. The consequences may be serious. For instance, armed actors may deny attention to certain communities because of their political affiliations, or they may seek intelligence information from community members or civilian agencies during the course of their relief response.

Finally, the presence of armed actors in relief responses has in some instances resulted in a range of human rights violations, particularly violence against women ranging from rape and murder to sexual exploitation.

#### *Safety in temporary shelters*

Within camps, latrines or wash areas are often placed without considering the safety of women and girls. They are located in unsafe areas, where men may gather, and/or are poorly lighted.

#### *Exploitation*

Women and girls are at high risk of experiencing sexual exploitation in camp environments, specifically when aid is distributed inequitably. This makes them vulnerable to exploitation

**"The government's package is quite frankly gender-blind. Its mention of women is in relation to widows and they are bracketed with orphans and the disabled. But all women are not widows!" said Rashida Dohad, programme advisor with the Omar Asghar Khan Development Foundation.**

*Dawn/IPS*

**"We have heard about the government's package for home reconstruction, but are not sure if we will get it," said a weather-beaten Hukumdad, in her forties, from a village called Sirla.**

*Dawn/IPS*

on the part of aid agency staff and security forces that control aid and resources for survival.

### ***Increasing violence against women***

In camps, women and girls are at increasing risk of sexual violence committed by men, from strangers to neighbours to family members.

## **Relief inequalities**

### ***Aid distribution***

It is the strongest whose voices are heard and are able to fight their way to the front to demand aid. Women, children, elderly and people with disabilities are often sidelined because they are not strong enough to fight their way through; especially if there are no separate distribution mechanisms.

When the emergency settles down, relief goods are normally distributed through the traditional 'head of household' approach. In cases where women - as well as children - as 'heads of households' are not recognised or registered appropriately, women and girls are often forced to seek help from a male 'protector', usually for a price.

### ***What is distributed***

Often food rations are inappropriate, both in terms of quantity and type. For example, rations are typically insufficient for pregnant and breastfeeding mothers or large families which often compel mothers to go without food. The types of food distributed may also cause problems - for example, distribution of certain kinds of pulses that take too long to cook and hence waste precious fuel.

Another example is distribution of stoves without enough firewood. This type of distribution forces women and children to go into forests to collect firewood which exposes them to potential violence, and in some cases to landmines.

### ***What is overlooked***

Often very practical, appropriate relief items are not distributed because women's needs are not prioritised - classic examples include sanitary supplies, contraception and appropriate clothing. Another example which came up during the tsunami was the need to treat mastitis (breast infections) for breastfeeding women who had lost their babies.<sup>5</sup>

In some cultures, particularly in South Asia, an unusual shift has occurred in the demographics of suicide, where increasingly it is women and children who are committing suicide rather than the more usual patterns of adult men.

5. One simple solution to this emotionally and physically painful problem would be distribution of hand operated breast pumps.

The implications of disability for women and girls post-disasters are enormous, and unfortunately, survivors with new or pre-existing disabilities are typically overlooked in the emergency response.

## **Legal and administrative issues**

### *Identity documentation*

In crises, families often have to flee their homes without vital identity and legal documents. A lack of documentation puts women and girls at risk, as it can result in restricted travel and an inability to claim basic rights to compensation and property.

### *Missing persons and status*

Women and children whose family members — especially their head of household — are missing face a double trauma. First, they must cope with the uncertainty of whether or not their loved ones are still alive, often without access to the right information about how to trace them. Second, in the absence of a death certificate, they are left in an administrative limbo and cannot claim their rights to property, pensions or insurance. Often, when bodies are recovered, the return of mortal remains is conducted without sensitivity to the surviving family members, greatly compounding their grief.

### *Access to information*

Perhaps one of the most important, though overlooked, issue for women is access to information about their rights to relief and rehabilitation services. They often do not know where to look, what they are entitled to and how to claim their rights. If the state and civil society agencies fail to provide basic information regarding their rights, women remain completely ignorant.

## **Rehabilitation phase**

Because women and girls are not properly consulted during the emergency phase, inappropriate economic and livelihood interventions and denial of property and land rights may adversely affect the rehabilitation and reconstruction phases.

### *Inappropriate economic interventions*

These are of real concern as they are often cloaked in a 'women's empowerment' or rights framework. Men are more likely to be offered small business loans or grants, and work on construction projects, which can provide them a reasonable opportunity for economic recovery. Women typically are offered handicraft training and sewing machines to earn income from low-profit handicrafts. These types of activities can be sometimes suitable in



Internet

circumstances where culturally appropriate ways exist to bring women together in a safe space.

However, such interventions not only fail significantly to increase women's income over the long term but also lead to lack of access to credit, business opportunities and legal frameworks.

### ***Property and land rights***

Since women are not involved in policy-making decisions in the rehabilitation phases, they are not able to influence key policies on rebuilding houses and community structures. In combination with a lack of documents that prove their property rights or a structural lack of property rights to begin with, their rights to rehabilitated houses are either denied or curtailed - thus they may not be able to claim land rights.

## **Issues for women's rights groups and women's rights activists**

### ***Attention shifted from core work***

In large disaster situations, women's rights and human rights groups shift their attention and human resources away from their core work to address immediate relief needs for some time.

However, there is an unfortunate price for this shift: First, in the absence of activity and pressure, there can be a loss of prior gains in combating women's rights violations at a legal and political level. Second, as women activists are paying attention to the immediate relief response, progresses in rehabilitation and reconstruction phases are made without their input.

By the time human and women's rights groups return to both their core work and addressing rehabilitation and reconstruction policy, they find their own resources drained, and a lack of space for their voices.

### ***Funding shifts***

During a major disaster, relatively large amounts of money may come in (though in the case of Pakistan clearly not enough) for disaster response rather than for core women's rights issues. This may be enough to sustain the disaster response but often at the price of support to other programmes. Once the disaster is out of the news, after roughly a six to eight month period, funding dissipates and eventually disappears. This funding shift, of course, bears no relation to the actual level of need. In fact, it is usually at this stage where certain types of problems increase - such as violence against women. As a result, women's rights groups are left in the aftermath sometimes with fewer resources for both their relief response and for their core work.

### *Threatened physical and mental health of responders*

In a large scale disaster, it is likely that most of the people responding are directly or indirectly affected by the crisis. This means they have lost family members, friends, houses or other property, and are witness to enormous pain and suffering.

Rarely, if ever, are responders adequately prepared to deal with this level of loss, trauma and grief. This is compounded by the lack of resources to help in the face of such great need. In combination with huge pressure to work 24-7, this is a recipe for exhaustion and burnout. But rather than recognising this and resting, responders often feel a tremendous guilt that they are not doing enough - and that they have no right to feel such exhaustion in the face of other people's enormous needs. So, they continue the cycle of overwork, at great risk to their physical and mental health.

The consequences are serious. When the responders are burnt-out, they are less likely to pay attention to their own physical safety or warning signals. Accidents become increasingly frequent. Quality of work and ability to make clear decisions - or find creative solutions - diminishes. The potential for re-traumatising other disaster survivors also increases, both due to decreased functioning and therefore sensitivity, as well as a lack of appropriate training.

## **Conclusion**

Daunting or perhaps discouraging, there is so much that we can do in very practical ways - to change the way the relief response is conducted and the way that the relief agencies are affected.

*Jane Barry is currently consulting with the Urgent Action Fund for Women's Human Rights. She is the author of 'Rising up in Response: Women's Rights Activism in Conflict'. She has managed relief and rehabilitation programmes in conflict-affected areas, and has advised humanitarian and human rights organisations on policy in emergency response both in conflicts and natural disasters.*



Newsweek



APP

Reducing vulnerability of women and children during crises situations

## Tsunami in Sri Lanka

*KIRAN BHATTIA maintains that most interventions focus on women and children as victims, not on men as perpetrators of domestic and sexual violence*

**B**ased on the South Asian tsunami experience, it can be safely stated that single women and young girls in temporary shelters and homes especially those with injuries and disabilities and migrant labour are most at threat. Often women become victims of sexual violence, commercial sexual exploitation and sexual abuse in homes. Also common in these circumstances is abduction, sale and murder of victims.

The situation further worsens when women and children are viewed as victims, and less attention is paid to men as perpetrators of domestic and sexual violence. Learning from the post-tsunami experience, loss of family members, property and livelihood results in excessive stress among male survivors, leading them to either resort to alcoholism or domestic violence. In extreme cases, suicide by male survivors was also reported after the tsunami. Therefore, the psychosocial needs of men in particular after the shock of a disaster must be urgently assessed and accordingly addressed. Men cannot be left to languish in welfare camps, bored and idle. They should be encouraged to actively participate in building shelters or running/managing relief camps.

Disasters also impact the psychosocial health of women survivors; in fact in some cases they face greater problems than men. The breakdown of the household and social structures during

disasters and no time to recover from the shock of losing a family member makes them more vulnerable to stress and anxiety. They may also be victims of post-partum strain when disaster strikes immediately after childbirth.

Displacement after a natural or for that matter a man-made disaster has a profound negative impact on the reproductive health of women. Poverty, loss of livelihood, disruption of services, breakdown of social support systems and acts of violence combine to destroy their health, exposing them to STIs including HIV/AIDS, unwanted pregnancies, and more importantly social stigma. Injuries, whether physical or psychological, are traumatic and require specific and immediate attention. Comprehensive reproductive healthcare — for example, emergency contraceptive and reconstructive surgery — must be immediately made available to the displaced persons. Issues of reproductive health (RH) involve both civilians and relief workers.

In an effort to reduce vulnerability of the affected people in a crisis situation it is essential to first understand: Who gets what? Who does what? And who gains from the reconstruction and rehabilitation efforts carried out in the disaster stricken areas? While analysing the crisis situation, it has to be kept in mind that the process of rehabilitation and reconstruction becomes increasingly challenging if the disaster strikes people who are bound by traditions and a rigid value structure. Women are unaware of their rights and hence more vulnerable to exploitation. Additionally sudden displacement after the disaster, lack of security in relief camps and social norms compel them to become docile and subservient to men. In such a situation, acts of violence are perceived as private issues, and since impunity of male violence has social sanction, they are in most cases not reported.

Acts of violence are generally attributed to relief and welfare workers' blindness to gender-specific needs, coupled with privacy issues rising out of cramped, over-populated shelters where the number of toilets is inadequate and light is insufficient. However, it must be clearly stated that sexual and gender based violence is not a protective issue; all emergency responses need to address it by:

- Sharing information
- Ensuring safety in make-shift shelters
- Providing livelihood options
- Extending psycho-social support
- Emphasising on hygiene and sanitation

Some of the key challenges identified to cope with disaster effectively are:

- Build on what is already in process and not set up separate projects on gender awareness, empowerment of women and girls and protection against gender-based violence;

### More at threat

- *Single women*
- *Young girls*
- *Migrant labour*
- *In temporary shelters/homes*
- *Women/girls with disability*

### The tsunami within...

- *Violence and abuse considered a private issue;*
- *Impunity of male violence has social sanction;*
- *Most girls are socialised into subservience and docility;*
- *Girls more vulnerable to exploitation and more unaware of their rights than boys*

- Build accountability for addressing gender-specific vulnerabilities in mainstream government functionaries engaged in disaster relief work;
- Strengthen positive cultural practices and build awareness on those practices that are harmful for women and girls in the immediate and medium response;
- Ensure that all relief agencies commit to building capacity of their staff on addressing gender-specific vulnerabilities of affected communities.

To reduce women and children's physical and psychosocial vulnerability, support should be categorised as:

- Immediate needs
- Interim needs
- Long-term needs

Creating safe space is an effective way of extending support to women, where they feel safe, share experiences, consult each other on day to day problems, express solidarity, and learn to care for others — basically, a place where they can 'just be'.

*Kiran Bhatia is Advisor Gender and Social Cultural Research Agency at UNFPA. She has worked with tsunami and earthquake effected areas, developing projects with special focus on vulnerability and risks assessments of women to gender based violence.*





Internet



## Rehabilitation and reconstruction

# A continuous perspective

***Post-disaster reconstruction and rehabilitation should not only view goals from the earliest stages but should aim to improve the pre-disaster standards, says TERRICE BASSLER KOGA***

**T**he nature of civil society within a country usually transforms with a disaster and reconstruction process. Therefore, the best of relief or reconstruction work carried out in human conflict or natural disasters incorporates development goals, rights and responsibilities, appropriate roles and processes from the earliest stages.

Take the case of Turkey and its earthquake experience several years ago: The civil society and corporate philanthropy were revitalised after the disaster and its strength and impact is still felt. Likewise, many Balkan countries experienced long-lasting effects and transformations within civil society. Given the magnitude of devastation in Pakistan after 8/10 it will be interesting to assess how a similar process of reconstruction (and the inherent opportunities) will emerge in the affected areas? What should be discussed, strategised and documented?

In the process of reconstructing infrastructure there are many open society values and processes, equity issues, and possibilities for community mobilisation. Rebuilding also brings a multitude of agencies and individuals of various intentions and interests together. So, it is inevitable that there are turf battles, competition and even confusion in the process. NGOs

**"Our pleas to reconstruct our dilapidated school building were simply ignored. Who will be held responsible for the deaths of students if it caves in?" questioned Rabya, a student of the Garhi Habibullah Girls' School where more than 200 girls were buried alive. Rabya herself was trapped under falling debris for more than two hours before she was rescued.**

*Dawn/IPS*

should be mindful of this dynamic (governmental and non-governmental, foreign and local actors) and be ready to engage. In seeking influence on policy and practice, local NGO coalitions can be useful for increasing transparency, accountability and ensuring human rights. It may be important for NGOs to identify credible interlocutors and intermediaries, both local and international, who can give voice and venue to concerns and information from local civil society.

Years after the conflict or emergency occurs, scars of trauma can still be seen. Attention to healing, justice and support mechanisms for understanding and addressing these issues should be thought about early on, not left to chance or seen as merely secondary to physical reconstruction. In Pakistan, there are already signs that the psychological implications of the quake and quake response are being given insufficient attention and resources.

In such a situation education plays a very crucial role. Schools are places of refuge and sanity in chaotic circumstances following an armed conflict or natural disaster. In conflict areas, a first step may be to reclaim the physical space of schools and colleges if these are used for arms storage or have become targets. In natural disaster zones, too, restoring the physical infrastructure of schools can be a transformational experience as the community should be involved in a participatory decision-making process to decide on key issues related to rebuilding. For instance, teachers and members of the community should be included in key decisions regarding the location, land and design of new school buildings, classrooms, water supply, etc. Thus an opportunity arises for adopting a more participatory approach to decision-making at the local level than what perhaps existed earlier. Of course, in order to implement any post-disaster intervention or programme, implementing agencies first have to understand the functioning of the local system in the disaster zone.

*Terrice Bassler Koga is Director Education Support Program,  
Ljubljana Office Open Society Institute.*

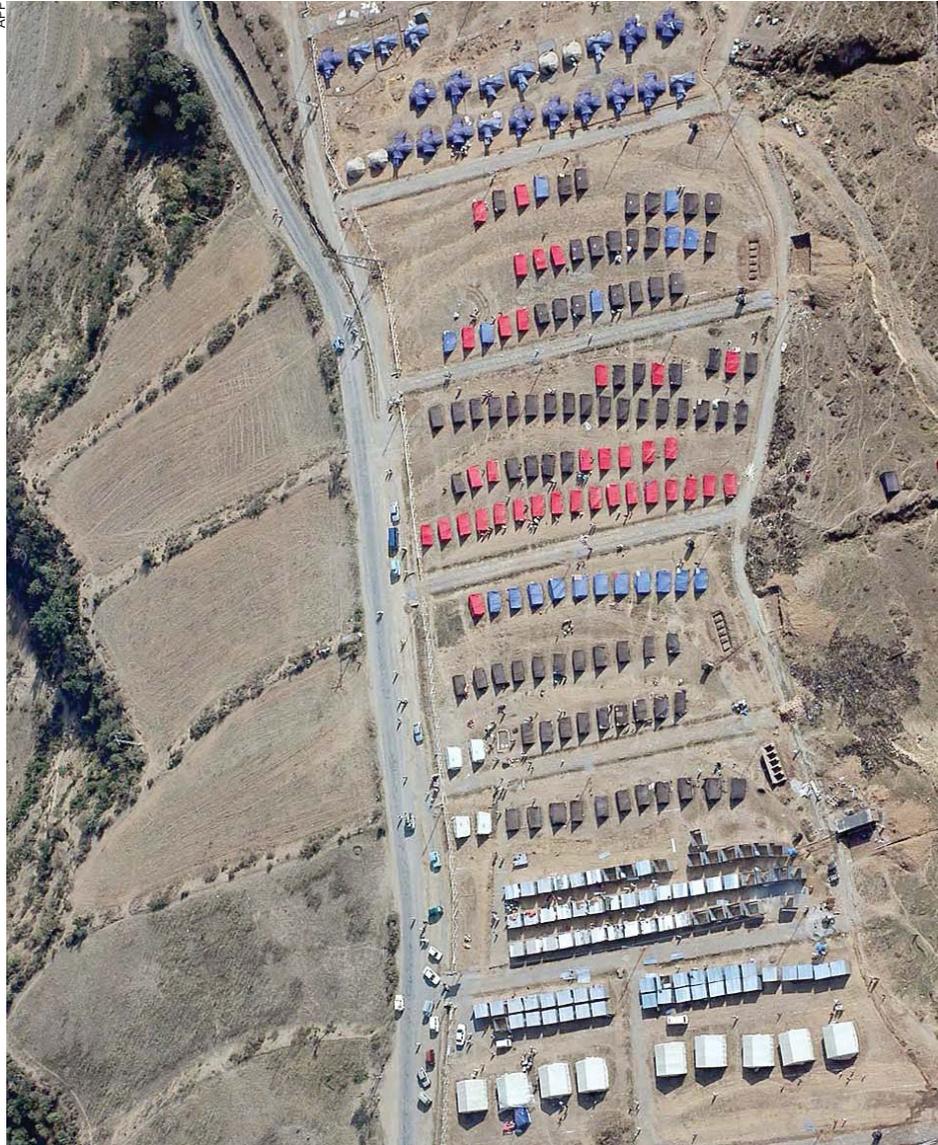


Shahidul Alam

## Insights into the post earthquake situation

*In the immediate aftermath of the earthquake, women spoke of intense fear they faced in camps - of violence, sexual abuse, insecurity about the future, loss of livelihood and other critical issues. Despite huge relief and humanitarian efforts, most of these remained unaddressed. Some personal accounts of the victims, reported by senior journalists and human rights experts, and results of 'A Rapid Needs Assessment of Women Survivors' carried out by trained staff in Muzaffarabad and Mansehra are discussed in the following section.*

APP





## A rapid needs assessment

# Echoes from the camps

*The findings of 'A Rapid Needs Assessment of Women Survivors' not only brought forward women specific problems but also some positive outcomes of the earthquake*

**W**ith roughly 86,000 deaths, tens of thousands injured and up to 3.5 million rendered homeless, the October 8, 2005 earthquake that jolted the northern parts of Pakistan is one of the worst natural disasters in recent years. The devastation caused may take a decade to repair.

The 8/10 earthquake struck 12 districts of Pakistan in the North West Frontier Province (NWFP) and Pakistan-administered Kashmir, covering an area of 30,000 square kilometers. In Pakistan-administered Kashmir, much of the capital city of Muzaffarabad and the smaller towns of Bagh and Rawalakot suffered extensive damage. The impact in some remote villages is still unknown. In NWFP, Balakot was completely destroyed. Officials say several villages in the province were wiped out. According to UNDP estimates, of the total housing stock, 84 percent was destroyed in Azad Jammu and Kashmir (AJK) and 36 percent in NWFP.

The gravity of the situation was compounded by the onset of winter. UNICEF feared the death of some 10,000 children of hunger, hypothermia and other diseases. Deaths due to pneumonia were reported as soon as the first snowfall of the season hit the areas in November. Fears mounted of a second wave of deaths from untreated injuries and exposure to the bitter winter.

The first and foremost need therefore was to provide temporary shelters to the survivors as the cold weather worsened.

Responding to the needs of the victims, a wave of people and civil society organisations rushed to the quake-hit areas to help the survivors, raising money or just hiring trucks and delivering goods. The response was overwhelming - to an extent that "The actions of civil society, not seen since the 1965 war against India, united the nation," wrote eminent journalist and writer Ahmed Rashid.

As a women's right organisation, Shirkat Gah was particularly responsive to women's survival needs. Soon after the earthquake in December, '*A Rapid Needs Assessment of Women Survivors*' was organised to train teams to assess gender-based risks and vulnerabilities in makeshift camps. The teams comprised staff from a total of six organisations - Shirkat Gah, Centre for Health and Population Studies, SUNGI Development Foundation, Omar Asghar Khan Development Foundation, Khwendo Kor and PAVHNA. SG, with the help of the Department of Community Health Sciences, Aga Khan University, designed a PRA-based rapid assessment framework for gender issues to determine risks and vulnerabilities.

Immediately after the workshop, the trainees formed teams of 2-3 persons each and went to conduct the rapid assessment in temporary settlements in Muzaffarabad (Azad Kashmir) and Mansehra (NWFP).<sup>1</sup> The teams briefly interviewed 350 respondents of which 90 percent were women, and conducted in depth interviews with 64 respondents.<sup>2</sup>

#### **The teams identified the following problems facing women:**

- **Existing gender barriers accentuated:** Displacement, physical injuries and disabilities made women more dependent on men for their needs. Women's dependency on men also increased due to the restrictions on their free movement in camps. Their lack of mobility continued to impede access to relief and assistance with women feeling unable to enter the lines of men fighting to get relief goods.
- **Increased insecurity:** At least one woman who had been injured and disabled feared her husband had abandoned her and would simply not return. Women worried about marriage of their daughters, education of children, and loss of livelihood. The fear of living in unfamiliar surroundings, particularly among male strangers, was of critical concern. It led to a number of women with teenage daughters refusing to shift to tent villages. Within camps there was heightened fear of violence by and at the hands of their own male relatives. Men in various interviews confirmed that they spent the entire time worrying and 'safe-guarding' their women. Husband-wife and parent-child relationships particularly suffered because of emotional insecurities. One reason for strained inter-spousal relationship was no privacy in camps for sexual relations.
- **Unmet reproductive health needs:** The health condition of expecting mothers suffered due to poor nutritional diet. They complained of not being able to express

1. Listing of sites: Abbottabad: Banda Sahib Khan, Changliwala. Muzaffarabad: Dewan Camp, Thuri Park. Mansehra: Kashmir Colony 1 & 2, Kashmir Colony, Bhampora, Minhaj Welfare Camp and Tent Hospital.

2. Respondent details: Total no. of respondents: 350; Total no. of FGDs: 27 (4-12 participants); In depth interviews: 64 (at least 1 administrator per camp); Social maps: 4; Network diagram: 1; Cause & effect diagram: 1.

their reproductive health needs. Death or unavailability of women health personnel (dai) further aggravated the problem. Cases of menstrual complications were also reported by women living in temporary shelters. Short supply of contraceptives was a concern as well.

- **Inadequate latrine facilities:** Latrines were a source of daily discomfort and grief. Usually situated in a corner of the camp, latrines were often insufficient in number. The need to cross the entire camp led many women to feel embarrassed and unable to access toilets unless accompanied by someone. In some cases, women's toilets were situated beyond those for men requiring women to cross the men's toilet area. This often caused women great embarrassment. Verbal harassment was a common complain.
- **Hygiene needs:** Hardly any camp provided women spaces to bathe. Items required to meet women's personal needs such as sanitary napkins were not available, in short supply, or inappropriately distributed. No one had thought to distribute hair-removing creams which many women believe is essential for hygiene. Some of the problems were attributed to the appointment of male camp supervisors who were oblivious to women's needs.
- **Compensation:** Lost national identity cards and relocated in areas other than where their men were registered caused women problems when accessing compensation.

## Coping mechanisms

After assessing thoroughly the problems faced by women living in camps, the Rapid Needs Assessment teams suggested a few coping mechanisms to the survivors. For instance, to avoid physical or verbal harassment, it was recommended that women should be accompanied by male family members, older women or should move around in groups. They were told to report untoward incidents to the camp management in form of a group. Women were directed to contact the camp management in case of a health emergency. Basically, reliance on social network was emphasised.

## Women-friendly spaces

In the midst of grief and misery, some relief workers and volunteers brought back positive but rare stories of success from the camps. These were mainly glimpses of women-friendly spaces, where women were seen washing utensils, filling water containers, and washing their hair... little children playing in the open spaces and some men coming and going.<sup>3</sup>

The makeshift shelters that replicated the village model (clusters of tents occupied by familiar

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3. *Observations made during a visit to camp Banda Sahab in Abbottabad.*

people) were most successful for they lent a certain level of comfort to the residents. Women cooked their own food, they sent their children to schools and learned craft-making as a therapeutic activity. Medical services and supplies were easily available, electricity was supplied uninterrupted and latrines were kept clean.

It was mostly in such cluster settlements that security was not an issue - perhaps, because the administration was responsive to women's needs. In one such settlement, the management terminated the services of an employee for misbehaving with a young woman.

## **Positive outcomes**

During a field visit to a camp in Punjgran in Azad Kashmir, one Rapid Assessment team was told that shock and trauma of the earthquake has made men more conscious of women's needs and vulnerabilities. Discussions with women revealed that men have become more caring towards children than ever before. One woman said that the shock of the earthquake has humbled her husband tremendously.

## **Safe spaces**

In the light of Kiran Bhatia's post tsunami experience and after closely analysing the Rapid Assessment report, Shirkat Gah formulated a proposal for creating 'safe spaces' for women. The idea was to provide women a place of their own - where they not only have a room for bathing but a space for any other activity they think is important. Funded by UNFPA, Shirkat Gah is starting a pilot project of six safe spaces for women in collaboration with Sungi and Omar Asghar Khan Development Foundation in Mansehra and Muzaffarabad.

***SHIRKAT GAH REPORT***



## Violence against women

# Buried facts

*Though several complaints from women of violence were heard by those working in the earthquake affected parts of Pakistan, yet KAMILA HYAT notes that little emerged on the issue at official forums or in the media*

While many volunteers, NGO activists, medical professionals and others who spent time in the quake affected areas of Mansehra, Battagram and Azad Kashmir heard complaints from women of violence; little emerged on this issue at official forums or in the media.

Indeed, even at meetings of non-official organisations and international agencies involved in the gigantic relief and rehabilitation effort, there was a tendency to avoid the troubling issues of rape, kidnapping, trafficking and domestic violence to which women quake victims, particularly those based at camps, were vulnerable.

It was also apparent that most vulnerable were women who lost husbands or other male heads of families, and were dependent on other male relatives, raising the risk that both they and their children could face exploitation and abuse in various forms. There were some, scattered reports of women losing property, which was seized by other villagers or relatives. In other cases, the claims of women to ancestral property, or to compensation for destroyed houses, was



questioned. The fact that there is no documented proof of land ownership adds to the difficulties of women - particularly in cases where either due to weather conditions or a lack of security, they were forced to move away from their properties.

Activists familiar with the situation also feared these women and their children could face sexual violence, forced labour and other violations of their basic rights.

The reasons why these issues were only infrequently raised, even by major

international agencies whose charters specifically mention protection of the rights of women, were complex. In the first place, many groups on the ground in quake affected areas were anxious not to disturb the relationship they had built with both the Pakistan military and the government. They feared bringing up 'uncomfortable' issues, such as violence against women, could make cooperation in the relief effort harder and as such complicate the gigantic task in which they were engaged. Others believed that given the immense difficulties that still lie ahead in ensuring survival, rebuilding homes and rehabilitating people, it was unwise to 'divert' attention by raising relatively controversial issues.

In turn, the Pakistan military and other organisations linked to the government, were desperate to keep incidents of violence covered up. As a result, organisations that had attempted to bring cases of rape or harassment of women to the notice of authorities were persuaded or coerced to maintain silence. Where they declined to do so, their access to camps was blocked or they were hustled out of the areas where they worked.

Whereas several cases of rape were reported in quake-affected areas, NGOs and indeed also international organisations, were prevented from following up on the incidents. In some cases, the women reported to have made complaints were apparently warned against speaking out or prevented from talking to women activists not linked to the government machinery. It is feared that there may be many more cases of sexual abuse, which have not been reported or have been covered-up by camp organisers, the military or the police.

It is also true that the relatively small number of female volunteers and activists on the ground in most areas meant women victims were less likely to voice their concerns, fears or apprehensions, as due to cultural restrictions they were reluctant to do so while talking to men. Many victims in fact had no idea where to make complaints - with the few centres that exist in affected areas usually run by the military.

Certainly, surveys conducted by all-male teams have produced starkly different findings to those carried out by teams including women. The access to women is naturally much higher in such cases and the female victims far more likely to raise sensitive issues of violence when speaking to other women alone.

Yet, it is evident that disturbing incidents did take place, providing proof of the abuse and exploitation quake victims are vulnerable to.

One such incident, that took place in Lahore, and was as such reported in the press having unfolded in a major city, involved Ajeeba Jabeen, 18, a patient at the giant Mayo Hospital in Lahore. Ajeeba alleged in December 2005, in a written statement, that she had been raped by the surgeon treating her for injuries suffered during the quake, Dr Maqsood Hussain. The doctor was arrested and brought to trial amid a great deal of publicity. During the case, Ajeeba, somewhat mysteriously, retracted the rape charges, maintaining she had been "tricked" into signing the statement by a newspaper reporter. She was also apparently whisked away from the hospital ward by a local cleric, who claimed she was a close relative. She was produced in court only after a delay of several days.

There were also allegations that the charges against the doctor had been brought by his rivals within the hospital, and that Ajeeba was merely used by them as a pawn in the game of professional politics.

However, whatever the precise facts, it was obvious that the doctor concerned had far exceeded the moral and legal boundaries of the doctor-patient relationship. He confessed before the court to taking Ajeeba out for drives, seeing her alone in his room, treating her to meals and apparently taking advantage of the girl's emotional instability at a time when she was far away from family and friends. His behaviour was, at best, inappropriate.

Since then, little is known of what has become of Ajeeba Jabeen, and many doubts continue to linger regarding the case.

In the earliest days after the disaster, there were many accounts of young girls, children and infants abducted from camps or from hospital wards. Staff and volunteers at the Pakistan Institute of Medical Sciences (PIMS) in Islamabad reported seeing shadowy figures lurk in hospital corridors. There were stories about children being sold by kidnappers, or put up for adoption despite the ban on this placed by the government. Reports also came in of girls who had been taken away, allegedly by gangs of traffickers, from camps in Muzzafarabad. Stringent security arrangements, put in place at hospitals after the reports, reduced, but did not completely eliminate the risks.

The stories of trafficking and abduction often proved impossible to follow-up, the facts buried amid the chaos that engulfed affected areas immediately after the disaster. NGO activists were told that while some cases of trafficking may have taken place, these were almost certainly few and far between. However, the failure to register victims at camps



for weeks and the inadequacies in the process after it was initiated meant women and children remained vulnerable to such abuse.

This is especially true given that Pakistan is stated in a report by the US Office to Monitor and Combat Trafficking in Persons, to be a country of source, transit and destination for trafficked



Shirkat Gah

persons. Although the precise figures are unknown, thousands of women are believed to be trafficked within the country each year and also sent outside, often for use as sex workers. Large mafias are involved in the lucrative trade, and the danger of quake victims falling victim to such gangs remains high.

While physical or sexual abuse is a major risk, especially since at many camps, only limited awareness appears to exist among organisers about the protection needs of women and how to enforce steps to

safeguard their privacy and dignity, domestic violence is perhaps the biggest risk faced by women. Even in ordinary times, according to international monitoring bodies such as the New York-based Human Rights Watch, up to 80 percent of Pakistani women suffer physical, sexual, emotional or verbal abuse. The difficult living situations inflicted by the quake, the sense of frustration and helplessness of many victims and the fact that men based at camps had very little to keep them occupied, made matters worse.

Although no detailed assessment of the situation has been carried out, there are enough anecdotal accounts of domestic violence from women quake victims to suggest figures are fairly high. Women victims complained about the attitude and behaviour of husbands when interviewed by female activists. In at least one case, a woman survivor at an Islamabad camp requested a young lawyer volunteering at the camp to help her obtain a divorce from her husband, while lamenting the fact that unlike most people in their village, he had survived the quake.

Apart from physical violence inflicted by close relatives, women also complained of harassment at some camps, usually by other men living in close proximity. The lack of private toilet and bathing facilities that persists at many camps adds to the difficulties. At some locations in the Mansehra and Battagram districts, small family or clan groups have moved their tents away from larger settlements, usually to ensure women have some privacy and greater security. Some families, who declined to leave their homes high in the mountain villages of Allai, the Kaghan Valley or the Neelum Valley cited the lack of safety of women in camps as one of the main factors behind their decision to brave it out through the long, tough winter of the north.

The most acute problems though were faced by women and children left without male family members. Official efforts to offer such victims some measure of protection were limited. At the tiny town of Hattian, in the Attock district of the Punjab, the "Ashiana' (Nest) shelter, set

up by a local religious organisation and the Pakistan government's ministry for social welfare, housed over 300 women and children.

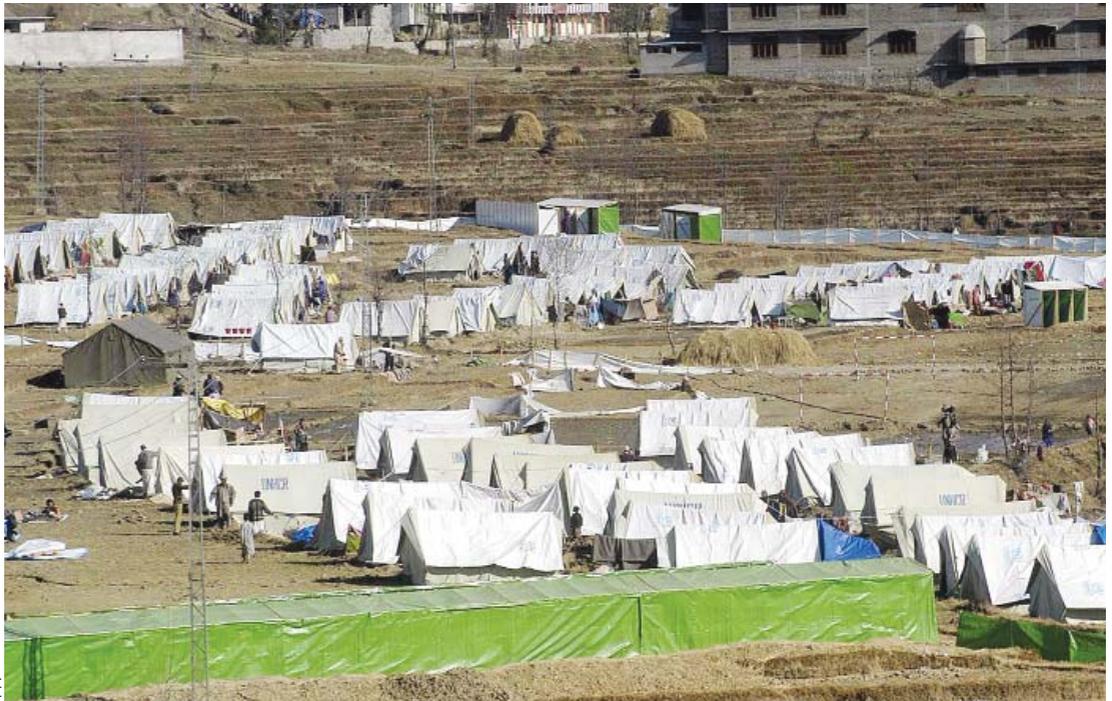
Guidelines for protecting and rehabilitating these victims were not drawn up at the official level. Some reports suggested that, due to waning government interest, the situation at the shelter deteriorated over time. The future of the women, including a number of elderly women unable to care for themselves, and the children was far from certain.

In times of crisis or desperation, violence almost always increases, and women are invariably most badly affected. Since the earliest days of the quake, with relief distribution often carried out in an arbitrary fashion and goods merely hurled out from trucks, women have been amongst the worst sufferers due to the situation. Due to looting by gangs, mayhem caused as mobs surrounded trucks and their lack of experience in seeking help or dealing with officialdom, women, particularly in the early days of the quake, were, in effect, denied help for days or weeks. Some have reported that even the goods they were able to obtain were in some cases snatched away from them.

Some months on, their situation improved somewhat. Many international agencies, NGOs and relief teams, aware of the problems that arise for women in all disaster situations, began planning strategies to offer them protection and aid. Booklets and posters, laying out guidelines on ensuring the safety of the most vulnerable victims were widely distributed.

However, despite such efforts, women continued to confront grave problems. For many, a lack of security was the most major concern. The threat of violence, in all its diverse forms, always lurks near, and as snow and rain continue to heap misery on quake survivors, it seemed the suffering of many amongst them is set to continue.





PPI



Online

## Displacement

# Sheltered yet insecure

*For most women residing in the makeshift camps, life came to a standstill, reports ADNAN ADIL*

In the vast 900-tent settlement of Pind Sahab Dadan near Abbottabad was injured Rehana. "My brother came to take me for treatment in a hospital in Lahore," she said. "After some time he brought me back to the tent village and left."

Rehana's four-month-old son died under rubble when the earthquake hit her village in Mansehra district on October 8. Soon after, she and her two daughters - seven-year-old Naila and three-year-old Shimaila - were abandoned by the girls' father.

Like Rehana, most women survivors of the 8/10 earthquake have braved severe circumstances. In tent settlements of Kashmir and Hazara regions for instance, women experienced numerous difficulties due to lack of privacy and inadequate sanitation facilities. Of the nearly 60 camps in Muzaffarabad, only a few were well-managed with guards at the main gates. At the Jinnah Dental camp, women reported that the tents seemed like busy streets, where men wandered around unchecked and unmonitored. Women complained of men peeping into their tents unnecessarily.

Mukhtar Javed, a programme coordinator at Sungi, a non-government organisation, working

for the relief and rehabilitation of 20,000 families in Hazara region, said that the officials on duty searched the tents with spotlights at night which made the survivors uncomfortable. "The officials perhaps did so for security reasons but they offended women who observe strict purdah (veil)."

Women residing in tents particularly feared going to washrooms at night many of which had neither doors nor lights. In some camps men and women were expected to share common washrooms. Also women's special sanitary concerns added to the problem: Because of the constant knocking of the bathroom door by those waiting for their turn to use the facility, the sanitary and other private needs of women remained unmet.

Lack of general hygiene led to various infections among survivors living in camps. Scabies was reported in many camps among women and children who had not washed for days due to unavailability of water. Mushtaq Ahmed, the administrator of

KBDO, a non-government hospital in Mansehra, says his hospital distributed thousands of bottles of lotion treating skin diseases.

Bushra Jaffer, a volunteer working in 18 villages of Chinar Kot valley near Battal in Mansehra district said that local norms do not allow an open mention of these problems. Frances Walton, a volunteer nurse from Melbourne working in the KBDO, feels that women were extremely shy and did not approach her directly. Dr Shaheen, another volunteer from Karachi working in the hospital, said she had to visit the camps personally to persuade women to visit the hospital for their treatment and check-ups, especially pregnant women.

Food distribution in most camps was usually carried out from the kitchen. Rukhsana of Pind Sahab Dadan, said young men used this occasion to take undue advantage. "Men and boys persuaded women to seek their help in getting food by bypassing long lines of dozens of people. They in exchange demanded sexual favours," she revealed.

Social workers in Mansehra and Abbottabad said several incidents of sexual harassment and molestation of displaced women residing in tents were swept under the carpet to save family honour. They maintain that families of molested girls did not report the incidents and simply left the tents.

In the tribal setup of the quake-hit region, privacy and purdah can never be compromised, which prevented many people living in high altitudes from climbing down to tent villages run by the army or some private organisations. Zafar Iqbal, a resident of Naugram village near Battal in Mansehra district, said they could not leave their villages for two reasons. "One we could not leave behind our main asset, our cattle. Two, we could not take our families to tents and live amid unfamiliar people."



Shahidul Alam

Women of affected families that opted not to come down to tents confronted severe problems. For them, more than a lack of privacy, the inadequacy of facilities was the main concern. A social worker, Shehla Sattar, said she visited a village Bhamara in the union council Ghanor near Balakot where there was not even a single washroom for 127 households, and the water supply system carrying water from the natural springs through pipes had broken down.

Saima Alvi, a social activist working with the quake survivors in Abbotabad district, said in many affected villages water springs, the main source of clean water, have dried up or changed their water course, making living harder for women who need water not just for their own needs but for cooking as well.

Young girls and women revealed that they suffered psychological trauma after the quake. I met girls who were missing their friends with whom they once played in their courtyards... I met parents perturbed to see their children queuing up for meals... I noticed strained husband-wife relations due to the loss of work and property. "This very state of insecurity and distress compelled parents to marry off their daughters as soon as possible," observed Shehla Sattar, a social activist working for the relief and rehabilitation of 500 households in Balakot.

The colossal loss of lives and destruction caused by the earthquake may have overshadowed women's predicaments but many women social activist believe these have left scars on their psyche and personality. Iram, a young woman, and a daughter of a retired bank official in Muzaffarabad, feels that "life has come to a standstill". Her feelings perhaps sum up the situation of women in the quake-hit region the best.



Shirkat Gah



APP



## Maternal health

# New life

*The 8/10 earthquake aggravated the lack of healthcare for expecting mothers, writes ALEFIA T. HUSSAIN*

In the midst of struggle for survival on 8/10, something miraculous happened. A new life came into being... Just when the earthquake hit, the gynecological staff of Mansehra's district hospital were in the process of delivering a baby, "until doors and window panes of the labour room began to rattle," says Chand, a lady health visitor (LHV) at the hospital. Those were, of course, the first signs of the earthquake. Still calm, they waited for the shocks to halt. "But they wouldn't stop," she adds. The expectant mother panicked and her labour pains stopped.

Panic was declared inside the labour room within seconds as the tremours continued and intensified. The woman in labour was moved out of the room and placed in the open area between the midwifery and the gynaecology ward of the hospital. These sudden movements disturbed the natural process underway. The lady doctor therefore had to induce labour pains. At the end, they were able to deliver the child normally.

That perhaps was one miracle. Cases of miscarriages, premature labour, stillbirths and excessive bleeding were reported aplenty. For instance, in the same district hospital, almost a month after

the tremblor, eight-month pregnant Husin stared into empty space of the women's ward. Her face was expressionless, like one that has undergone immense pain and suffering. Chand introduced her as a fresh arrival from Rajwal, a village between Kaghan and Naran. "She is bleeding," Chand explains. Most of the talking for Husin was done either by Chand or her husband due to the language barrier. "We had to travel a long distance to get to the village camp in Balakot. Most of the travel was treacherous. Compounded by the shock and grief of losing some of the close ones to the quake, this has complicated her pregnancy," said her husband.

Husin sat on the iron bed that did not have a mattress because the man in charge of the hospital store was off for Juma break. Smack opposite her, in the overcrowded ward, an intrauterine death (IUD) had occurred. The mother had been there for the past three days.

At some distance from the district hospital, Gul Bibi gave birth to a normal baby after premature labour at the Italian Field Hospital. "Official at the Balakot camp village referred us to this hospital," says her husband Mir Ahmed.

Many pregnant women suffered massive injuries in the quake, says Dr Qais Mahmood, provincial officer for the United Nations Population Fund, while talking to Tini Tran of the Associated Press of Pakistan. "The biggest challenge was that we had ladies coming in with multiple fractures. Then during examination we found out about intrauterine deaths," he says.

Those were just a few lucky ones treated at hospitals in Mansehra. United Nations estimated some 17,000 earthquake-affected women in Pakistan were expected to give birth in the next two months of the earthquake. About 1,200 of them were expected to face major complications and about 400 would require surgical assistance.

UNFPA, the United Nations Population Fund, warned that the health and safety of these pregnant women and adolescent girls was in jeopardy due to the shock and trauma they suffered in the quake, the harsh living conditions they now face, and their limited access to basic health services and emergency obstetric care.

Anis Haroon of Aurat Foundation visited the earthquake affected areas soon after the earthquake. She laments: "Even before the devastation, Pakistan had an inadequate healthcare system. Various basic health units (BNU) were merely buildings. Nothing significant took place inside them. Now after the earthquake, nothing remains. For one, there are not enough female doctors and volunteers working in the (quake-hit) areas to treat the women-related health issues."

In an effort to reach out to people in remote areas immediately after the earthquake, the UNFPA dispatched a mobile unit comprising a female doctor and a nurse-midwife. A gynaec/obstetric mobile unit of Governor Mobile Hospital FATA was also spotted in Mansehra.

The truth is that even in the best of times, Pakistan's statistics on maternal health are dismal. United Nations estimates that throughout the country 540 mothers die for every 100,000 live births roughly due to poor pre-natal care, lack of properly trained birth attendants or medical facilities, to name a few. Almost 80 per cent of births in the country occur at home.

*This article originally appeared in The News on Sunday, the weekend magazine of The News.*



## Loss of livelihood

# In search of an option

***Women's livelihood issues cannot be looked at in isolation. The physical, human, and social asset bases and sources of vulnerability need to be addressed and viewed in a holistic manner, asserts FARIDA SHAHEED***

**D**isasters are always treated in isolation from and seen as unconnected to mainstream development planning. In reality, the two are closely related with issues of livelihood being the key to people's survival and wellbeing regardless of whether there is a disaster or not and people's asset base. People's vulnerability to disasters depends on their pre-existing asset base consisting of: physical assets (natural and capital resources, infrastructure, and equipment), human assets (education, health etc.) and social assets (organisational structures and networks of support). Inappropriate development policies and/or neglect greatly increase people's vulnerability to disaster while appropriate development interventions that enhance people's asset base will reduce vulnerability. In the present earthquake for example, the impact was far worse in areas of high de-forestation compared to areas where forest cover survived more intact, as pointed out by WWF in District Muzaffarabad.

The October 8, 2005 earthquake hit an area where people were already vulnerable; many were on or lived close to the poverty line. The asset base of the people was low, with livelihood trends indicating high income-dependency on off-farm labour in urban centers in Pakistan and abroad.

Like all disasters, the earthquake had gender-specific impacts: pre-existing gender-specific vulnerabilities have been compounded by the shock of the disaster.

Women's greater vulnerability results from: a poorer material asset base; weaker social assets in terms of support networks, organisation, and decision-making; skills that are less marketable, lower education, poorer access to resources. Cutting across many of these, is women's lack of mobility. Disaster impact often differs for women and men. Especially when not displaced, men's workload decreases while women's workload may increase. Men may leave homesteads in search of livelihood options; women do not have this freedom of movement and may also have the responsibility of caring for children, the injured and elderly and ensuring their immediate survival needs.

In the aftermath of the quake, women had less access to relief goods and greater difficulty in accessing compensation measures. They have been excluded from decision-making, most importantly in terms of camp management, but now also in terms of reconstruction and rehabilitation needs. Moreover, in Pakistan, only the most pressing of women's health needs have been addressed. Less obvious needs, in particular reproductive health needs, have remained largely unaddressed not least due to a paucity of female medical personnel, but also due to general social attitudes.

Rehabilitation plans must address the special livelihood needs of the most vulnerable: those left with disabilities and single head of households, especially but not only women. Women's livelihood issues cannot be looked at in isolation of their general situation, measures to address women's needs cannot be 'add-ons'. For instance, at present, the entire emphasis is on 'rehabilitation through physical reconstruction.' While this may be needed, this will do absolutely nothing to improve women's livelihood options. Moreover, if it is erroneously believed that physical reconstruction will resolve all problems of the quake-affected people, women will actually be worse off than before. For rehabilitation and reconstruction to be appropriate, women (and all other disadvantaged sections) must be specifically included in all the planning, implementation and monitoring phases and processes.

Creating disaster-resistant livelihood options requires changing past practices; it also requires better governance structures, especially to cater to the needs of the population with no or a negligible asset base.

For those with some assets, interventions should protect livelihoods, strengthen livelihood assets and diversify livelihood options. For those without assets initiatives must create entitlements, build assets and encourage livelihood options.

Assets never automatically translate into livelihoods. This requires an enabling environment that includes:

1. Disaster-resistant physical and social infrastructure
2. Collective interest community institutions - both formal and informal, organisational and physical spaces. Interventions focused on the community rather than individual households but equally addressing the specific needs of individuals within families.

3. Better and responsive governance that would include: entitlements to assets, land rights, essential services such as health and education.
4. Socially responsible markets including market regulations that support agri-economics to stabilize rural livelihoods and cushion market shocks.

For women, an enabling environment also means bringing about attitudinal changes backed by strong government support.

Livelihood issues cannot be looked at in isolation. The physical, human, and social asset bases and sources of vulnerability need to be addressed and viewed in a holistic manner. For example, water may be a key factor for women's livelihood but not for men's livelihood options. If women spend the entire day fetching water, they have no time for any activity that generates a cash income. Of course, women are not an undifferentiated mass: some have been engaged in agricultural livelihood activities, some in non-farm activities, while many are urban women for whom these are irrelevant distinctions. Responses and reconstruction efforts need to be aware of and tailored to the specific needs of specific groups of women and people in general.

Paradoxically, this is an opportunity to not repeat the mistakes of our previous planning: a top down approach premised on the mistaken belief that the same interventions will be appropriate in different localities and circumstances. We need to learn from past mistakes and for instance avoid the earlier misconceived projects of establishing endless - and useless - sewing and embroidery centers across the country that did precious little to enable women's livelihoods. Plans need to look at specific market needs and available resources in specific locations. Planning must be cluster and area specific if it is to succeed. School textbooks should be revised to ensure people are made aware of the causes of earthquakes; using this revision to also eliminate the profound gender-bias in most.

A very basic challenge to sound planning is the lack of a sound database. There is a dire need of situation analyses documenting the structural and non-structural dimensions of loss, damage and vulnerability in specific locations. Non-structural vulnerabilities include existing capacities but also existing rules and regulations, knowledge and awareness, and community support systems.

Rehabilitation should:

- Be linked with poverty reduction plans and programmes
- Ensure access to information and system of monitoring at government and community level
- Provide an efficient grievance and redressal mechanism
- Institutionalize mechanisms for community participation in the phases of the process
- Ensure that the voice of women and other more vulnerable sections of society are included
- Have flexibility to readjust plans to ground reality.

The government initiative to formulate a National Plan of Action is welcome, but it is important to ensure integration of the different groups and sectors since all people live in societies and not in segregated 'clusters' or 'sectors'.

*Adapted from presentation at the Conference Challenges to Livelihoods & Housing in the face of 2005 Earthquake organised by JAC-ERE member, SPO: February 6, 2006, Islamabad.*



Online



## The path to recovery

*Flashbacks of the 8/10 earthquake, lack of control over lives and property, and uncertain future have given rise to a range of emotional reactions in varying degrees among women and children. Stress, anxiety, frustration is common. This section is devoted to the victim's psychological wellbeing - so they are able to understand their reactions better and guide them towards effective recovery.*



Online



## Emotional wellbeing

# From victims to survivors

***Not victimisation but the extent of empowerment, self-reliance and collective self-esteem will help women cope and recover from their psychological wounds and long-term losses, urges ASHA BEDAR***

**W**omen's mental and emotional health has always been inextricably linked to their social environment and status in society. The drastic changes in the lives of women affected by the October 8, 2005 earthquake, therefore, create significant challenges for their mental and emotional wellbeing.

Our television screens have brought to us heart-wrenching images of people affected by the earthquake: their fear, loss, pain and helplessness. We have all felt their desperation, we have cried with them and we have all wanted to contribute in any way that we can. But these are circumstances most of us cannot even imagine, leave alone understand in the true sense. Everything has changed for women affected by the disaster: their physical environment, social environment, family structures, roles, routines, social institutions, sense of community and security and sense of themselves.

Understandably then, the stress levels of these women are high. All the earthquake-

affected women describe, in different ways and in different words, their experiences of stress.

*"I was terrified, but I managed to get out of the house. But then I saw that my son was still underneath the rubble and I could not leave him and just go. My husband kept trying to pull me away - he said there was nothing we could do, but I couldn't. I just screamed and screamed for someone to come and save my son. I just sat there terrified and screaming."*

Stress is a normal reaction to any change which pushes a person to make adjustments in order to cope, but traumatic stress occurs when a person experiences a sudden and often unexpected stressful event, or enduring stressful conditions that overwhelm his/her ability to cope. Any event or situation that a person perceives as being extraordinary, unpredictable, sudden, overwhelming, shattering, transforming and/or terrifying, is considered to be traumatic. Trauma is an emotional shock or psychological wound that overwhelms the person's normal ability to cope, and makes him/her feel very frightened, anxious, upset or helpless. Unpredictable, natural disasters are more traumatic than the predictable ones.

Traumatic stress after natural disasters occurs because survivors have typically faced one or more of the following:

- Exposure to horrific events
- Loss of family members, relatives, friends, personal belongings, livelihoods
- Ongoing risk of further danger
- Physical injury, disability and illness of self or others
- Living in a stressful and deprived environment in the aftermath of the disaster
- Disruption of the community
- Social impacts of the disaster

*"I am still so scared, and so are my children. Even when we hear the helicopters coming, we get scared."*

Women speak of the intense fear they experienced during the earthquake; of their struggle to escape and to save family members; of the long and hard hours after the earthquake as they waited for news of missing family members; of the hours and days they spent attempting to salvage lost belongings from under the rubble; and of the time when the reality of their losses became apparent to them. Part of the fear still remains: after shocks of the earthquake and loud, sudden noises for example are still a source of significant anxiety for many women and their children.

The initial emergency phase is over for many women and they are now starting to move out of their shocked, dazed, numbed or highly distressed state into a kind of emotional-reaction phase, in which the implication of their losses become clearer and more visible. Not all women affected by the earthquake have sustained serious injuries or disabilities, not all have had family members injured or killed - but they have all experienced some kind of loss. This sense of loss stands out in the women's stories as one of their most intense emotional

experiences. They tell stories of children, husbands and other family members that they have lost, of limbs that no longer function, of their homes and children's schools that have been flattened, and also of their cattle and belongings that have been buried under the rubble. These were people, domains and objects that their lives revolved around: their families, homes, cattle, pots and pans. Traditionally, the home, livestock and family life in general have always been the women's domains - and this is why the earthquake-affected women's losses are in many ways different from - but not necessarily greater - than those of the men's and children's.

*"We have nothing left. Everything - everything is gone. My animals are gone too. Only we are left. But we have nothing left. What do I do now? I sit inside my tent all day and I cry. What else can I do? I have no home and nothing to do."*

*"I had three children, and two of them were killed. I am empty now. My life was full of my children and now I have nothing"*

Stress levels further increase as women and their families move into makeshift living arrangements and tent villages. The danger of further loss, injury and further earthquakes may have lessened, and many may now have better access to food and clothing (though many may not) - but the grief, uncertainty and insecurity continue. Most do not know what to expect next. They do not know where they will stay, how they will survive, how they and their families will get through the harsh winter. Many women are still afraid - not of further earthquakes, but of their new and unknown surroundings, of the strangers around them, of the change in their traditional roles, of the men they have never seen before who now roam freely in and around their temporary homes, of the unknown spaces their children play in, of walking out alone at night to the public toilets and of the international staff whose language they often do not understand.

Realities of sexual assault, abduction and domestic violence are not new to women, yet they are even more real and perhaps even more frequent, in this strange, new environment. In addition, women in camps also face significant inequalities in accessing relief supplies, information and other resources critical for their wellbeing.

Slowly, they are beginning to venture out, to adapt to the change and to give their new lives a chance, but the fear still lurks underneath. Again, the mental health implications of living in new surroundings and a drastically changed social structure are typically greater for women than for men.

*"I don't go out anywhere. I don't know anyone here. My daughters are afraid to go out too. Not even to the bathrooms. Who knows who might be there?"*

Memories of the earthquake, their losses, their lack of control over the lives and their uncertain futures are giving rise to a range of emotional reactions in women. Many express feelings of despair, hopelessness, despondency and helplessness. Many worry incessantly about themselves and their families, are unable to sleep properly at night and are having

trouble eating properly even when food is available. Many of the women are eager to talk and to express their pain. Yet some emotional reactions are hard to put into words and are therefore expressed as physical symptoms; some suppressed emotional reactions actually appear as physical symptoms. This somatisation of emotional reactions is a fairly typical way for many women, especially in our part of the world, to express their emotions. Thus many of the women approached medical doctors for headaches, stomach aches, breathlessness, trembling hands, irregular heartbeats, fainting spells, muscular aches and pains, digestive problems, among other complaints; yet doctors report that in many cases there are no medical reasons for these symptoms. Interestingly, many women themselves understood these symptoms to be linked to their emotional states.

*"I have been very upset. I can't sleep at night, I cry all the time, and I get bad headaches."*

*"There are women here who don't want to do anything - talk or look after their tents or come out and meet us or anything. They just sit there quietly and think of their children and cry."*

It is important to understand that from a psychological perspective, all the stress reactions described by women are completely normal - normal reactions to an abnormal event. These reactions do not constitute a mental disorder. With time many of these initial reactions fade away as circumstances begin to get back to normal as people begin to adjust to their new situations and gain some control over them. Some women, however, may show more serious signs of stress such as frequent nightmares; frequent anxiety-provoking flashbacks, thoughts and re-living of the earthquake; continued numbness; continued depressive symptoms that do not seem to be getting better; suicidal thoughts or attempts, etc. A continuation of these symptoms warrants more serious attention.

Despite these issues, however, there is hope. Although everyone affected by the disaster will show some normal psychological reactions to varying degrees, communities are resilient, and many people will recover with time and with minimal support. The nature of this support may simply be informal support through family and social networks and a resumption of normal routine. The experience of mental health and social sector professionals in past disasters such as the earthquakes in Iran, Turkey and India and the Tsunami indicate that what communities in such circumstances often need most in order to cope with and recover from their pain and loss is not so much clinical, mental health interventions, but "psychosocial support" interventions. This may be especially true for communities such as ours, in which traditional mental health interventions, such as one-to-one counseling or therapy are not commonly sought or understood by people.

The concept of psychosocial support is based on the assumption that psychological and social issues are closely linked and that significant psychological relief can be brought about through social, community, activity and group-based interventions. The aim of psycho-social interventions is to support communities in moving from being victims to survivors. Thus in addition to helping people access relief supplies, unite with family members and maintain a sense of dignity, effective psychosocial support strategies then

would be those that help people understand their reactions better; strengthen existing individual and community coping techniques; promote self-help and active community participation; raise their self-esteem, encourage a return to normal routine and provide opportunities for groups to meet, interact and support each other.

For women, such opportunities may come in the form of awareness-raising groups (education, information on psychological reactions, services in the camps, etc.), support groups, activity or skill-development groups (e.g. literacy, sewing, etc.), women's committees, volunteer groups, etc. In addition, psychosocial strategies must also seek to improve women's status in society through providing better access to relief health and educational resources and ensuring their safety from violence and crime.

Social efforts to support women and guide them towards recovery have begun in earthquake affected areas, camps, shelters, etc. - there are now community centres and vocational classes in almost every camp. Many women are beginning to respond to such interventions, others were taking initiatives and seeking support even before any groups had formally begun in their camps. More and more women and young girls are eager to volunteer and participate in community groups and to help other people - women, children the elderly cope better. Yet many challenges still remain. Even now the strong purdah system in communities from remote areas prevents women from participating in community activities. Encouraging women from these groups to work actively towards their own recovery requires more creative and sustained efforts. Moreover, while the role of safe places for women to meet, share, support each other and learn vocational skills is invaluable at this stage, the aim of such places must now move beyond support towards active empowerment, such as through awareness-raising, education and participation.

It is critical that women are active participants and not passive recipients in all psychosocial support and recovery efforts. Ultimately, it is the extent of empowerment; self-reliance and collective self-esteem that takes place in the reconstruction process that will help women cope and recover from their psychological wounds and long-term losses, not their victimisation.

*Dr. Asha Bedar is a psychologist, working with Rozan, an Islamabad-based NGO. Since November 2005, she has been coordinating the psychosocial training, support and psychosocial material development activities of the Umeed Project, a joint initiative of Pakistan Red Crescent Society, Danish Red Cross, Federation of the Red Cross (IFRC) and Rozan..*





Online



## The 'burn-out' syndrome

# Enhancing the ability to cope

***Consultant and psychiatrist Dr. ANICA MIKUS KOS conducted a two-day workshop in Abbottabad, Pakistan, on child mental health protection, warning relief workers and teachers against the 'burn-out syndrome' and suggesting ways to successfully overcome the negative effects of the disaster***

“On March 18, 2006, the scene at the Garhi Habibullah Girls School is overwhelming - 200 girls out of a total of 700 aged between 12 and 18 years were killed by the 8/10 earthquake. 'The state of the school building was dilapidated even before the earthquake. The school authorities should be held responsible for the deaths,' complained a schoolboy.

"The teaching staff is traumatised too. A teacher lost her three year old son and her colleague lost her 21 year old sister, who was waiting for her at the school," writes Dr. Anica Mikus Kos in her report on the post-earthquake scenario in Pakistan.

She further mentions that the children's affected population requires community-based and population-oriented approaches. "There is a particularly huge need for psychological programmes in schools."

These are just a few of Dr. Kos' reflections on her ten-day visit to the earthquake affected areas of Pakistan, which was sponsored by The Open Society Institute and facilitated by six NGOs. The purpose of the visit was to equip helpers, trainers and teachers with some easy and useful

tools to facilitate their work with traumatised people, especially children. The visit included field trips to the affected areas and meetings with agencies and individuals involved in the relief work.

Evaluating the dire need for psychological attention to people's plight after the earthquake, Shirkat Gah - Women's Resource Centre organised a two-day workshop in Abbottabad on March 20-21, 2006, which was attended by 25 field workers, social organisers, teachers and journalists representing various NGOs.<sup>1</sup>

During the workshop, the participants reported the following initial responses to the earthquake:

- Survivors avoided discussing their feelings and emotions;
- People agreed to see psychologists after great deal of persuasion;
- Many people did not understand how psychological counselling could help them;
- Most parents refused to send their children to school because they feared more aftershocks;
- Some people refused to come out of their 'victim role'. They thought they were poor and needed all possible assistance; sometimes they also reacted selfishly.

It was observed during the workshop that the supportive role of parents and teachers is much affected by their own psychosocial concerns. The insufficient number of mental health professionals in the area compounds the problem. To cope with the gravity of the situation at best, the possible sources of support for the traumatised people were identified. Broadly, they are:

- Family: Parents or siblings can help each other in a disaster situation. But, after an earthquake like the 8/10, other family members are traumatised and emotionally disturbed as well, and so not in the best of position to help others. Family members who are less traumatised can extend help perhaps, by just being good listeners.
- Outside the family: After any catastrophe, people need support from outside the family. Schools are an important place of support. They help bring the situation back to normal. But it should be kept in mind that teachers may also need psychological support to deal with the situation.
- Other sources of support: Rescue teams, helpers, volunteers etc form an integral part of the support system operating in any post disaster situation.

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1. *Shirkat Gah, Pakistan Red Crescent (Mansehra), Rozan (Islamabad), national Rural Support Programme, Press for Peace (Muzaffarabad) and Omar Asghar Khan Development Foundation (Abbottabad).*

- **Psychologists:** Only a few affected people have access to a psychologist in a disaster hit area. It could either be due to limited services of professionals available or unwillingness on part of the traumatised to seek professional help.

## **Supporting the community as a helper**

**Group work or group discussions:** Exchanging experiences and sharing information in a group helps a great deal in releasing stress and overcoming trauma. This can be done in a formal way, while attending a seminar or any other form of organised trainings, or informally when a group of people gather and talk. For any kind of group work to be effective, it is advisable to keep the situation as natural and spontaneous as possible. The facilitator should act as a healer. It helps to share information about those who suffered similar tragedies but managed to bring life back to normal. Also he/she should involve the natural leaders in the community in discussions.

**Listen to others:** Some people may tell a story again and again and remain in the past. In such a case, the facilitator should encourage positive thoughts about the present and the future. He/she can ask questions such as: What will you do when you go back home from the camps? Will you build a new house? Will you send your children to school? The aim is to guide the survivors away from depressing memories of the past. Encourage them to paint a bright, colourful picture of their future. They have to be told that some reactions/feelings (flashbacks, for example) are normal. Tell them, "You are not mad".

**Reconstruct reality:** People who have lost their family members may feel responsible for the death of the close ones. Help them reconstruct reality. Tell them they are not responsible for the tragic events. Ask questions about the kind of relationship they had with the person they lost. Help them put events in a normal perspective.

**Encourage assuming responsibilities:** Some parents may mourn the child's death to an extent that they begin to neglect the rest of their offsprings. A helper should encourage them to take charge of their responsibilities of childrearing. Likewise, widowed women should also be encouraged to assume the role of a family head.

**Take interest in activities of others:** A helper must take interest in the affected people's interests and activities. For instance, to keep the children occupied, plan outdoor activities, play games, draw and colour paintings, sing songs or tell them stories. It is important to create a comfortable atmosphere for both helper and child. Make it a fun experience.

**Prepare the survivors for future:** Create groups of volunteers to help them overcome problems in their respective communities. Provide them with correct information about: When the camps will close? What help will the government provide? What will happen to women living without male family members? Send counsellors to the camps to help organise the return of all these displaced persons. Develop crisis centres.

**Final task:** Create a tree of hopes and wishes.

## Helping the helpers

Working in an environment of devastation and grief, volunteers and relief workers get physically and emotionally exhausted, and begin to feel the same stress symptoms as survivors of the catastrophe. To avoid a 'burn-out syndrome', helpers must first identify symptoms of stress and then overcome them.

## Identifying symptoms of stress

- ▶ hopelessness
- ▶ inability to think in a positive manner
- ▶ depression
- ▶ eating disorder (too much or not enough)
- ▶ sleeping disorder (cannot sleep anymore or constant fatigue)
- ▶ depression
- ▶ lethargy
- ▶ stop work
- ▶ loneliness
- ▶ exhaustion
- ▶ inability to take any decision
- ▶ body pain
- ▶ first sad then angry (fluctuations in emotions)
- ▶ heightened sensitivity, overreact to minor problems

## Overcoming stress

- ▶ go for walks, listen to music, read books
- ▶ transform the trauma into something positive
- ▶ talk to people, share experiences and feelings
- ▶ express your feelings
- ▶ change your daily routine
- ▶ enjoy activities with friends
- ▶ sleep, shower
- ▶ seek medical treatment if required
- ▶ take regular breaks from work
- ▶ meditation or recourse to religion
- ▶ rely on co-workers and peers for help and guidance
- ▶ organise group discussions for helpers in order to prevent possible 'burn-outs'

## The supportive role of schools and teachers after the disaster

The school is an ideal place to approach children and help them overcome their trauma. Teachers can act as psychosocial helpers by closely observing the child's emotional state and recommending professional help accordingly. But they can not be idealised as such. Some teachers will be capable and willing to help the children beyond teaching them the ordinary subjects, others will be either unwilling or incapable of extending extra support.

Teachers must also be counselled to cope with the tragedies children have suffered. They must:

- ▶ create a pleasant atmosphere in class
- ▶ adapt school programmes to the needs of children e.g. hold shorter classes for children experiencing concentration or memory problems. Take frequent breaks during school hours
- ▶ try to create an atmosphere of confidence and security. Talk to children and parents. Advise and support the parents
- ▶ organise special activities during school hours. Do not only concentrate on Math and Science for example
- ▶ seek help from children who are less traumatised

## Extending psychological help to teachers

Select a group of teachers from different areas for a seminar. Equip them with tools and skills to cope with traumatised children. Teach them how to plan activities and how to cooperate with parents and psychologists.

To ensure positive results and outcomes of the seminar, teachers should share knowledge and experience with other colleagues and adopt a positive approach by involving as many school teachers as possible.

Equally important is the monitoring of teachers after a training session or a seminar. A series of teacher training workshops should be planned a single workshop has always proved to be insufficient.

*Dr. Anica Mikus Kos is consultant child psychiatrist and programme director of the Foundation 'Together'. She is also the president of Slovene Philanthropy.*



Shrikat Gah

## Appendix 1

### SUMMARY OF SHIRKAT GAH'S EARTHQUAKE RELIEF WORK

As of June 2006

Sr. #	Goods	Indirect Distribution & Relevant Organisation	Direct Distribution SG (Beneficiaries)	Area of Distribution	
				Indirect Distribution	Direct Distribution
1.	Shrouds/Kafan	1,010 Sungi & LEF		Batagram & Bisham (NWFP) Rawalakot (AJK)	
2.	Baby bottles	144 LEF		Rawalakot (AJK)	
3.	Clothing for women, men & children (shawls, sweaters etc.)	2,490 SRSP & Sungi	2,857	Kohistan, Abbottabad, Bisham & Batagram (NWFP)	U.C Punjgran (AJK) Muzaffarabad City (AJK) Bisham (NWFP)
4.	Tents & plastic sheets	250 LEF		Rawalakot (AJK)	
5.	CGI sheets & tool kits	*218 Households 13,08 Persons LEF, OAKDF, Sungi & SRSP	*359 Households 2,154 Persons	Rawalakot (AJK) Kohistan, Allai & Abbottabad (NWFP)	U.C Punjgran (AJK)
6.	Bedding (beds, quilts, pillows & blankets)	469 JAC-ERE, SRSP, LEF & Sungi	551	Rawalakot (AJK) Batagram, Kohistan & Abbottabad (NWFP)	U.C Punjgran (AJK) Bisham (NWFP) Punjab University (Punjab)
7.	Food items	*132 Households 792 Persons LEF & Sungi	*100 Households 600 Persons	Abbottabad & Batagram (NWFP) Rawalakot (AJK)	Bisham (NWFP)
8.	Medicine (masks, cotton rolls, medicine, gauze, syringes)	1,500 Persons JAC-ERE, LEF & Sungi		Abbottabad, Bisham & Batagram (NWFP)	
9.	Women sanitary kits	50 Sungi	1,000	Batagram (NWFP)	U.C Punjgran (AJK)
10.	Shoes & socks (women & children)	176 Sungi	1,800	Batagram (NWFP)	U.C Punjgran (AJK) Bisham (NWFP)
11.	Stoves 500 Coal 500 mund Plastic sheets 500 Lighters 500 Match boxes 500		*500 households 3,000 persons		U.C Punjgran (AJK)
12.	Water supply contribution SG = Rs. 20,000 + Local contribution = Rs. 5000		3 villages 1,200 Persons		U.C Punjgran (AJK)

## Phase III

Sr. #	Goods	Indirect Distribution & Relevant Organisation	Direct Distribution SG (Beneficiaries)	Area of Distribution	
13	Stoves, fuels		*750 households 4875 persons		8 Union Councils Dist. Kohsitan & Shangla
14	Women hygiene kits, warm clothes for men and women		1855 persons		8 Union Councils Dist. Kohsitan & Shangla
15	CGI sheets, tool kits, utensils and beds & bedding		*440 households 2860 persons		Union council Punjgran, Muzaffarabad
<b>TOTAL BENEFICIARIES</b>		8,189	22,752	<b>30,641</b>	

### Key:

**AJK:** Azad Jammu & Kashmir

**NWFP:** North West Frontier Province

**UC:** Union Council

**LEF:** Labour Education Foundation

**SRSP:** Sarhad Rural Support Programme

**OAKDF:** Omer Asghar Khan Development Foundation

**JAC-ERE:** Joint Action Committee for People's Right-Earthquake Relief Effort

\* According to Asian Development Bank & the World Bank report, average no. of persons in per family is 6.5 in the area of AJK, NWFP.

نحوائين زير اثر مسام قوانين  
Women living under muslim laws  
النساء في ظل قوانين المسلمين  
Femmes sous lois musulmanes



WOMEN'S RESOURCE CENTRE

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