



GOOD PRACTICES BROCHURE:

Internally Displaced People with Intersecting Vulnerabilities

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GENDER
IN HUMANITARIAN ACTION
Asia and the Pacific

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Introduction

Today there are more internally displaced people worldwide than ever; approximately 59.1 million people have been forced to leave their homes due to armed conflicts, violence or human rights violations and disasters.¹ Evidence indicates that more than half of internally displaced people are women and girls.² Different social groups – women, girls, men, boys, older people, people with diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), people with disabilities and people from ethnic minority groups and marginalized groups – experience internal displacement differently. Displacement reinforces pre-existing discrimination and social and economic disadvantages.³ Displaced women and girls, in all their diversity, tend to face disproportionate challenges in accessing secure livelihoods, protection, health care and education. These challenges have been exacerbated by the coronavirus disease (COVID-19) pandemic, during which there was a worldwide increase in sexual violence and gender-based violence (GBV), including domestic and intimate partner violence (IPV), school dropouts, early and forced marriages and early pregnancies.⁴

Displaced women and girls and other vulnerable groups that are at particular risk within their country require specific and targeted support. Their needs are rarely prioritized, mainly due to their status as internally displaced people. The United Nations provides a descriptive definition of internally displaced people, which does not confer a special legal status because internally displaced people, being inside their country, remain entitled to all the rights and guarantees of citizens and other habitual residents.⁵ National authorities have the primary responsibility to prevent forced displacement and protect internally displaced people. Displacement due to conflict can be sensitive, especially in cases where the Government failed to protect internally displaced people or has perpetuated violence.

In 2021, Asia and the Pacific represented 53.3 per cent of the global total of internally displaced people, most of whom were displaced by disasters triggered

1 Armed conflict and violence caused the displacement of [53.2 million people](#); Disasters caused the displacement of [5.9 million people](#).

2 IDMC, [Hidden in Plain Sight: Women and Girls in internal displacement](#) (2020).

3 Ibid.

4 Refugees International, [Gender Matters: Covid-19's Outsized Impact on Displaced Women and Girls](#).

5 The definition provided in the Guiding Principles on Internal Displacement is “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.” See E/CN.4/1998/53/Add.2, annex.

by climate and weather extremes.⁶ The region is highly vulnerable to destructive disasters on a large scale. Millions of people are affected by hazards such as earthquakes, tropical storms, flooding, landslides, tsunamis, drought and volcanic eruptions. It is estimated that 80 per cent of people displaced by climate change are women.⁷ Weather-related hazards, such as cyclones and floods, account for more than 90 per cent of total evacuations in the Asia-Pacific region, while conflicts and civil unrest, such as in Afghanistan, have caused a spike in internal displacement.

Many internally displaced people travel to remote locations where humanitarian assistance is difficult to deliver, and as a result, they are among the most vulnerable people in the world. They face inconceivable humanitarian hardships, such as physical attacks, sexual assaults, abductions and the deprivation of adequate shelter, food and health services.⁸ They may remain displaced for a long time before they are able to settle permanently (whether that means returning to their homes or settling in their new host community). It is estimated that periods of displacement may last five years or more.

There is a great need for collaboration among international, regional and local organizations, including local governments, to improve the situation of internally displaced people and prevent further deterioration of their rights and perpetuation of inequalities during their displacement. To understand and better address the needs of vulnerable groups, it is essential to expand data collection on internally displaced people based on sex and age disaggregated data and conduct gender-focused analyses and assessments. It is essential to know the impact of displacement over a long and short period. This brochure gives practical guidance on including internally displaced populations in humanitarian programming and coordination by highlighting recent good practices in the Asia-Pacific region.

6 East Asia and the Pacific accounted for 37.6 per cent of global internal displacements, and the five most affected countries were China (6 million displaced by disasters), Philippines (140,000 displaced by conflict and violence and 5.7 million displaced by disasters), Viet Nam (780,000 million displaced by disasters), Indonesia (27,000 displaced by conflict and violence and 749,000 displaced by disasters) and Myanmar (448,000 displaced by conflict and violence and 158,000 displaced by disasters). South Asia accounted for 15.7 per cent of global internal displacements, and its top five countries are India (13,000 displaced by conflicts and violence and 4.9 million displaced by disasters), Afghanistan (723,000 displaced by conflict and violence and 25,000 displaced by disasters), Sri Lanka (121,000 displaced by disasters), Bangladesh (150 displaced by conflicts and violence and 99,000 displaced by disasters) and Pakistan (70,000 displaced by disasters). See www.internal-displacement.org/sites/default/files/publications/documents/IDMC_GRID_2022_LR.pdf.

7 OHCHR, [Climate change exacerbates violence against women and girls](#).

8 OHCHR, [About internally displaced persons](#).

Key intersecting vulnerabilities

Psychosocial impact

The economic and social impact of displacement reflects the separation of internally displaced people from their livelihoods, social circles and assets, and diminished ability to earn a living. The highest economic impacts come from the loss of livelihoods and the cost of basic needs, including health care, food and nutrition. Consequently, a large number of internally displaced people rely on humanitarian assistance, income from the informal economy and unreported assistance from friends and relatives, either in the country or abroad. Upon arriving in a new location, internally displaced people may lack access to adequate and appropriate housing. They often find shelter in informal settlements that are associated with many socioeconomic problems, and host communities often see them as a nuisance.

Rates of economic inactivity are higher among internally displaced persons, especially those who live in camps and urban settlements and intend to return to their place of origin. They often struggle to integrate into the host labour market. Internally displaced people may face many challenges, including the loss of assets and separation from family and community, the lack of skills required in the new host labour market, the impact of long and hard displacement on their physical and mental health, as well as discrimination and marginalization. They usually find low-end or seasonal work in the agriculture and construction sectors and rely on cash-based interventions and humanitarian assistance. It is not uncommon that internally displaced people are exposed to labour exploitation and forced recruitment due to their vulnerable status.⁹

Many internally displaced people undergo both physical and mental trauma during and after their displacement. The difficulty is compounded in cases where internally displaced people have pre-existing socioeconomic, mental health and other vulnerabilities. Moreover, long-term displacement as well as an individual's status as an internally displaced person can increase vulnerability to mental disorders. An estimated 14.5 million internally displaced people have post-traumatic stress disorder or depression. The estimated prevalence of depression among the global population is 3.4 per cent, nearly nine times less than the estimate for displaced populations.¹⁰

Women and girls

Internally displaced women and girls are at higher risk of GBV, including IPV, child marriage, trafficking and sexual exploitation. Inadequate and poor conditions in camps or other settlements increase the likelihood that women and girls will experience GBV. Women and girls are often dependent on men due to cultural differences that ascribe lower status to women and girls. The lack of educational opportunities disadvantages women and girls in accessing decision-making positions and other opportunities that could enhance their livelihood in camps and urban settlements. Women and girls in displacement have limited access to legal protection, reproductive health care and other essential services. Most internally displaced women and girls suffer severe psychological and social consequences of displacement.¹¹

Children

It is estimated that an alarming 22.8 million children are displaced within their own country by violence and conflict and another 2.4 million children are living in internal displacement as a result of climate-related disasters. Internally displaced children are at particular risk of violence, exploitation, abuse and neglect. Displacement disrupts their education, health, routines and social/familial links. These disruptions can be very harmful to children's development and life stability. They are exposed to violations of their human rights and are prone to family separation, which increases the risk of harm. Displaced children are more exposed to forced/early marriage, child labour, human trafficking and sexual harassment, and sexual and non-sexual exploitation. They are also threatened by malnutrition and exposure to diseases that are dangerous to children that spread in overcrowded displacement camps and urban settlements.¹²

9 World Bank, [Labor market integration of refugees and internally displaced persons: The behavioral and socio-emotional side](#); Chesmal Siriwardhana, Robert Stewart, [Forced migration and mental health: prolonged internal displacement, return migration and resilience](#), *International Health*, 5(1) March 2013, pp. 19–23; ILO, [Employment needs assessment and employability of internally displaced person in Ukraine, Summary of survey findings and recommendations](#); ReliefWeb, [Job interventions refugees and internally displaced persons](#).

10 ReliefWeb, [Expert opinion 5 key findings internal displacement and mental health](#).

11 IDMC, [Hidden in Plain Sight: Women and Girls in internal displacement](#) (2020); [Internal Displacement](#) by IDMC Grid 2022; UNHCR, [Gender, Displacement and Climate Change](#), July 2020.

12 UNICEF, [19 million children internally displaced by conflict and violence in 2019, highest number ever](#); IDMC, [Internally Displaced Children, Youth and Education](#).

Older, chronically ill and disabled people

Internally displaced older, chronically ill and disabled people are among the most at-risk individuals, requiring special assistance during prolonged displacements. Their limited mobility, and physical and mental impairment, in addition to cultural/social stigma and discrimination against them increase the challenges of living in displacement camps or urban settlements and accessing health care, food, and water and sanitation hygiene (WASH) services. The design of the built environment in camps and other settlements does not meet the daily needs of older, chronically ill and disabled people. Isolation has a negative impact on the psychosocial and physical well-being of internally displaced people. In many instances, older, chronically ill and disabled people are left behind by their families, caretakers and communities during a new displacement.¹³

LGBTIQ+ people

Internally displaced people who identify as lesbian, gay, bisexual, transgender/transsexual, intersex, queer/questioning and other gender non-conforming (LGBTIQ+) people are particularly vulnerable and marginalized. Fleeing conflict or disaster, LGBTIQ+ people often face discrimination based on their sexual orientation and/or gender identity and lack human rights protections. Without the protection of their homes, local community, family and friends during displacement, many LGBTIQ+ people are denied opportunities for housing and employment due to their sexuality and gender identity. Many have been subjected to harassment, violence and abuse. LGBTIQ+ people who are internally displaced in countries that criminalize same-sex relations or diverse gender identities are seldom or never acknowledged or addressed by support structures. They are at risk of violence, abuse, and sexual and non-sexual exploitation from different actors, including authorities.¹⁴

Indigenous people

Indigenous people are particularly vulnerable as their connection to the land is more than a matter of livelihood; it is a part of their cultural and spiritual well-being. Their displacement is often due to climate change disasters, conflicts and appropriation/land grabbing of autonomous territories. Displaced indigenous people are exposed to violations of their human rights and are prone to exploitation. Communication and cultural barriers increase the challenges of living in displacement camps and urban settlements and accessing health care, food and WASH services, which in turn would have a detrimental effect on the psychosocial and physical well-being of displaced indigenous people. They are often stigmatized and discriminated against because of their indigenous ethnicity.¹⁵

Impact of the pandemic

The COVID-19 pandemic has affected every section of the population, and it has been particularly harmful to members of social groups in the most vulnerable situations. Internally displaced people have suffered disproportionately from exposure to the virus. Internally displaced people experience injustice and inequality during pandemics or other health emergencies. They have limited or no access to basic services, including humanitarian aid assistance and information about the virus. The displacement camps and urban settlements lack the needed support systems for a secure and healthy life. Social distancing and quarantine protocols are impractical or impossible to implement in overcrowded and unsanitary sites. People living there often encounter systemic and structural obstacles to obtaining proper social services and health care, mainly due to improper communication by local authorities and because internally displaced people often lack recognized identity documentation.¹⁶

13 [Internal Displacement](#) by IDMC Grid 2022.

14 Office of the United Nations High Commissioner for Human Rights, [Forcibly displaced LGBT persons face major challenges in search of safe haven](#).

15 UNDRIP [Indigenous People](#).

16 UNHCR [Global Appeal 2022- Asia and the Pacific](#). D.J.A. Orendain and R. Djalante, [Ignored and invisible: internally displaced persons \(IDPs\) in the face of COVID-19 pandemic](#). Sustain Sci 16, 337–340 (2021).

Piloting reusable sanitary pad production to safeguard menstrual hygiene management and support resilience and economic empowerment for women in Myanmar



In Myanmar, many women face difficulties in accessing menstrual hygiene products and sanitation facilities, both in camps for internally displaced people and in non-camp conflict-affected communities, due to cultural taboos, poverty and the lack of adequate basic services. The social norms that associate dirtiness or impurity with menstrual blood often bring embarrassment and discomfort to women and girls, and it may even silence them on this issue. Because of this, women and girls resort to unhygienic menstrual hygiene management (MHM) practices, which could lead to serious health conditions such as bacterial/fungal reproductive tract infections.

This is further compounded for those in camps for internally displaced people, where movement and livelihood opportunities are restricted. Families may lack sufficient income to purchase menstrual hygiene products, and there is a taboo against talking about menstruation with male family members, thus purchasing menstrual hygiene products is not prioritized. Furthermore, accessing markets from camps for internally displaced people is not always easy. The United Nations Population Fund (UNFPA) provides dignity kits containing MHM supplies to help women and girls maintain proper hygiene after being displaced, and dignity kits are a critical component of the UNFPA humanitarian response. While dignity kits are distributed to newly displaced women and girls, those experiencing prolonged displacement continue to need MHM supplies.

In order to address serious issues related to MHM faced by conflict-affected women and girls, UNFPA Myanmar and its implementing partner, ACTED, launched the Safe Pad Pilot Project in Kayah and Rakhine States. The project promoted income-generating opportunities for women by teaching them to produce antimicrobial, reusable sanitary pads for safe MHM. In 2021, training was provided to 20 women in Kayah and 19 women in Rakhine, and they produced 3,600 safe pads, which were distributed to 900 beneficiaries in the two States. The reusable sanitary pads were distributed during information sessions on MHM.

What is unique about the pilot project is that it not only provided reusable pads for safe MHM, but it also created income-generating opportunities for women. It has dual impacts on empowering women through livelihood support and contributing to the sexual and reproductive health and rights of women and girls of reproductive age.

Furthermore, a survey on MHM knowledge, attitudes and practices, a consumer demand survey and a market assessment were conducted under this project to explore customers' preference for MHM products and the market opportunity for reusable sanitary pads. Together with the results of an online survey, the analysis of supply and demand will inform plans to train more women on the production of reusable sanitary pads in 2023.

While the project is still at the pilot stage, it has the potential to be replicated in humanitarian-development contexts. This could be complemented by longer-term investment in better outcomes for women's sexual and reproductive health and rights, and economic empowerment.

Addressing the needs of internally displaced people with intersecting vulnerabilities in Asia and the Pacific



The scale of internal displacement worldwide has reached unprecedented levels. At the end of 2021 there were 59.1 million internally displaced people worldwide, and 53 per cent of internally displaced people were in the Asia-Pacific region.¹⁷

Before, during and after crises, the International Organization for Migration (IOM) has worked alongside national and local authorities and other international organizations. In 2020, IOM provided protection and assistance to 22 million internally displaced people and 6 million people in affected host communities.

Displacements triggered by disasters affect an average of 20 million people each year globally, and the Asia-Pacific region is more affected than any other region: more than 80 per cent of all new displacements globally between 2008 and 2018 occurred in the Asia-Pacific region alone.¹⁸ IOM has been at the front line of the response in many countries in the region, including Afghanistan, Myanmar, Papua New Guinea, the Philippines and Timor-Leste.

As internal displacement is expected to increase in frequency, intensity and duration, it is becoming all the more important to understand how displaced populations are affected. IOM plays an active role in global initiatives that seek to resolve internal displacement, including the United Nations High-Level Panel on Internal Displacement, an initiative launched by the Secretary-General in February 2020 to drive bold solutions to this global crisis, as well as the GP2.0 Platform, which promotes the Guiding Principles on Internal Displacement.

Internally displaced people often live in overcrowded and unsanitary locations where economic opportunities and services are limited. During the COVID-19 pandemic, these dire conditions were exacerbated due to the health risks and socioeconomic impacts. IOM has been at the forefront of COVID-19 prevention and response initiatives in the region, leading several inter-agency coordination mechanisms and working in collaboration with Governments and other relevant actors as the global health crisis evolved into the most significant mobility crisis ever recorded.

In order to address the impact of COVID-19 and ensure the protection of displaced populations and host communities, IOM conducted several activities on the implementation of risk communication and

17 www.internal-displacement.org/sites/default/files/publications/documents/IDMC_GRID_2022_LR.pdf

18 www.internal-displacement.org/sites/default/files/publications/documents/201905-disaster-displacement-global-review-2008-2018.pdf



Photo 1: Women-led business supported by IOM in Afghanistan (2021)

disaster-risk reduction in East Java, Indonesia, one of the areas hit by both the recent volcanic eruption of Semeru and an earthquake. Focus group discussions were held with internally displaced people and host communities in Pronojiwo, where participants included men, women, youth, older people, members of minority groups and people with disabilities.

It was found that there was a lack of representation of internally displaced people, women in particular, in local committee groups. It was also observed that internally displaced people with disabilities and older people faced additional barriers in accessing public transportation, health centres and water. To address these challenges, IOM engaged with the local task force on disaster risk reduction and advocated for gender equity, and disability and social inclusion measures in the disaster response, including setting up disability-friendly access in shelters for internally displaced people. IOM also provided capacity-building to taskforce members on risk communication and engagement with vulnerable groups to reinforce their response capacity to the pandemic and other disasters.

Evidence suggests that the impact of internal displacement affects different segments of the population unevenly. It tends to not only exacerbate pre-existing inequalities and vulnerabilities, including the gender-specific dimensions of discrimination and poverty, but it also creates new vulnerabilities and protection risks, especially for the most vulnerable groups.



Photo 2: Female IOM Health worker looking after an Afghan Child (2021)

In a crisis, displaced women have to rebuild their lives from a more disadvantaged position compared to men, as they have less access to power, opportunities and resources. Women are also at increased risk of GBV, such as forced/early marriage, IPV and human trafficking, especially during crises. In order to address such risks, IOM has continued promoting women's economic empowerment in countries that experienced a dramatic increase in internally displaced people over the past year due to a sharp escalation in conflict and violence, such as in Afghanistan. In a country where women and girls are deprived of education, economic liberty and freedom of movement since the Taliban came to power in August 2021, IOM has continued to support women-led small- and medium-sized enterprises despite the economic crisis, and it has extended support to Afghans that have recently returned from neighbouring countries. IOM has advocated strongly for women to continue to serve as staff providing essential humanitarian services, including medical services, and has ensured that women and girls continue to be able to access critical health services.

One goal of IOM is to ensure that the views of the most vulnerable groups inform decisions about the assistance that affects their lives, so their needs during displacement can be addressed.

In Vanuatu, IOM has been contributing to improving the capacity of the National Disaster Management Office and humanitarian practitioners in the integration of GBV risk mitigation measures in emergency preparedness and response at both provincial and



Photo 3: OIM holding stakeholder consultations to inform development of Standard Operating Procedures (SOP) on GBV in Evacuation Centres in Vanuatu. 2021, Vanuatu, Bethany Boyer-Rechlin

village levels. This included developing standard operating procedures for GBV in emergencies with referral pathways for GBV survivors in different areas. IOM also reinforced the capacity of national counterparts on how to best address the specific needs of vulnerable groups, including women, people with disabilities and children, in the context of displacement and specifically through risk mitigation measures in evacuation centres.

In Timor-Leste, IOM has been working closely with government counterparts to ensure the protection of vulnerable individuals in the context of displacement during emergencies. Heavy rains across the country in 2021 resulted in flash floods and landslides affecting all 13 municipalities, and several affected households were relocated to evacuation centres. Together with the Government, IOM developed and tested protection-related interventions, including conducting safety audits at evacuation centres, key informant interviews and focus group discussions, in which women and girls were consulted on their needs, concerns and safety perceptions at the evacuation centres. The inclusion of women in the decision-making structure of the evacuation centres was also assessed. The outcome of the safety audit will be used to advocate with government counterparts and other relevant actors on the need to address identified safety and protection concerns and ensure that the voices of women and girls are considered in decision-making within the centres. As displacement data on women, girls and people with disabilities is rarely available, IOM is also helping to build the capacity of national disaster management counterparts on data collection, including sex, age and disability disaggregated data, and ensuring that data collection exercises include proxy questions to better understand protection and GBV risks in the context of displacement.



Photo 4: Safety audit being conducted with evacuation centre with female occupants at Don Bosco Evacuation Centre, Dili, 2022

As part of the recently established regional Evacuation Centre Management and Displacement Cluster led by IOM as part of the Pacific Humanitarian Team, IOM has developed the first guidelines for addressing GBV and other protection risks in evacuation centres, to ensure the protection of women, people with disabilities, children, LGBTQI+ people and other vulnerable groups during displacement. The cluster is considering how to operationalize the guidelines and adapt them to the different contexts in the Pacific in discussion with the Pacific Humanitarian Protection Cluster and the Pacific GBV Sub-Cluster.

Given the increasing scale and frequency of disaster displacement in Asia-Pacific, IOM will continue working closely with Governments and other key stakeholders to build on the region's extensive experience in managing disaster risk to put displacement at the centre of risk reduction and recovery initiatives.

The differentiated social and economic impacts of disaster displacement in Asia and the Pacific



Annual economic losses caused by disasters in the Asia-Pacific region are estimated at \$780 billion as of 2021, which is the equivalent of 2.5 per cent of the regional gross domestic product (GDP).¹⁹ However, the cost of damage to housing and infrastructure is only a part of the equation. Each time a person is displaced, costs arise. Displaced people often lose their land and property, and their ability to earn a living and contribute to the economy may be compromised. Displacement also creates needs that have to be paid for by internally displaced people themselves, host communities, governments or aid providers.

IDMC estimated that the cost of providing internally displaced people with support for housing, health care, education and security—and accounting for their loss of income for 1 year of displacement—totalled \$21 billion worldwide in 2021.²⁰ These estimates are highly conservative. They do not account for the longer-term economic consequences of displacement on the future income or health of internally displaced people, nor do they include financial impacts on host communities. Despite only uncovering a fraction of the hidden costs and losses associated with disaster displacement, these figures reveal the substantial burden it can place on already fragile economies and an overstretched humanitarian system.

Beyond the economic impact of disaster displacement, there are unquantifiable social costs. Men and women, boys and girls, and people of various abilities and identities experience displacement differently, and understanding these specificities is essential to designing inclusive and effective support.

Displaced women and girls are often at higher risk of neglect, abuse and violence than their non-displaced counterparts or displaced men and boys.²¹ Women and girls living in poor housing conditions that offer no barriers against assaults, who have been separated from social networks and known environments, and who have become destitute are more vulnerable to sexual violence and GBV, as reported, for instance, in the context of cyclone Winston in Fiji.²² Internally displaced women are also at higher risk of IPV, as was documented after cyclones

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- 19 UNESCAP, [Asia-Pacific Disaster Report 2019](#) (2019); UNESCAP, [Resilience in a riskier world: Managing systemic risks from biological and other natural hazards](#) [Asia-Pacific Disaster Report 2021](#). UNESCAP considers two climate change scenarios using representative concentration pathways (RCPs). The first is a moderate scenario (RCP 4.5) and the second is the worst-case scenario (RCP 8.5). The annual losses from both hydrometeorological and geophysical natural hazards are estimated at \$780 billion as at 2021. Under RCP 4.5, these losses will increase to \$1.1 trillion, and under RCP 8.5, to \$1.4 trillion.
- 20 IDMC GRID. 2022. [Global Report on Internal Displacement 2022](#).
- 21 IDMC, [Women and girls in internal displacement](#) (2020).
- 22 Government of Fiji, [Post-Disaster Needs Assessment—Tropical Cyclone Winston](#) (2016).

and tsunamis in Bangladesh and Sri Lanka.²³ At the same time, displacement tends to exacerbate pre-existing vulnerabilities and reinforce social inequalities, and therefore it increases gender disparities.

Internally displaced LGBTQ+ people face multiple risks of violence and exclusion.²⁴ In Pakistan, following the 2011 floods, hijaras—who are generally assigned male at birth but could also include intersex people—were excluded from aid for appearing not to match the sex listed on their identity documents.²⁵ Similar experiences have been noted among the Aravanis of India, who consider themselves neither men nor women.²⁶

Given the frequency and severity of disasters in the Asia-Pacific region, and the significant social and economic impacts of disaster displacement, relying on emergency humanitarian responses will become increasingly unsustainable. Taking pre-emptive action by building community resilience and investing in climate mitigation strategies, disaster risk reduction and early warning systems could prove to be far less costly in the long term. Globally, disaster risk reduction interventions have an estimated return of four to seven times, which reinforces the economic value of acting early.²⁷ Anticipatory action can also reduce the social and economic impact of disaster displacement, as was evidenced in the Central Emergency Response Fund pilot in Bangladesh. In preparation for the impending floods along the Jamuna River, pre-emptive cash transfers enabled households to prepare by purchasing additional food and evacuating vulnerable family members, livestock and possessions, thereby limiting the loss of lives and assets, increasing resilience to the shock and enabling faster recovery.²⁸

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- 23 S. Fisher, [Violence Against Women and Natural Disasters: Findings From Post-Tsunami Sri Lanka](#). *Violence Against Women*. 16(8) 2010, pp. 902–918; N. Rezwana and R. Pain, [Gender-based violence before, during, and after cyclones: Slow violence and layered disasters](#). *Disasters*. 45(4) 2021, pp. 741–761.
 - 24 IRC and USAID, [Cycles of Displacement Understanding Exclusion, Discrimination and Violence Against LGBTQI People in Humanitarian Contexts](#) (2021); Gender in humanitarian action Asia and the Pacific Working Group, [Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6](#) (2017).
 - 25 The New Humanitarian, [Lost in the chaos – LGBTI people in emergencies](#). 14 August 2014.
 - 26 D. Dominey-Howes et al., [Queering disasters: on the need to account for LGBTI experiences in natural disaster contexts](#). *Gender, Place & Culture: A Journal of Feminist Geography*. 21(7) 2013, pp. 905–918; HPN, [Aravanis: voiceless victims of the tsunami](#). December 2008.
 - 27 UNESCAP, [Disaster Resilience for Sustainable Development: Asia-Pacific Disaster Report 2017](#).
 - 28 IDMC, [“Central Emergency Response Fund’s Anticipatory Action Pilot”](#), Good Practices Repository.

Empowering migrant women to protect themselves against gender-based violence



Since 2020, due to the political crisis in Myanmar and the COVID-19 pandemic, the majority of women in the country have lost their jobs and are struggling to make a living. Crisis situations often impact women and girls disproportionately, as existing gender inequalities are compounded. Stay-at-home orders alongside women's economic inequality have led to intensified GBV against women and girls. GBV has significant and long-lasting impacts on physical and mental health, which can include sexually transmitted infections and depression.

For seven years, Ma Phyu Sin* has been an active member and leader of a civil society organization that aims to equip vulnerable migrant women in Myanmar with the skills and knowledge needed to protect themselves from GBV in the workplace.



She has led peer networks of migrant garment workers to advance families, communities and themselves. In order to provide a safety net for them, she leads GBV awareness meetings through the Viber chat platform and Facebook page, as well as COVID-19 protection training and regular psychosocial support sessions.

Additionally, with the support of the World Health Organization in 2021, Ma Phyu Sin took part in organizing the distribution of rice, oil, basic health-care products and COVID-19 protective items, such as surgical masks, to more than 300 migrant women in peri-urban areas of Yangon. During the 16 Days of Activism against Gender-Based Violence (held annually from 25 November to 10 December), Ma Phyu Sin led an online event to raise awareness among peer educators about GBV and sexual harassment. That work was acknowledged by those who received assistance for shelter and food during the crisis in one of the townships.



Ma Phyu Sin inspired migrant women to see their self-worth and protect themselves. Her initiatives in life-skills training and encouraging women to speak led to better community awareness and women's empowerment.



“The health of women and girls has always been a particular concern because often they are disadvantaged by discrimination and traditional social norms. Women should always support each other and empower one another. It is not just about finding a job but finding ourselves along the journey to protect oneself, and I want to be a part of it.”

- Ma Phyu Sin*

With the support of the World Health Organization, the project has been implemented with PATH International in peri-urban areas of Yangon to fulfil the growing needs of migrant women to access information and services to address GBV and sexual reproductive health in light of the political situation and COVID-19 threat in Myanmar.

Inclusion of women the mid-year Whole of Afghanistan Assessment 2022



Over the past year of crisis and turbulence, conditions in Afghanistan continued to deteriorate. Amid the backdrop of an already dire situation following 40 years of war, economic decline, price increases and rising poverty, the people of Afghanistan are facing drought alongside the political upheaval that was unleashed in August 2021. In 2022, approximately 24.4 million people – 55 per cent of the population – are in need of humanitarian assistance, a staggering 30 per cent increase from 2021.²⁹ One in three Afghans are experiencing crisis or emergency levels of food insecurity; meanwhile, protection and safety risks include heightened vulnerability, in particular for women, children and people with disabilities.

The dire humanitarian situation in Afghanistan has increased the need for timely and accurate data to inform the humanitarian response and the provision of aid to the most affected and vulnerable population groups in the country. A review of the existing data sources revealed information gaps around the specific needs of women and women-headed households in Afghanistan, including the finding that previous measures to capture data on female perspectives were non-representative and insufficient. REACH has contributed to meeting this need through the Whole of Afghanistan Assessment, a nationwide multisectoral needs assessment aimed at informing the overall humanitarian response, and Humanitarian Situation Monitoring. The Whole of Afghanistan Assessment (2021) indicated that women are frequently required to have a male companion (*mahram*) when accessing basic services, such as health care and markets, while the January 2022 Humanitarian Situation Monitoring showed that political barriers restricting girls' education and the lack of sufficient female staff in health-care facilities were eroding access to services for women and girls.

In the fifth round of the Whole of Afghanistan Assessment ([mid-year WoAA 2022](#)), in order to enhance the inclusion of women and thereby improve response targeting, REACH surveyed a representative sample for women-headed households in addition to the usual sample of men-headed households that cuts across diverse displaced population groups (i.e. internally displaced people, cross-border returnees, host communities and refugees). To ensure the sample was representative and to estimate a reliable proportion for each population group, REACH reviewed a set of nationwide, representative assessments conducted in Afghanistan.

A representative sample of women-headed households was drawn to allow a 90 per cent confidence level and a 10 per cent margin of error at the province level, and a 95 per cent confidence level and a 5 per cent margin of error at the national level for displaced population groups. This approach helped to compare findings by the gender of the head of household (i.e. comparing needs and priorities of men and women heads of households).

29 OCHA, humanitarian needs and planned response 2022, available [here](#).



In addition to surveying women heads of households, REACH implemented a dual interview approach, interviewing the head of household and a consenting adult woman household member and using nearly the same versions of the household survey tool in parallel. As the majority of heads of households in Afghanistan are men, this component enabled REACH to compare and contrast the perspectives of men heads of households with those of women household members, to reveal areas of agreement and areas where household needs are reported differently by household members.

In addition, the assessment tool included a number of additional questions about the personal situation of members of women-headed households. The questions gathered information about the safety and security of women and girls, which could be considered too sensitive or inappropriate to ask in households headed by men.

The inclusion of women in the mid-year WoAA 2022 was improved during the data collection phase, as all interviews (including dual interviews in households) were gender-matched, meaning that men interviewed men and women interviewed women. Enumerator pairs (e.g. husband and wife, brother and sister, or simply belonging to the same family) were employed to conduct the interviews. For dual interviews, the man/woman enumerator pair interviewed one man and one woman from each household across all the population groups (a total of 3,350 interviews with women members of households headed by men across the country). Similarly for women heads of households, enumerators worked in pairs (as women are required to have a male companion to access services or travel to remote areas), and men enumerators interviewed men heads of households and women enumerators interviewed women heads of households. REACH identified it as a best practice. In countries and cultures like Afghanistan, sending enumerators in pairs to the field significantly minimizes risks for women enumerators, and increases the willingness of both women and men to be interviewed while managing to improve data collection on women's perspectives.

Furthermore, during the analysis phase, meaningful gender disaggregation was applied to provide a comprehensive overview of the specific needs of women (i.e. disaggregation of data from households headed by women compared to men). Separately, for the comparison of dual interview households, only the household heads that participated in the dual methodology were included in the comparative analysis with women household members. This analysis was separate from the general household head analysis.

Understanding that the representation of women in assessments, in general, has room for improvement, the methodology developed by REACH is considered a best practice; adopting the methodology ensures the specific needs and concerns of women are captured accurately, and the implementation of the methodology informs effective responses to the needs and concerns of women and women-headed households in Afghanistan and similar contexts.



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