



Initial Rapid Gender Assessment Report

Papua New Guinea 2015 El Niño



Select Communities of
Eastern Highlands, Morobe and Chimbu
October 2015

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Introduction and Executive Summary

A Rapid Gender Analysis (RGA) is designed to provide information about the different needs, capacities and coping strategies of women, men, girls and boys in a crisis. The objective of this RGA is to provide an overview of the gender relations between men, women, boys and girls in those Papua New Guinea's highland provinces affected by drought and frost as a result of the 2015 El Niño event.

This initial gender analysis and subsequent recommendations will serve to inform CARE International in PNG's (CARE PNG) programming response to the 2015 El Niño event in ways which respect the different needs of women, men, girls and boys in El Niño affected communities in Papua New Guinea.

The Impact of Drought on Gender Roles

CARE PNG conducted the Rapid Gender Assessment relatively early in the drought – which is a slow onset disaster and therefore does not result in the immediate displacement of people and the resulting changes to daily activities and social interactions. As a result, the majority of social and gender norms in areas where CARE PNG has programming had only shown small changes at the time of this assessment. However, the daily routines of women and men have changed considerably, which has impacted gender roles. As the drought strengthens and food and water become increasingly scarce, the changes noted during this initial assessment will become more pronounced and entrenched. Some examples of changes that were noted in gender norms, even early on in the drought include:

- **Water access:** Women are walking longer distances and the number of trips to fetch water has also increased. Children, both girls and boys, are helping in fetching water. In some cases men are also engaged in water collection due to the distance and also possible security concerns.
- **Food collection and production:** Women are spending little to no time in food gardens because of the drought and are feeling increased stress and tension as a result of their inability to provide sufficient food for their families. Men are increasingly searching for bush foods.
- **Food Consumption:** Households are eating less food (meals per day) and the impacts on vulnerable members of the community, such as pregnant and lactating women, older people, unaccompanied minors, and the disabled are already being felt.
- **Education:** There is a high incidence of children and teachers not attending schools as a direct result of the drought.
- **Protection:** Women and children face increased protection risks –especially during trips to collect water and when men are away on food gathering trips to the bush and or looking to travel to find work away from their families.

An Introduction to Gender Roles in the PNG Highlands

Women and girls in Papua New Guinea face formidable barriers to overcoming poverty and social injustice. They are severely disadvantaged in all areas of human development and are largely absent from political participation, market engagement, collective action and educational achievement. And while women and men have equal rights under the Constitution and PNG is signatory to the **Convention on the Elimination of All forms of Discrimination against Women (CEDAW)**, and is implementing a **National Policy on Women and Gender Equality 2011-2015**, gender inequality remains a severe impediment to development. PNG has a 2014 **Gender Development Index** of 157 (out of 187).¹

CARE PNG has been engaged in women's empowerment initiatives in the highlands for more than 9 years and has accumulated extensive primary and secondary data on the status of women in the areas we work.

Education, health & nutrition: Compared to the national literacy rate of 64.8%, women in the rural highlands are severely disadvantaged, with only about 32% literacy, and most highland women in the areas where CARE works have completed barely one year of school (CARE 2013, PNG DHS 2006). And, according to the PNG Gender Assessment Report 2011-2012, "virtually every indicator shows better outcomes for women who have completed Grade 7 or higher, compared to women who have had no education. For example, educated women are more likely to have antenatal care during pregnancy and to deliver with health personnel supervision rather than at home." This is borne out in PNG's maternal mortality ratio (MMR), which is 733 per 100,000 live births - second only to Afghanistan in the Asia-Pacific Region.

Men are the predominant decision-makers about the use of household resources, even if women manage the household money, gardens, or livestock. Community members in the highlands say that men eat first and the most, usually followed by the children, with no changes in the pattern during pregnancy or lactation. The heavy work responsibilities of women do not change during pregnancy either, and women are especially vulnerable to nutritional deficiencies at this time.

The power differential between men and women affects their relative nutritional status. When food is scarce women are less likely to have access to highly valued food high in protein and rich in fat. Among adults, women suffer more than men from anaemia (36 % vs. 26 %) and chronic energy deficiency (5.3 % vs. 2.9 %) (PNG CGA 2012).

Workloads and household decision making: Many rural women in PNG work long hours for the well-being of their households and engage in a variety of livelihood strategies to support their families, their communities and themselves. They play a key role in agriculture and food security but much of their work is undervalued because it is generally unpaid and often confined to the domestic or household realm.² By contrast, men are more likely to control cash crops like coffee, or fish and household negotiations around the use of household and land resources are often dominated by male decision-making. As well, women are largely responsible for caring for children, the elderly and the ill; collecting water and fuel for cooking; maintaining households; and preparing food. These responsibilities lay a heavy time

¹ The 2014 Human Development Report - Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience, 2014, PNG

² In PNG, this includes food gardens which are largely the responsibility of women.

burden on rural women because of inadequate or inaccessible social and health infrastructure, facilities and support. Due partly to heavy workloads, many women lack the time to be involved in additional activities such as membership of in co-ops or social groups.

There is wide acknowledgement that men often waste the money on items such as alcohol and gambling. This often results in disputes over allocation of income, which is a major source of household conflict in PNG. Some women are attempting to exert more control over the family income by taking on the role of selling cash crops directly; however, this too can create conflict within families. As much evidence indicates that women tend to spend money largely on family needs, their increased influence in household decision-making on income expenditure will result in more income from cocoa being spent on family needs.

Wage Inequality: Across PNG there are limited employment opportunities for both women and men in the formal sector. Just over 5% of PNG's working-age population is employed in the formal sector as employment opportunities are generally limited outside the agriculture sector³. The 2011 PNG Country Gender Assessment reports "Men are almost twice as likely as women, however, to hold a —wage job in the formal sector (40% of men vs 24% nationally). Women in formal sector jobs in PNG report average net monthly pay that is less than half that reported by men (682.17 kina vs. 1404.12 kina), based on answers from 2,381 respondents nationwide⁴." As well, despite high participation in the subsistence agriculture sector, women have much lower access to wage employment, or financial independence.

Gender-Based Violence: The status of women in PNG is perhaps most graphically illustrated by the extreme personal insecurity faced by women and girls due to gender-based violence.⁵ Extensive research by the PNG Law Reform Commission⁶ found that nationally 67% of wives are beaten by their husbands. Other studies report that up to 100% of women are survivors of violence at the hands of an intimate partner (Ganster-Breidler 2010) and up to 88% of women in the rural highlands have experienced sexual violence – with 55% of PNG women having required hospitalization for injuries related to family and sexual violence (Ganster-Breidler 2010). Sex refusal was the top reason given for domestic violence in CARE baseline studies, stemming from men's sense of entitlement to sex and a conception of male sexuality as an uncontrollable force. The burden of enforcing taboo periods for sex lies with the wives, who 'must make their husbands understand.' Other triggers of domestic violence mentioned were food preparation, money, and limiting the woman's movements. Men said that, in the end, they do not need a justification for beating their wives, and that pregnant women are not excused from this form of 'family discipline.' This was verified by a CARE survey which found that 18% of women had recently suffered injuries from a beating that were severe enough to hinder her daily activities and only 11% of pregnant women reported receiving fewer beatings during their current pregnancy (CARE 2011 & 2012).

³ Asian Development Bank Papua New Guinea: Critical development constraints. Mandaluyong City, Philippines: Asian Development Bank 2012.

⁴ 2011 PNG Country Gender Assessment report, UNDP.

⁵ CEDAW 2009

⁶ GoPNG, Final report on Domestic Violence, Report # 14, Law Reform Commission of Papua New Guinea, 1992

Customary social structures (or “Kastom” in Tok Pisin) are an important part of PNG society with reciprocal relationship and obligations to the “wantok system which acts as a safety net for family and clan members. However, with modern development, the system has tended to become a system of dependency rather than reciprocity.⁷ The custom of polygamy is especially common in the highlands of PNG: 32% of women are in a polygamous union and are twice as likely to have multiple co-wives (18% of women) than in other areas of the country. Brideprice is a strong incentive for a father to arrange a daughter’s marriage at a young age. Second, third, and fourth wives tend to marry at the same age as other women, leading to a large age difference between them and their husbands and co-wives. Their comparative youth and status as newcomer often mean voicelessness in the family (CARE 2011 & 2012).

Politics and the law: As a result of local cultural norms women rarely own property or land and are poorly represented in leadership and governance structures. Currently there are only 3 women elected parliamentarians out of 111 seats⁸. And while many forms of discrimination are increasingly addressed by national policies and legislation (e.g. laws prohibiting violence against women), in practice, new or revised policies and laws are difficult to enforce, particularly in rural areas. As well, policies rarely explicitly identify particular roles or programs for women. For example, the *National Health Plan 2011-2020*, makes no mention of increasing the number of *female* health staff with obstetric skills, a strategy that would both increase facility deliveries and empower women. The limitations women, and particularly rural women, face in turn impose significant social, economic, and environmental costs on society as a whole—and rural development in particular.

⁷ CARE, *Papua New Guinea Gender Profile*, 2014

⁸ GoPNG/UNDP 2011-2012

Rapid Gender Assessment Methodology

The RGA began in September 2015 in parallel with a more general assessment of the impact of drought and frost in the PNG highlands. As part of the RGA, CARE assessment teams conducted a series of interviews with women and men in three (3) affected districts in the highlands: Obura Wonenara in the Eastern Highlands, Gumine in Chimbu and Menyama in Morobe.

The approach utilized was based on the CARE Emergency Pocketbook's Rapid Gender Analysis tool adapted from the IASC Gender Handbook in Humanitarian Action. A number of sources of information and data collection methods were used including: 196 Questionnaires (NDC Drought General Assessment form); 116 Key Informant Interviews with individual community members, including quantitative data, disaggregated by sex and age; Individual Impact stories; a series of small group discussions – both single-sex and mixed groups discussions – and the collection of objective data on the state of water supplies, gardens etc through transect walks.

Secondary data used includes 2013 CARE PNG Situational Analysis and CARE baseline studies. Statistics used in this document are taken from CARE data, unless stated otherwise.

Limitations

PNG is ethnically very diverse, with over 850 ethno-linguistic groups organised in small, social groups, still largely separated by difficult terrain, due to lack of extensive road infrastructure (Cousins, 2013). What holds true for the villages assessed in three districts does not necessarily hold true for all communities in PNG affected by drought and/or frost. Despite this limitation, this RGA does provide an initial snapshot of the differing needs and capabilities of women, men, girls and boys in three affected districts in the highlands. CARE will build on this foundation and continue to further its knowledge of gender dynamics in the communities we serve, in order to better assist and support affected populations.

As well, while some information has been collected to better understand the diversity of the population (through the NDC form) such as under 5 age group, disabilities, older people, people with health problems, pregnant and lactating women etc; it currently doesn't allow for an understanding of the location specific analysis of these individuals and families. It is therefore suggested that during the initial response more age and sex disaggregated data is collected to ascertain location specific data to target these families affectively.

Demographic Overview

PNG's population is estimated at 7.5 million made up of 52 % males and 48% females and women's life expectancy, unlike other countries globally, is shorter than men⁹. PNG is demographically a young country; 76% of the population are under 35 years old and 40% are under the age of 15¹⁰.

The population in the regions where CARE undertook the Assessment (8 sites in 3 provinces) are comprised of approximately 50% males and 50% females which is a slight variation of the National average. Children and adolescents make up approximately 39% of the population. The elderly¹¹ comprise only 5% of the entire population, with slightly more men over 65

⁹ PNG Statistics Department, Preliminary Census Data, 2011, PNG

¹⁰ UNDP 2011-12

¹¹ Older people: UN expresses this as persons aged 60+ years, WHO usually 65+, PNG expresses this as 55+. There is no agreed standard

years old than women in the same age range. Family size varied greatly, but the average was between 5 and 6 per family which is in-line with the national average (4-6 per family¹²).

	Female	%	Male	%	Total	%
Ages under 5	12,929	23%	9,887	17%	22,816	20%
Ages 5-17	8,219	15%	12,997	23%	21,216	19%
Ages 18-65	32,956	58%	31,659	55%	64,615	57%
Age Over 65	2,453	4%	2,870	5%	5,323	5%
Total	56,557	100%	57,413	100%	113,970	100%

Results and Analysis

Gender Roles

CARE PNG conducted the Rapid Gender Assessment relatively early in the drought – which is a slow onset disaster and therefore does not result in the immediate displacement of people. As a result, the majority of social and gender norms had only shown small changes. However, the daily routines of women and men have changes considerably, which has impacted the gender roles. As the drought persists and food and water become increasingly scarce, the changes noted early on will become more pronounced and entrenched. Some examples of changes that were noted in gender norms, even early on in the drought include:

- Women are walking longer distances to fetch water and the number of trips they conduct daily has increased. Children, both girls and boys, are helping in fetching water. In some cases men are also engaged in collecting water due to the distance and also possible security concerns;
- Women are spending less to no time in gardens;
- Households are eating less food (meals per day) which will have a more significant impact on vulnerable members of the community like pregnant and lactating women, older people, unaccompanied minors, and the disabled;
- Feelings of anxiety and stress regarding the lack of availability of food and subsequently their inability to provide sufficient food to the family which can lead to increased violence in the home as well as within and between communities;
- Increased protection risks –especially for women and children during trips to collect water and when men are away on food gathering trips to the bush and or looking to travel to find work away from their families. There is a high incidence of children and teachers not attending schools as children are reported helping in fetching water.

¹² PNG Statistics Department, Preliminary Census Data, 2011, PNG

WASH

The 2015 El Niño event has led to significantly reduced rainfall in the highlands, with many communities having had little or no rain since May 2015. With many water sources, streams, rivers and springs experiencing low water levels or having dried up, members of the communities are travelling greater distances to collect water for all of these needs, including drinking, cleaning and bathing.

More than 69% of respondents reported an increase in the distance they must walk to collect water since the onset of the drought with the average time of respondents to collect water pre-drought was 37 minutes¹³ and while the average time post-drought to collect water was estimated at 72 minutes. This represents an increase of 95%. In the majority of households, water is collected twice a day. These increased distances are therefore placing significant additional burdens and increasing the workload of those who collect water, primarily women and children.

Some men, who had not participated in water collection prior to the drought, reported that they are now doing so (increase of 18%). This change was noted mostly in cases where households had to walk significantly longer distances than in the past, prompting the men to collect water alongside other family members for security reasons. In doing so, this represents a change of role for men since the onset of the drought, as water collection is traditionally seen as the responsibility of women and children.

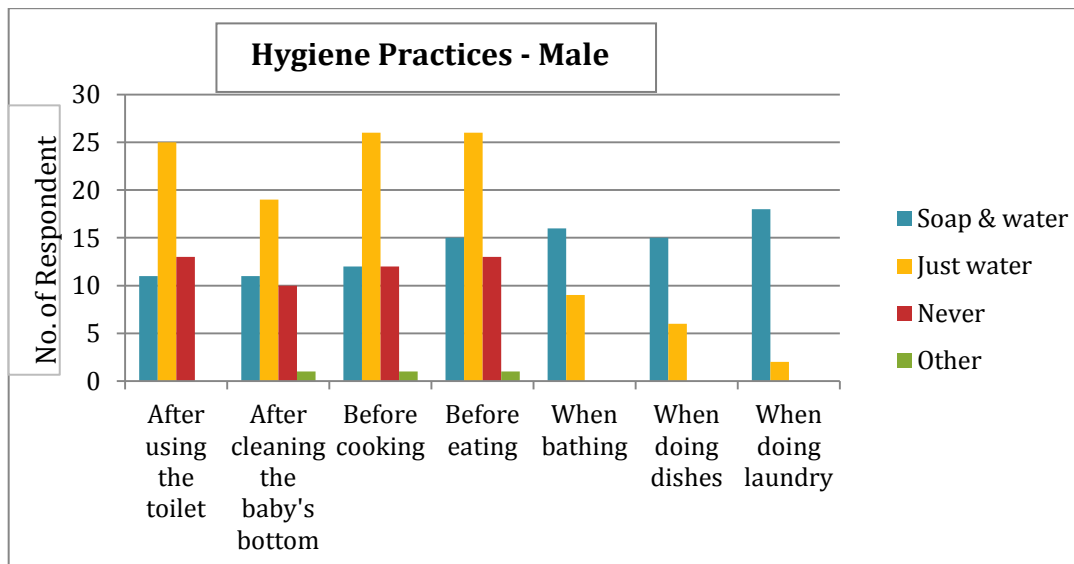
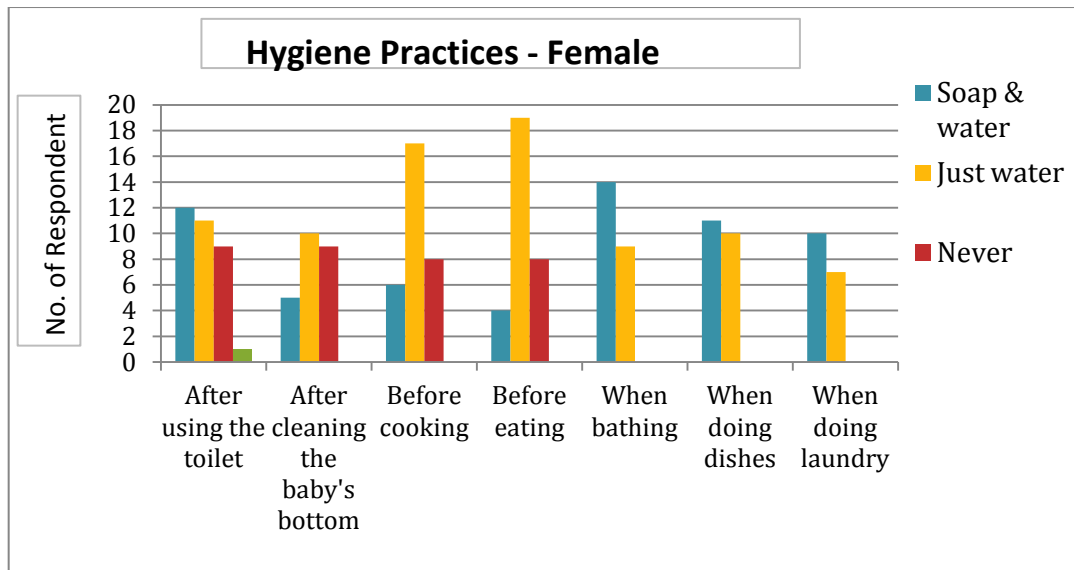
The majority of households assessed (73%) reported having a storage capacity of less than 20 liters of water in their houses, while the remaining could store between 20 and 100 liters. This water was mostly used for cooking and drinking and not for bathing or washing of hands. No significant differences in access to drinking water were noted between males and females.

Hygiene: Access to sufficient water and hygiene practices are linked. Through our informal discussions with women, women acknowledged that they used to wash their hands frequently before the drought. They also acknowledged that they now bathe less frequently – some saying they only bathe once a month, while menstruating. In addition, some parents mentioned that they were asking their children to bathe less in the river as they feared the river water was contaminated.

One disabled young woman, in an interview, explained how she worries as she sees how her grandparents struggle to find food and the distances they have to cover to fetch and carry the 20 liter container of water for cooking, drinking and for her to bath. Before the drought rain water was collected in containers next to the house and her mother or grandmother used to bathe her at every day. She now receives baths only once a week.

Please see below a table indicating the current hygiene practices in communities assessed, disaggregated by sex.

¹³ The average used is the mean average (minutes walked by all respondents divided by the number of respondents). The most number of respondents walk approximately 30 minutes, but some now have to walk as many 3 hours.



In the charts above, you will note that “other” was cited by some community members, who reported using leaves, sand or ashes to clean their hands.

Food Security



Food production: Both men and women reported food shortages as their priority concern. More than 70% of men and women described the situation as “difficult with food short and some famine foods being eaten”. In terms of food production (agriculture), women are traditionally responsible for “village gardens” while both women and men work in the bush or forest gardens (gardens planted further from the village). Currently, women report spending less time in gardens than during normal times. This is attributed to the

fact that the gardens are yielding very little and that the soil, being dry and cracked, is not conducive to re-planting.

Both men and women reported feeling increased anxiety since the onset of the drought/frost conditions and its impact on garden yields. For example, men are spending more time and traveling further to forage for forest foods which is an additional burden and requires more energy. For women, who are primarily responsible for food collection and preparation, they are experiencing this stress in a very immediate way, worried every time they return from the garden empty-handed or every time they are faced with preparing a meal for an entire family with insufficient quantities. “I feel the pressure to satisfy my family’s hunger”, is how one mother described her anxiety. And given one of the most oft cited reasons for household disputes is food, there is a distinct risk women will suffer abuse for not being able to provide sufficient garden food for the family.

Food Consumption: Households have already begun to use a series of coping mechanisms to address increasing food insecurity, with 79% of people interviewed reporting they were eating fewer meals and 71% reporting they were eating small amounts (reduced portions).

Households assessed reported that current food insecurity is affecting the entire household, including babies, children and pregnant/lactating women. However, some parents did say that they are sacrificing more of their own food intake to prioritize food for young children.

In terms of particularly vulnerable groups, widows and women heads-of-households, spoke of the pressure of having to handle the current food security problems on their own. The elderly were also cited as particularly vulnerable as they typically receive food from their children; however, with many households having little to eat themselves, the amounts provided to the elderly are decreasing in tandem.

Interviewees reported that their purchasing power had been reduced as a result of the drought. Typically, gardens yields are used for household consumption and the surpluses are sold (usually by women). Given the reduction in garden yields, the food is being reserved for consumption only which further diminishes women’s, already minimal, access to income.

With less food being sold, men are resorting to killing livestock and selling other items to generate income. Some were also exploring the possibilities of finding employment in other provinces. Some men had also begun traveling to other provinces where items/food are more plentiful in order to purchase these items and re-sell them in their own villages. A migration of men away from the community for extended periods leaves women and children with additional burdens related to food collection – as men traditionally take on the majority of this responsibility.

Health

The health of the population relies very much on food, water and sanitation practices. Many affected provinces have a number of institutional challenges that precede the El Niño onset, such as lack of funding and lack of basic facilities.¹⁴ While these challenges affect both sexes and people of all ages, particularly vulnerable groups include pregnant and lactating women, as well as children. Initial data reveals that nearly 25% of the population assessed is in the reproductive age group¹⁵.

¹⁴ NDC SitRep 7

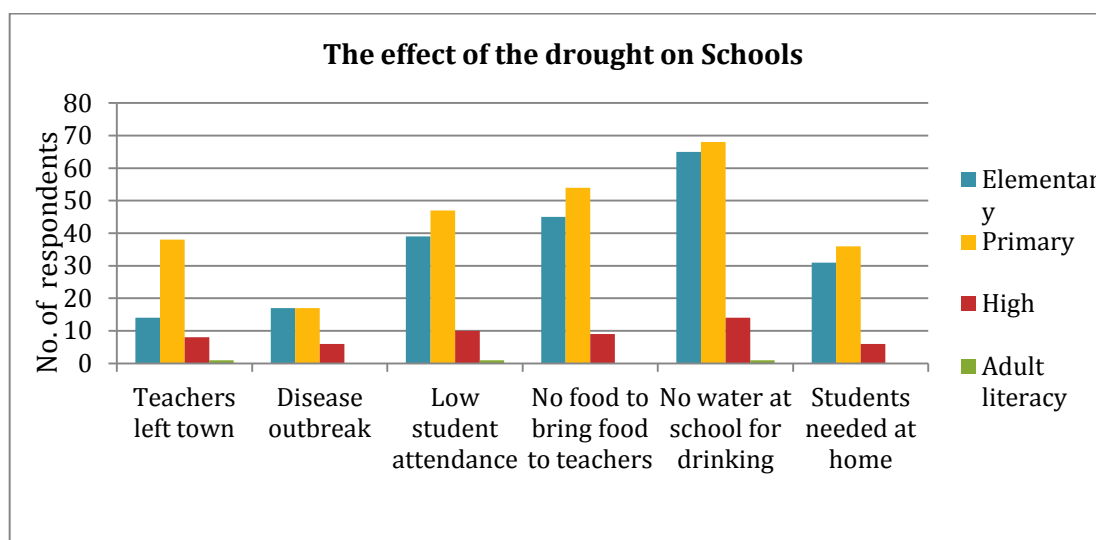
¹⁵ Women of reproductive age group can be assumed to be 20-30% of the total population, unless the population structure is skewed due to migration/displacement; ACAPS technical brief, Demographic Profile, Using Secondary Data, August 2014. For the purposes of this Assessment CARE has used the midpoint of 25 % for its data calculations.

During CARE's recent assessment pregnant women¹⁶ expressed concern that they were not eating sufficient quantities or varieties of food (leafy greens, vegetables) to maintain their health and the health of their babies. Some lactating women said that were not able to produce enough milk, or any milk in some cases, to feed their babies. Other women spoke of feeling weak or dizzy, as a result of the heat and reduced food intake. Insufficient calorie intake, during pregnancy and while breastfeeding will have long-term health implications for both mothers and their children.

In focus group discussions, women indicated that the drought had not affected birthing practices, women preferred to give birth at home, with female village midwives in attendance, as was the case before the drought. However, for those women, who do choose to travel to a health centre to deliver, the lack of water places her and the new born at significant risk of infection.

Education

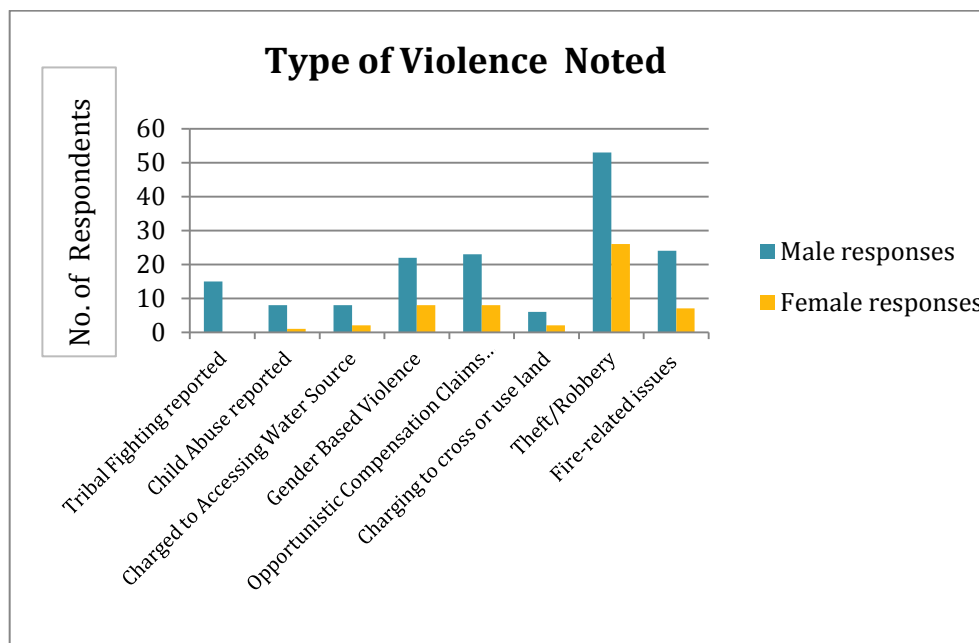
The drought has had a direct impact on children and youth education. In all ten regions visited by CARE staff, no school was functioning at full capacity, with schools having closed completely or only partially open (ending their classes midday). The reasons provided included the lack of food and water at school and teachers not being able to carry out their duties, as they too were coping with the effects of the drought. There was also a high level of absentism, with parents holding back both girls and boys if they had no food to send with them to school. With increased workloads at home and the oppressive heat, children have also reduced other interactions, such as sports and socializing.



¹⁶ The initial assessment estimates 1131 pregnant and lactating women, further data will need to be collected to identify pregnant and lactating women, location-wise.

Protection

Both men and women reported increased concerns regarding security. The attached table provides an overview of concerns shared by respondents disaggregated by sex; an increase in theft is cited by both sexes as the most prevalent concern.



Other concerns reported including increasing tension and disputes over opportunistic compensation, as well as water and land (particularly land close to rivers) as the water and food scarcity continues. These types of tension can lead to greater strains on social cohesion both between communities and within communities.

As well, with the migration of men to towns in search of paid employment, comes a risk for those left behind – of attack and exploitation. One father of eight CARE interviewed explained that he has been thinking about moving to other areas to find employment but is hesitant because the family's safety is not guaranteed as there has been a tribal fight recently and the situation is still tense.

An increase of gender-based violence was also mentioned by respondents. In a country where family and sexual violence is widespread¹⁷, this is of great concern and consistent with international research which shows that affected populations during conflict, natural disasters and displacement experience increased incidence of gender based violence – particularly from intimate partners¹⁸. Some respondents spoke of an increase in tension in households, given the hardship posed by the drought and related water and food insecurity.

There are also some reports that negative coping mechanisms are being undertaken by those in more desperate situations, including the trading of sex for payment this included both young women and female headed households. Others expressed concern that young women were encouraged to become a second wife, where the family might have resisted such an arrangement in previous years. This is of concern, as marriage is not a protective institute with women struggling to access sexual and reproductive health

¹⁷ MSF Report: "Hidden and Neglected"

¹⁸ IASC, "Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery", 2015.

information and services¹⁹ and second wives having low status within the household. These decisions, taken in time of crisis, can also have a lasting impact on, women's status and psycho-social well-being for their entire lives.

Finally, community leaders also felt more vulnerable since the onset of the drought, as the list of needs in their communities kept growing and the persons expecting assistance increased in tandem.

Initial Gender Assessment Recommendations

From the different sources of information on gender relations in the districts assessed, the following initial recommendations are suggested to support gender sensitive programming and gender mainstreaming, and to start developing gender specific projects. Given this gender analysis is only a starting point, these recommendations may adapt and evolve as more information becomes available.

General: Further age and sex, disaggregated data is needed for understanding of the location specific analysis of affected population these individuals and families. It is therefore suggested that during the initial response more age and sex disaggregated data is collected to ascertain location specific data to be able to target these families affectively.

Food Security: Food security is the key issue that emerged from the Rapid Gender Assessment.

- An intervention for pregnant and lactating women to ensure a high intake of calories. This may include a supplementary feeding program such as vitamins and supplements or the distribution of high protein tinned fish or biscuits.
- Register households receiving food aid (food entitlement cards could be issued) as this will ensure that vulnerable population such as the elderly, female headed household, and people with disabilities are ensured equal access to food distribution.
- Ensure that women and men are involved in planning and implementation of the distribution and management of food distribution, this can be done by organizing Food Distribution Committees. Ensuring that women are involved in these groups will also be crucial as a leverage point for women's voice, equal participation and leadership.
- Meetings should be held with men and women separately at times to ensure that women's voices are not silenced, and to understand the power dynamics of that village.
- Information of the quantity /variety of items being distributed, sites, dates and time should be shared publicly, in a manner that all people, whatever their literacy level, receive the information and understand it.
- Ensure that distributions are designed to reduce women's and children's time spent getting to and from food distribution points (e.g. distribution organized at different time intervals to avoid crowds and long waiting time).
- Distributions are designed to reduce the burden that the receipt of food aid may pose on women beneficiaries: multiple food distribution points established as close to beneficiaries as possible; weight of food packages manageable and efficient for women; and that women involved in choosing safe distribution point (e.g. can make the return journey before dark).

¹⁹ CARE, *Papua New Guinea Gender Profile, 2014*

- Recovery interventions should work towards removing barriers to transforming traditional responsibilities e.g. propagation training ToT for women; creating new roles for women in traditional activities such as organising women into farmers groups

WASH: WASH assistance is urgently needed, given the impact of the drought on access to clean and sufficient water. Providing assistance for water storage and water collect will benefit the entire households, but particularly women and children as they are primarily responsible for water collection. Water storage and collection capacity can also contribute to improved hygiene.

- Increasing water storage capacity at HH level to reduce number of trips undertaken to fetch water,
- Consider the size of the storage vessels to make it easier to carry,
- When quantities permit, distributions may need to be adapted to take into account the large number of polygamous households, providing each wife with a WASH kit,
- It might be necessary to set up single-sex hygiene promotion sessions or other trainings to ensure fuller participation by both sexes.

Health: The assessment has identified several vulnerable populations namely; children under 5, pregnant and lactating women, those living with a disability and the elderly. Specific interventions need to be designed keeping this population in mind.

- Distribute vitamin and mineral supplements for pregnant and lactating women.
- Nutritional needs of the new born and infants need to be monitored and additional nutrient supplement should to be made accessible for babies and young children.
- Vaccinations and immunization camps can be organized to decrease the risk of death due to preventable disease.
- In addition there should be consideration given to implementing the minimum service package.

Education: Children are directly impacted by the current humanitarian situation in numerous ways: availability of food, nutrition, sufficient and clean water, health, as well as education.

- One way forward is to support schools directly, with improved water storage, improvements to infrastructure,
- Monitor absenteeism through attendance lists – noting whether one sex is more likely to miss school during the drought.
- As estimated the drought situation will continue to last for the next 5-6 months, consider providing a school feeding program,
- Raise awareness about sexual violence, include discussions on sexual violence in life-skills training for teachers, girls and boys.

Protection: Promote fair, transparent and robust assistance at the household and community level with all stakeholders.

- Create simple yet clear messaging on addressing family and sexual violence. Community support groups should be setup and awareness provided on referral pathways and to village courts etc.
- Training on GBV-related issues and potential risk factors is conducted for CARE emergency response team to enable them to provide support to affected women and their families and direct them to adequate information and support services. Where

possible, interventions should address income-generation activities and economic options for women and girls specifically to ensure they are not forced to engage in high-risk strategies (e.g. unsafe sex) in exchange for money or food — or are exposed in other ways to GBV because of being economically dependent on others.

- Community leaders should be sensitized on violence against women and girls, including domestic violence
- Interventions to address income-generation activities and economic options for women and girls specifically to ensure they are not forced to engage in high-risk strategies (e.g. unsafe sex) in exchange for money or food — or are exposed in other ways to GBV because of being economically dependent on others

Monitoring: Ensure that all affected groups and stakeholders are consulted throughout the monitoring cycle. This should include listening to more “invisible women” such as widows, elderly women and second wives.

- Data needs to be continually collected and analysed by sex and age, gender outcome indicators should be included in all the proposals.
- Ensure mechanisms are instituted for women and men to file complaints regarding the non-receipt and unmet needs.