



POLICY BRIEF

Gender Equality, Disability and Social Inclusion (GEDSI) Analysis Linking Disaster Risk Reduction and Management (DRRM):
MOVING FROM RISK TO RESILIENCE

INTRODUCTION

A GEDSI analysis was conducted by UN Women Partner HURDEC Pvt Ltd. in the Lumbini, Sudur Paschim and Karnali provinces of Nepal to inform advocacy and policy engagement to enhance humanitarian response and reduce disaster risk. The objective of the analysis was to identify opportunities for municipal governments

and development partners to strengthen the disaster risk reduction effort by more comprehensively meeting the needs of women and excluded groups in disaster risk reduction and urban resilience. This policy brief summarizes the analysis, methodology, findings, and recommendations.

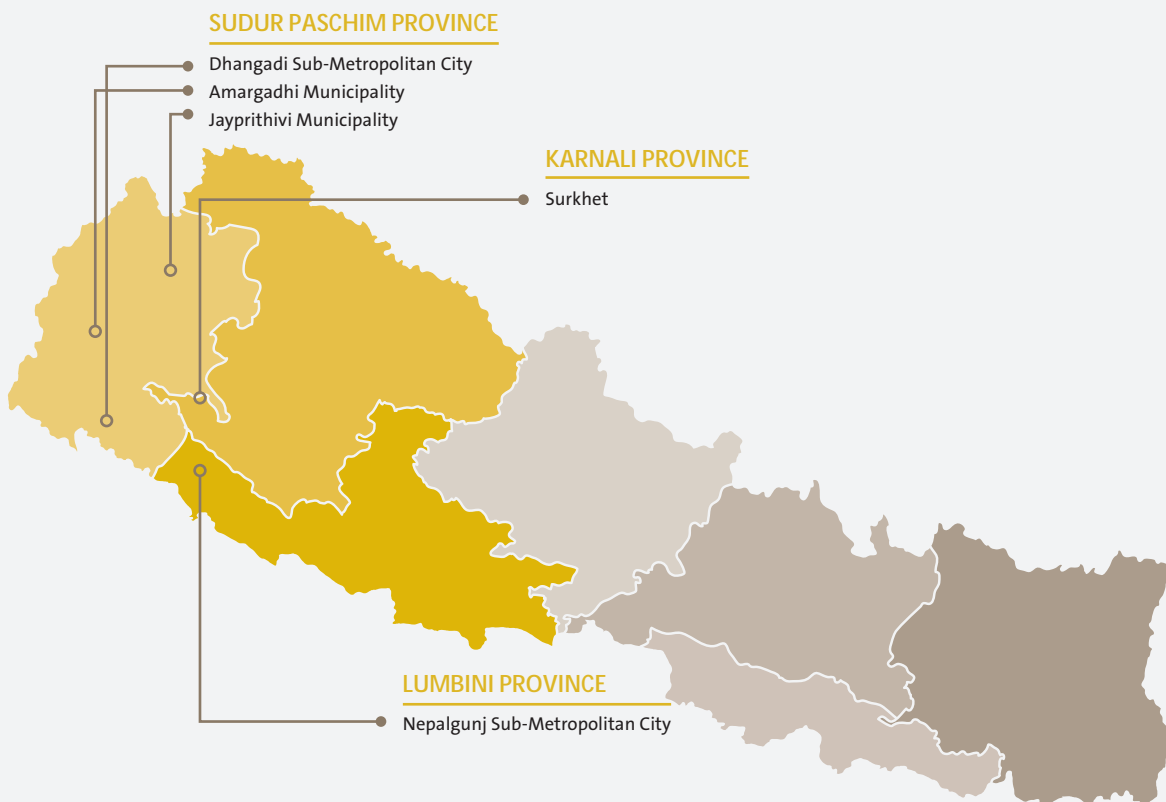
METHODOLOGY

The analysis adopted a qualitative approach: it is based on document reviews; unstructured observations; 23 focus group discussions (FGDs) with community members, women’s groups/networks, and agencies of vulnerable and excluded groups; and 47 key informant interviews (KIIs) with government and non-government stakeholders. The analysis used the Sendai

Framework for Disaster and Risk Reduction 2015-2030 and the Gender at Work Framework.

The study was conducted between December 1, 2022, and February 15, 2023 in the following Strengthening Urban Preparedness and Earthquake Response in Western Regional of Nepal (SUPER Project) areas:

FIGURE 1



*The boundaries and names shown and the designations used in this map do not imply official endorsement or acceptance by the United Nations.

Although this analysis is based on in-depth research, there are two major limitations of the study. Firstly, owing to the time and resource constraints, the analysis was conducted with a small number of representative respondents from vulnerable and excluded groups, including the Muslim community, Badi community, and LGBTIQ groups was included in the group discussions.

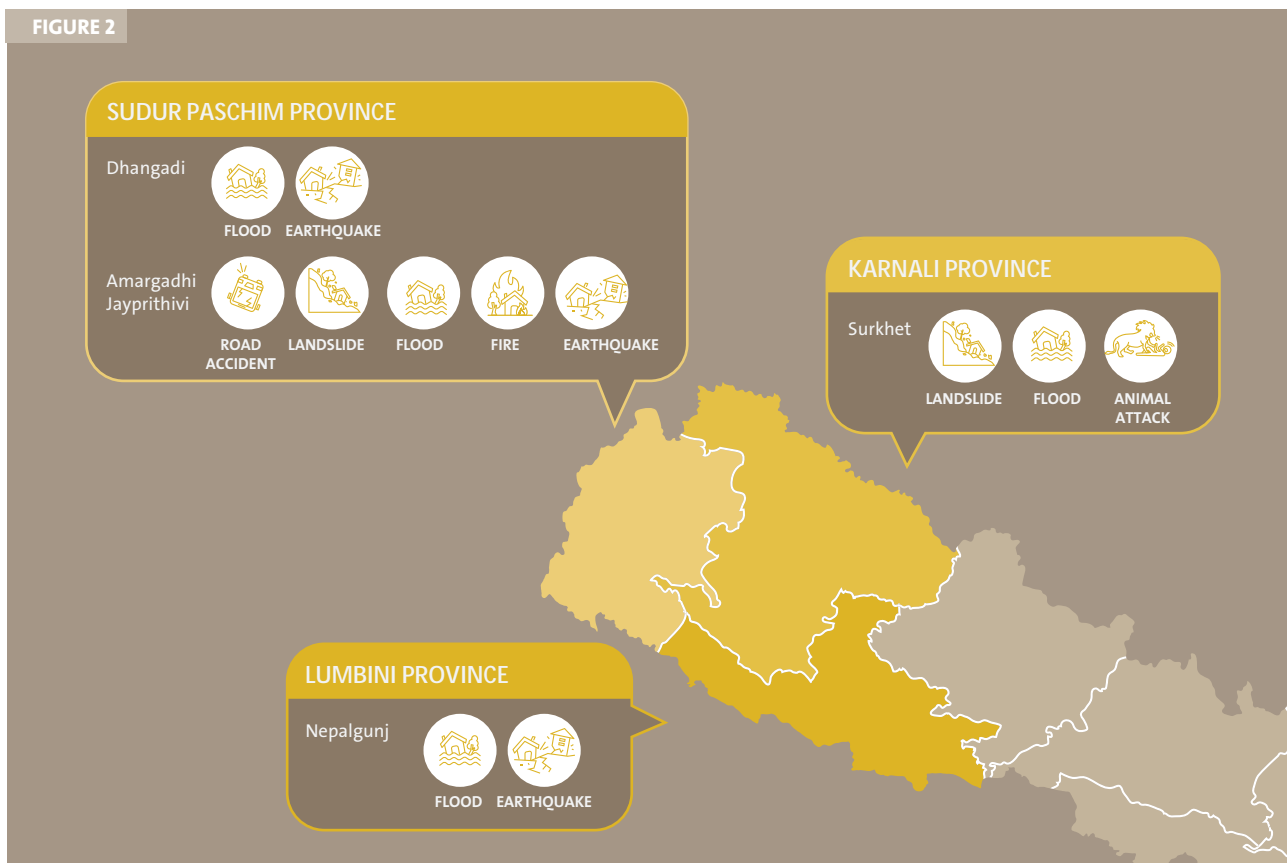
This has resulted in unequal data from each group, with less evidence on some aspects than others. Secondly, the uneven distribution of data collection tasks is another limitation. In Surkhet, for instance, it was only possible to conduct one FGD, leading to a stronger reliance on the secondary reflections of the SUPER project partners.



FINDINGS

According to the study participants, the most common types of disasters are natural disasters like 1. climate related disaster (flood, drought, forest fire, epidemics, lightening, excessive rainfall, landslide); 2) non- climate related disasters (earthquakes, animal attack, road accident and residential fire).

The most common types of disasters identified by participants in the respective places were:



The study identified the most vulnerable populations by analyzing exposure to various types of hazards, and sensitivity to hazard impact due to factors such as geographic location, difficult topography, low literacy rate, socio-economic status, knowledge, local norms, values and coping capacity. The populations that were identified as most vulnerable included the

economically disadvantaged, people residing in hazard prone areas, the elderly, children, single women, those with gender-specific vulnerabilities, Badi, Dalits and other minority groups, members of the Muslim community, people with disabilities, people with chronic health problems, children without parents and people without citizenship, people with HIV/AIDs,

children who help family in economic and household work, people who were part of ex- Kamaiya and Haliya systems. The study revealed a lack of knowledge and skills regarding disaster and climate conditions, risk prevention, preparedness and mitigation among vulnerable groups across the study sites, which is significantly compounded by their lack of access to resources. Resource constraints hinder their ability to obtain information about different types of disasters and their prevention and mitigation, and pressing, immediate requirements reduce their ability to use their personal resources for disaster risk prevention. Women who received training in Jay Prithivi, for example, stated that they have the authority to determine household expenditures, but urgent needs prevent them from allocating resources to prepare for or prevent the effects of disasters. Similarly, respondents in Nepalgunj were aware of the elevated problems associated with power outages during earthquakes, but they had not installed back-up systems because of a lack of funds. Thereby showing that investing in disaster preparedness is not a priority for many vulnerable communities, who often struggle to meet daily needs.

The study found that Gender Equality, Disability, and Social Inclusion (GEDSI) lens had not been formally integrated into disaster risk reduction and management (DRRM) policies, plans, and guidelines of government and other service providers due to a lack of awareness and knowledge. Furthermore, the local DRRM guidelines, policies and plans in the development process. According to key informants, there is much scope to provide standard and adequate emergency response and rehabilitation support to individuals affected by disasters. When services are limited, it becomes more likely that vulnerable groups will be excluded. Moreover, the hazard risk mapping is yet to be conducted which would provide extend of impact to the most vulnerable in the affected Palikas. However, some initial efforts that can serve as an entry point in strengthening GEDSI were identified by the study are as followings:

- In Nepalgunj, Local Disaster Management committees have been established and rescue and early warning training provided. Local government

is in the process of forming a committee to initiate a one-door system for disaster relief, although resource limitations are becoming a significant impediment and with proper standards and systems in place, this could likely channel services to the most vulnerable. Similarly, budget has been allocated to address sexual and gender-based violence, this would like to strengthen one-stop crisis centers and other Gender Based Violence (GBV) services.

- In Surkhet, key informants reported concerns about the inability to connect GEDSI and DRRM. They reported that the budget has prioritized Gender Equality, Disability and Social Inclusion (GEDSI) but this is yet to translate in DRRM sector. The emphasis of local government is on training local government service delivery units to provide effective services but lacks orientations on GEDSI considerations during service delivery.
- In Amargadi, funds were allocated for disaster relief (providing food and non-food and funds allocated for training targeting women including empowerment training. This training was, however, a general session on earthquake preparedness but can be scaled up to more prominently women as front liners, women as key disaster responders.
- While resources have been invested in DRRM in Jayprithivi, key informants report that there is no budget for developing GEDSI-sensitive DRR plans and strategies, and they are yet to identify targeted efforts to develop women's leadership, knowledge, and confidence in DRRM.

DRRM infrastructure, systems, and policy development were found to be still in their infancy across all of the study sites. Current efforts are focused on establishing new systems with an enhanced understanding of the importance of GEDSI to this work. The study found a number of flaws to be pervasive across the sites. There is a lack of awareness at all of the study sites that GEDSI should be incorporated into programme design and policy formulation from the outset, as a natural, integral part of their development. Where attempts have been made to integrate GEDSI into DRRM, this

has involved the provision of a few separate DRRM trainings to women, LGBTIQ+ people and persons with disabilities it has not been about incorporating GEDSI content into DRRM trainings. Because of patriarchal values and informal norms, there has also been significant opposition to including women, persons with disabilities and other excluded groups in the mainstream of DRRM activities. Furthermore, due to lack of awareness, there is no planned allocation of resources and expertise. Additionally, what further impedes this process is the lack of will to actively seek out available expertise, such as from UN bodies, to incorporate GEDSI into DRRM.

The study found that informal norms and exclusionary/discriminatory practices were influencing all aspects of DRRM at the study sites. The most prevalent informal norms and practices hindering the effective inculcation of the GEDSI framework in DRRM are associated with patriarchy and stigma. In the private sphere, patriarchy manifests in DRRM as increased violence hazards for women and girls, LGBTIQ groups, the Dalit community, and households headed by women. It also impedes these groups' access to information, support structures, voice, and decision-making authority in shaping their

responses. In the public sphere, patriarchy manifests as a lack of participation of women and other vulnerable groups in decision-making processes and DRRM and related training, disregard for women's perspectives in local disaster risk reduction plans, limited mentions of vulnerable group needs, concerns, gaps and priorities in the formal DRRM documents, limited DRRM institutional structures identifies women's equal participation and there has been lack the of resources, access, and voice in resource allocation by government and non-government organizations specifically related to vulnerable groups. Stigma is directed specifically at certain groups, such as LGBTIQ+ and other sociocultural norms.

The study also identified that there is a lack of disaggregated data in terms of GEDSI in DRRM and also a need to strengthen the comprehensive mapping of recurring disasters and their effects on the different populations. Furthermore, there is a need to improve the formal DRRM Mechanisms such as local emergency operation centers (LEOC), and those that do exist require more resources to develop the necessary capacities and skills to provide adequate services.



RECOMMENDATIONS

The study's findings point to the need for significant resource and knowledge investments, both for modernizing DRRM systems and for incorporating GEDSI into DRRM. However, the fact that DRRM is still in its infancy is also an excellent opportunity to ensure that GEDSI is incorporated systematically into DRRM. There are international donors and UN bodies who can bring international experience and expertise in this area to properly integrate GEDSI in DRRM policies and activities.

The study makes recommendations in the areas of: 1) sensitization and capacity development; 2) normative framework development; 3) system enhancement; and 4) addressing Informal norms and exclusionary practice

SENSITIZATION AND CAPACITY DEVELOPMENT

- Provide training to key government stakeholders and humanitarian actors responsible for DRRM to raise their awareness about the importance of incorporating GEDSI into DRRM.
- Provide periodic GEDSI trainings and refreshers as part of local DRRM plans, in collaboration with local government.
- Develop GEDSI indicators and other indicators to track the behavioral changes and accomplishments.
- Establish a feedback mechanism in addition to awareness raising related to integration of GEDSI into DRM.

- Develop strategy to minimize the loss or damage to life, properties and the environment from frequent disasters.
- Strengthen the quality of essential services needed in day to day life activities .eg legal, psychological, health services .
- As part of municipal DRMM plans, and in consultation with relevant stakeholders, develop immediate, short-term and long-term GEDSI objectives, and develop GEDSI-focused and targeted interventions/activities.

FRAMEWORK DEVELOPMENT AND REFORMS:

- Identify strategic entry point for re-structuring local DRRM policies, plans, strategies, guidelines, Statement of Purpose (SOPs)s, frameworks and other tools to include gender and inclusion lens.
- Development and Implementation of Gender Action Plan including its costing plan per palika to be attached to DRRM local plans.
- Review social and economic development policies, strategies and plans from GEDSI lens.
- Link GEDSI objectives to the municipalities annual performance measurement that is an entry point for budgeting the GEDSI targeted interventions. .
- Integrate GEDSI into robust monitoring, evaluation and learning processes and systems. DRRM activities should be regularly reviewed to assess the extent of their achievement of GEDSI goals, and identify needed modifications.
- Invest in digital software for DRRM that can be routinely updated by wards and is connected to all wards. Ensure that the software places a strong emphasis on the ability to analyse and derive data for GEDSI indicators.

SYSTEM ENHANCEMENT:

- Improve implementation activities to make DRRM GEDSI-responsive. This includes identifying how GEDSI can be incorporated into mitigation, preparedness, response and recovery, how the activities of different stakeholders can be coordinated, and how resources can be co-shared to complement each other at different stages of DRRM. It also includes the development of municipal-level plans based on the above mapping, that incorporate cross-cutting GEDSI monitoring committees.
- DRRM interventions should take into account the need to alter discriminatory social norms that could impede their effectiveness. There are valuable lessons to be learned for non-governmental organizations (NGOs) about how DRRM activities can be used as an opportunity to promote GEDSI-favourable norms.
- Improve mechanisms, tools, and coordination mechanisms to strengthen the security and protection of women, girls, children, and other vulnerable groups during and post-disaster by integrating these strongly in the DRR program, plans, and policies.
- Collect and analyse data on the most frequent and potential disasters, including data on the disparate effects of different disasters on various groups. Develop a grading system to classify different groups accordingly link to the target actions.
- Create a digital interactive map of GEDSI and DRRM stakeholders based on their geographical location and work themes, possibly by utilizing the cluster system of response.
- Identify the specific requirements of vulnerable populations for disaster mitigation and preparedness, response and rehabilitation activities, based on the above data and in close consultation with vulnerable groups.
- Informal social norms and exclusionary practice
- Increase women's participation and leadership at all levels of DRRM Cycle.
- Addressing discriminatory norms and structures, including those that maintain inequality at all levels of DRRM sector.

- Increase engagement of women and representatives of vulnerable groups in DRRM decision making process and capacity development programs and meetings.
- Commission GEDSI analysis and integrate its recommendations while formulating and revising DRRM policies, plans, programmes, monitoring and evaluation, budgeting, redesigning in all the levels etc.
- Collect and use sex, age, disability and diversity data in data system of national, provincial and local levels.
- Address all forms of gender-based violence and trafficking guided by a global accountability framework and minimum standards.
- Address issues brought by displacement and strengthen service system as part of DRRM.
- Recognize and value unpaid care work and burden to certain gender and group of society that heightens due to disaster situations and plan to address them.

ACKNOWLEDGEMENT

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