Handout 3.1
Case study and exercise: Gender-based violence in earthquake response

Imagine that you are a manager of an NGO responding to an earthquake which has killed 200,000 people and affected over 3 million nationally, of which 60 per cent are women. In some places, reports show that twice as many women aged 18 to 60 years died than men, but you do not know why. The earthquake flattened 500,000 housing units and damaged 300,000 significantly. It destroyed two-thirds of the government-run health facilities.

You are in the third month of the response in an area where your organization is the only operational INGO. Initially the emergency response focused on restoring water points, providing safe drinking water, and ensuring safe excreta disposal. Now it has moved into a phase of developing a livelihoods programme, including the provision of cash, seeds, tools, and livestock to support recovery. During the community assessments, some of your staff members heard accounts of and observed disturbing levels of verbal and physical abuse of women by their husbands, and trafficking of teenage girls.

The public health engineer on your team is adamant that your organization should develop a component of the programme specifically aimed at ending violence against women. He previously worked in another part of the world where your organization worked with partners to support women who experienced rape and sexual assault, and argues that your organization has a responsibility, as part of the gender equality approach, to address violence against women. The public health promoter on your team, on the other hand, feels strongly that your organization does not have the mandate, competencies, or the resources to intervene in this area and that safe programming is sufficient.

1. As programme manager, on what criteria would you base a decision to introduce a component to end violence against women as part of the emergency programme?

2. Where would you get information and support to help you make this decision?

3. If you were to go ahead and address issues of violence against women directly, what steps would you take?

4. If you choose not to address violence against women directly in your programme, what measures can you put in place within the public health engineering, public health promotion, and emergency food security and livelihoods programmes to ensure that the emergency response does not put women at further risk of different forms of violence?

5. What should you NOT do when addressing violence against women in your programmes?

6. If you do not develop a stand-alone programme to end violence against women, what indicators would you use, by sector, to measure whether safe programming has contributed to reducing violence against women in the emergency-affected area?

7. Write your answers on a flipchart and share this with the large group through a presentation.

Handout 3.2
IASC guidelines for gender-based violence in humanitarian settings

Focusing on prevention of, and response to, sexual violence in emergencies

Functions and sector	Emergency preparedness	Minimum prevention and response (to be conducted even in the midst of emergency)	Comprehensive prevention and response (Stabilized phase)
1 Coordination	Determine coordination mechanisms and responsibilities Identify and list partners and GBV focal points Promote human rights and best practices as central components to preparedness planning and project development Advocate for GBV prevention and response at all stages of humanitarian action Integrate GBV programming into preparedness and contingency plans Coordinate GBV training Include GBV activities in inter-agency strategies and appeals Identify and mobilize resources	1.1 Establish coordination mechanisms and orient partners 1.2 Advocate and raise funds 1.3 Ensure Sphere standards are disseminated and adhered to	Continue fundraising Transfer coordination to local counterpart Integrate comprehensive GBV activities into national programmes Strengthen networks Enhance information sharing Build (human) capacity Include governments and non-state entities in coordination mechanisms Engage community in GBV prevention and response
2 Assessment and monitoring	Review existing data on nature, scope, magnitude of GBV Conduct capacity and situation analysis and identify good practices Develop strategies, indicators, and tools for monitoring and evaluation	2.1 Conduct coordinated rapid situation analysis 2.2 Monitor and evaluate activities	Maintain a comprehensive confidential database Conduct a comprehensive situation analysis Monitor and evaluate GBV programmes, gender-balanced hiring, application of Code of Conduct Review data on prevention measures, incidence, policies and instruments, judicial response, social support structures Assess and use data to improve activities

3 Protection (legal, social, and physical)	Review national laws, policies, and enforcement realities on protection from GBV	3.1 Assess security and define protection strategy	Expand prevention of, and response to, GBV
	Identify priorities and develop strategies for security and prevention of violence	3.2 Provide security in accordance with needs	Provide technical assistance to judicial and criminal justice systems for reforms and effective implementation of laws in accordance with international standards
	Encourage ratification, full compliance, and effective implementation of international instruments	3.3 Advocate for implementation of and compliance with international instruments	Strengthen national capacity to monitor, and seek redress for, violations of human rights/ international humanitarian law
	Promote human rights, international humanitarian law, and good practices		Promote human rights, IHL, and good practices
	Develop mechanisms to monitor, report, and seek redress for GBV and other human rights violations		Encourage ratification of international instruments, and advocate for full compliance and effective implementation
	Train all staff on international standards		Ensure that GBV is addressed by accountability mechanisms
			Ensure that programmes for DDRR include women and children affiliated with warring factions
			Ensure that programmes for reintegration and rehabilitation include survivors/ victims of GBV and children born of rape
			Provide training to relevant sectors including security forces, judges and lawyers, health practitioners, and service providers

4 Human resources	Ensure SG's Bulletin is distributed to all staff and partners and train accordingly	4.1 Recruit staff in a manner that will discourage SEA	Monitor effectiveness of complaint mechanisms and institute changes where necessary
	Train staff on gender equality issues, GBV and guiding principles, and international legal standards	4.2 Disseminate and inform all partners on codes of conduct	Institutionalize training on SEA for all staff, including peacekeepers
	Minimize risk of sexual exploitation and abuse (SEA) of beneficiary community by humanitarian workers and peacekeepers	4.3 Implement confidential complaints mechanisms	
	Develop a complaints mechanism and investigations strategy	4.4 Implement SEA focal group network	
5 Water and sanitation	Train staff and community WATSAN committees on design of water supply and sanitation facilities	5.1 Implement safe water/ sanitation programmes	Conduct ongoing assessments to determine gender-based issues related to the provision of water and sanitation
			Ensure representation of women in WATSAN committees
6 Food security and nutrition	Train staff and community food management committees on design of food distribution procedures	6.1 Implement safe food security and nutrition programmes	Monitor nutrition levels to determine any gender-based issues related to food security and nutrition
	Conduct contingency planning		
	Preposition supplies		
7 Shelter and site planning, and non-food items	Train staff and community groups on shelter/site planning and non-food distribution procedures	7.1 Implement safe site planning and shelter programmes	Conduct ongoing monitoring to determine any gender-based issues related to shelter and site location and design
	Ensure safety of planned sites and of sensitive locations within sites	7.2 Ensure that survivors/ victims of sexual violence have safe shelter	
	Plan provision of shelter facilities for survivors/victims of GBV	7.3 Implement safe fuel collection strategies	
		7.4 Provide sanitary materials to women and girls	

8 Health and community services	Map current services and practices	8.1 Ensure women's access to basic health services	Expand medical and psychological care for survivors/victims
	Adapt/develop/disseminate policies and protocols	8.2 Provide sexual violence-related health services	Establish or improve protocols for medico-legal evidence collection
	Plan and stock medical and RH supplies	8.3 Provide community-based psychological and social support for survivors/victims	Integrate GBV medical management into existing health system structures, national policies, programmes, and curricula
	Train staff in GBV health care, counselling, referral mechanisms, and rights issues		Conduct ongoing training and supportive supervision of health staff
	Include GBV programmes in health and community service contingency planning		Conduct regular assessments on quality of care
			Support community-based initiatives to support survivors/victims and their children
			Actively involve men in efforts to prevent GBV
			Target income generation programmes to girls and women
9 Education	Determine education options for boys and girls	9.1 Ensure girls' and boys' access to safe education	Include GBV in life skills training for teachers, girls, and boys in all educational settings
	Identify and train teachers on GBV		Establish prevention and response mechanisms to SEA in educational settings
10 Information, education, communication	Involve women, youth, and men in developing culturally appropriate messages in local languages	10.1 Inform community about sexual violence and the availability of services	Provide IEC through different channels
	Ensure use of appropriate means of communications for awareness campaigns	10.2 Disseminate information on International Humanitarian Law to arms bearers	Support women's groups and men's participation to strengthen outreach programmes
			Implement behaviour change communication programmes

Handout 3.3
Livelihoods and advocacy in earthquake response in Indonesia: tools for planning, design and implementation

1. Case study: Livelihoods in West Sumatra, Indonesia

Background

On 2 September 2009 a 7.0 magnitude earthquake affected the West Java province of Indonesia. Just four weeks later, a M7.6 earthquake struck off the coast of Padang in West Sumatra. The West Java earthquake was classified as a category three disaster, while the West Sumatra situation was a category two disaster.

In West Sumatra, Oxfam responded in the areas of emergency shelter and NFI distribution, water, sanitation, and hygiene promotion (WASH), shelter materials and training, cash distribution, and advocacy including specific gender-focused advocacy.

An evaluation was commissioned to provide independent, external analysis of the appropriateness, effectiveness, and performance of the responses focusing on livelihoods and advocacy.

Livelihoods recovery

Objective: Current community coping strategies will be supported through the provision of recovery grants to the communities most affected.

We reached the real beneficiaries, regardless of man or woman. We tried really hard to give benefit to intended beneficiaries. We walked across the rivers and mountains to reach the people themselves. People recognize this effort. Some women cried. This is the first time that an organization had searched for them at the top of the mountains. The feeling of the people – not because of the money – people were treated like the real beneficiaries. You could see in the faces of the people, giving them the freedom, the choice to use for their own benefit. Interview, Oxfam staff member

Oxfam provided community recovery grants to 6,043 households (4,700 directly affected households and 1,343 host families) representing 28,261 people (13,736 male; 14,155 female) in 26 sub-villages of V Koto Kampung Dalam sub-district. Household grants were distributed totaling IDR 7,842,360,000, and a further IDR 931,500,000 given in community grants to support the construction of temporary shelters for vulnerable populations, improve roads, build temporary bridges, remove debris in public areas, and dig drainage systems.

Post-distribution monitoring of a randomly selected sample of 444 recipients of household grants found that the cash was mostly used for shelter. However, Oxfam's analysis is that there is a close link between shelter recovery and livelihoods, and that cash grants protect productive assets from forced sale.

Although community grants were not a substantial feature of the strategy, evaluation interviews indicated that where they were distributed, they were considered useful as much for building a spirit of working together, not typically considered part of the culture in the same way as Gotong Royong (shared work) in Java, as for the benefit to households involved and the community. Only one person (from a local partner) stated that cash grants negatively impacted on people's willingness to help themselves. There was no clear targeting of communal cash grants. In future responses it might be worth linking these to areas where there are damages to communal livelihoods assets.

Cash transfers and gender: The cash transfer programme mainstreamed gender in the following ways.

• Collection of sex-disaggregated data, including detail of the sex of the household head (18.2% single female headed, 2.5% single male headed, 77.5% couple) (Oxfam 2010);

• Distribution of cards for cash grants to women, although indications from village interviews were that this didn't necessarily result in women getting the grant. This was not specifically followed up in post-distribution monitoring;

• Requiring (and achieving) women to hold the Treasurer position in groups established for the management of community grants.

An issue that could have been explored more was the linking of community cash grants to initiatives to overcome negative impacts on women's livelihoods, such as rehabilitating women's brick-making enterprises, or repairing irrigation schemes in areas where women's labour was affected disproportionately to that of men's.

Source: Evaluation of Oxfam Indonesia's Response to Earthquakes in West Java and West Sumatra

Questions for group work

• Which gender issues were addressed by the programme?

• Which specific tools were used to address gender issues, and which activities, and practices focused on gender?

• Considering the list provided, what other practical interventions might have been undertaken in this context to strengthen gender equality and women's rights?

2. Case study: Advocacy in West Sumatra, Indonesia

On 2 September 2009, a 7.0 magnitude earthquake affected the West Java province. Just four weeks later, a M7.6 earthquake struck off the coast of Padang in West Sumatra. The West Java earthquake was classified a category three disaster, while the West Sumatra situation was a category two disaster. An evaluation was commissioned to provide independent, external analysis of the appropriateness, effectiveness, and performance of the two responses.

West Sumatra advocacy

As well as the advocacy carried out by sector teams, the West Sumatra response included a reasonable-sized advocacy team and budget. Oxfam played an important role in linking national and international NGOs, donors, and the government, and in facilitating information flows between these stakeholders. Advocacy, primarily targeting the UN cluster system, was a strong feature of the response. This included:

• Engaging a shelter specialist to provide the advocacy team with analysis and advice relating to the operation of the Shelter Cluster and recommendations for improvement and engagement with government and other actors;

• Ongoing lobbying on collection of sex-disaggregated data, including recommending changes to monitoring forms, coordination, construction techniques and materials, and inputting into the government strategy.

Gender advocacy

Gender advocacy focused on the establishment and operation of specific gender coordination mechanisms and the collection of sex-disaggregated data. The proposed nature of government assistance and the particular case of women-headed households are areas that could benefit from a stronger gender analysis and development of a propositional advocacy agenda.

Oxfam invested a lot of time and effort promoting the establishment and operation of the Sub-Cluster on women, the elderly, and disability within the Protection Cluster in the overall UNOCHA coordination system. This was recognized as a key area of Oxfam influence (noted in interviews with OCHA Padang and Jakarta, UNFPA, GENCAP, and WASH Cluster Lead). The strategic value of this recognition of women as a vulnerable group is perhaps limited in terms of the wider objectives of gender equality, women's empowerment, and leadership, but it has provided a forum for discussion, and to some extent monitoring, of women's rights.

At the end of the Oxfam programme in West Sumatra, the longer-term viability of such a structure or of another coordination mechanism is in question. Oxfam and UNFPA staff involved in encouraging the Cluster's function were finishing up; there was a commitment from the Governor to embed a specific gender function in the five sector technical programme team (TPT) (as a sub-group of socio-economy), but there were openly voiced misgivings about the capacity of the leadership of the Women's Empowerment Division (the group charged with the continuation of the work), to see this through. Unless at a high level, and with dedicated resources, the effectiveness of such a nominal gender role is doubtful – but perhaps it will be useful to at least have a foot in the door.

At the same time, Oxfam staff are reported to have been diligent in applying continuous pressure to the WASH, Shelter, and Early Recovery Clusters to ensure consideration of differentiated male and female needs and to lobby for the routine gathering of sex-disaggregated data.

Questions for group work:
- What gender issues were addressed by the programme?
- What specific activities, practices, and tools were used to address gender issues?
- Considering the list provided, what other areas and methods might have been used in this scenario to strengthen gender equality and women's rights in advocacy?

Handout 3.4
Proposed benchmarks to review how gender equality is promoted in post-disaster response

Strategy	Category	IASC standards (ADAPT and ACT Collectively)	Reference in Oxfam GB policy	Suggested minimum standards	Benchmarks (Verifiable indicators)
Gender mainstreaming	Using gender analysis to inform programme design	1. Analyse and report on gender differences. 2. Design services to meet needs of all. 7. Collect, analyse and report sex- and age-disaggregated data.	Programme All new Programme Implementation Plans (PIPs) must fully address issues of gender, informing the programme objectives, projects, monitoring indicators, and budget. All projects arising from these PIPs must effectively reflect these requirements in their objectives, activities, indicators, and budgets. (OGB Gender Non-Negotiables)	1. Collect, analyse and report on gender differences using sex- and age-disaggregated data where possible. 2. Design culturally appropriate programmes based on a gender analysis that address the needs of the most vulnerable and redress gender-specific injustices.	1-1. Baseline data on gender is established. (Baseline data recorded) 1-2. Data is collected and analysed by sex, age, family composition, and other relevant factors. (Assessment includes disaggregated data and gender analysis) 1-3. The impacts of crisis on affected sub-groups of men, women and other vulnerable groups are identified. (Identification of gender-specific vulnerabilities in programme docs) 2-1. Programme is designed based on consultations with beneficiaries about their gender-specific needs. (Documented record of consultation process and findings in relation to gender issues) 2-2. Cultural, social, and religious beliefs/practices/norms that present a barrier to promoting gender equality in the programme are identified. (Identification of adverse environment for implementation and strategies to overcome these) 2-3. Technical interventions are adjusted to redress gender-specific injustices. (Recognition of male-female inequalities in analysis and an appropriate response in programme design) 2-4. Programme interventions that promote gender equality are designed with communities based on an understanding of local context. (Sound programme objectives and activities that take local contexts into account) 2-5. Programme impact indicators are gender sensitive. (Gender-sensitive impact indicators are in programme docs)

Strategy	Category	IASC standards (ADAPT and ACT Collectively)	Reference in Oxfam GB policy	Suggested minimum standards	Benchmarks (Verifiable indicators)
Targeted actions / gender mainstreaming	Ensuring participation, dignity, empowerment, and accountability	3. Access for women, men, girls, and boys.	**Humanitarian** **Women will be actively involved in design and targeting of our humanitarian programme activities** (e.g. in determining the type and amount of food to be distributed: preference is that household food rations will be distributed directly to female household members. In income earning activities, women should always be explicit targets).	3. Ensure equal access and participation by specific gender groups in humanitarian programme activities, including distributions, training, and livelihood opportunities.	3-1. Both female and male beneficiaries of humanitarian assistance receive support equitably. (Proportion of females vs. all direct beneficiaries is identified in reports)
		4. Participate equally.		4. Actively promote women's dignity and empowerment in programme design and implementation.	3-2. Women and men have equal opportunities for capacity building, training, coaching, and employment. (Recorded actions to ensure equal participation of women and men in all activities and management)
		5. Train women and men equally.	**Issues of dignity, for women and girls in particular, will be included in all humanitarian assessments**, and culturally appropriate strategy to enhance dignity (clothing needs, menstrual protection, bathing facilities, etc.) will be implemented as soon as practically possible.	5. Establish effective mechanisms to get feedback from beneficiaries about programmes, including gender issues.	3-3. Women, men, girls, and boys have equal access to information at local level through wide use of differential communication strategies by those providing humanitarian assistance. (Record of communication with wide range of local community and women's groups in programme)
		8. Target actions based on a gender analysis.	(OGB Gender Non-Negotiables)		3-4. Working groups or committees are formed with proportional representation of women and men to raise awareness on gender issues. (Terms of reference of planning committees)
		9. Coordinate actions with other humanitarian actors.			4-1. Women's groups are represented in programme planning, designing, implementation, and ongoing management. (Record of selecting gender-specific groups and establishing measures to promote their equitable participation)
					4-2. Outreach is conducted to access networks that provide specialized services to women and other vulnerable groups. (Partnerships with other organizations and networks that address needs of specific vulnerable groups)
					4-3. Advocacy activities promoting women's rights and equality between women and men are implemented. (Record of advocacy work for gender equality)
					5-1. Mechanisms are established to get feedback from beneficiaries about humanitarian programmes, including gender issues.
					5-2. Mechanism is set up to measure equal participation, monitor response to gender specific needs, and monitor changes in women's ability to make decisions and control resources. (Local monitoring mechanism in programme for equal participation and access)
					(Evidence that programme was adapted as a result of a complaints system being in place)

Strategy	Category	Reference in Oxfam GB policy	Suggested minimum standards	Benchmarks (Verifiable indicators)
Targeted actions	Addressing gender-based violence	6. Address GBV in sector programmes.	**Sexual Violence** **All programme staff** working in areas of conflict must also	6-1. Programme planning and implementation is "safe" to minimize negative consequences on the beneficiaries at risk of or vulnerable to GBV. (Recorded security/protection concerns and responses; record of following safe programme guidelines)
			(1) have a basic understanding of widespread systematic sexual violence, Oxfam's approach to protection, and what is expected of them as outlined in this policy;	7-1. Types/nature of violence and security concerns for women, men, girls and boys, including widespread systematic sexual violence in conflict situations, are identified in humanitarian assessments. (Assessments include information about GBV)
			(2) include information about widespread systematic sexual violence in humanitarian assessments, as well as other prevalent protection threats;	7-2. Information is provided to enable people at risk to take measures and make informed decisions to protect themselves. (Record of special measures taken to inform beneficiaries of risks)
			(3) monitor the severity and impact of sexual violence on an ongoing basis, protect beneficiaries from sexual exploitation and abuse by our staff and our partners; and,	8-1. Communities/committees/groups are linked with NGOs working on violence and protection issues. (Partnerships built with local groups or organizations to work on preventing GBV)
			(4) take appropriate action.	
		6. Implement safe programming in all situations, and where necessary implement specific activities to prevent GBV and/ or support response mechanisms.		
		7. Assess severity and impact of Gender-Based Violence (GBV) and take appropriate action.		
		8. Design and implement culturally appropriate GBV interventions in co-ordination with other actors through the inter-agency working groups and/or clusters.		

Strategy	Category	IASC standards (ADAPT and ACT Collectively)	Reference in Oxfam GB policy	Suggested minimum standards	Benchmarks (Verifiable indicators)
Gender mainstreaming	Promoting gender equity through internal practices	Not applicable	**Recruitment** As a requirement of recruitment, candidates will need to demonstrate a willingness to treat men and women with equality in all aspects of life and, where relevant, to address inequalities between men and women within their area of work. Where a selected candidate is appointed into a position that requires a clear understanding of gender equality, this will be addressed as a priority within the induction period and probationary review. (OGB Gender Non-Negotiables) **Performance Management** As of May 2005 all CMT and SMT members and all A–C grade staff in International Division (ID) and Campaigns and Policy Division (CPD) will include within their performance objectives (and, as appropriate, their Personal Development plan) practical action in support of Oxfam GB's policy on gender equality. This can either be integrating gender in to an existing objective or developing a stand alone one on gender. All remaining staff in these Divisions (ID and CPD) will achieve this by May 2006. (OGB Gender Non-Negotiables)	9. Advance gender equality through internal practices, including allocation of resources, selection of partners, gender-balance among staff, and inclusion of gender objectives in performance management. 10. Protect beneficiaries from sexual exploitation and abuse by our staff.	9-1. Budget includes resources earmarked to address gender inequalities. (Budget allocation for gender mainstreaming activities) 9-2. Teams reflect a proportional representation of women and men. (Gender balance within humanitarian programmes) 9-3. Commitment to gender equality is reflected in programme objectives. (Proportion of gender aim attributed to programme) 9-4. Staff with particular experience in gender equality is involved in programme management. (Deployment of gender specialist and/or field staff with gender training) 9-5. Partners are selected based on an appraisal of their capacity to address gender inequalities through policies and programmes, or their motivation to do so. (Commitment to gender equality for a criteria for partner selection) 10-1. A system for reporting cases of sexual exploitation and abuse by our staff exists. (Policy or reporting system at field level to deal with SEA cases, number of cases of SEA reported)

Handout 3.5
Scenarios: Applying gender standards in disaster risk reduction and emergency response

1. In an emergency assessment, you learn from cyclone-affected families that they have a clinic in their village which has never opened, as no staff were assigned. Before the cyclone, the community used the health centre in the town, 5 km away. Women gave birth there, as they do not have a traditional birth attendant. There is no trained community health worker in the village. Unfortunately, the town health centre has been severely damaged in the cyclone, and looks like it will take months before it will be fixed, if the government has the money and will to do it.

2. In an assessment, you are told by the women that they have heard from their husbands about a forthcoming meeting with a visiting NGO team. They also say that they have not been invited, and that they do not mind, as in their culture, meetings are for elders and the men of the community.

3. Your NGO has distributed female hygiene kits to IDPs who have been living in a camp since the conflict broke out eight months ago. The kit contains soap, sanitary pads, female underwear, dipper and small basin. A second distribution is planned after six months. In a meeting with IDPs, the male leaders complain that the women were given preferential treatment, while they also needed shirts and underwear and clothes, not having brought any with them when they evacuated their village.

4. Your NGO is planning to do cash distribution for families affected by a mudslide. In preparation for this, you are validating the list of affected families that was prepared by the local authorities. In one of the cash distribution projects in another country, your NGO has prioritized women beneficiaries. There was feedback from many women that they were not able to control the money, and some of them gave in to their husbands' demands for money, even if they were sure it would be spent on alcohol.

5. You have organized a WATSAN committee with equal numbers of women and men. In a meeting facilitated by your staff, the responsibilities of the members are agreed; i.e. women and men will assume the same tasks on rotation. After about three months of implementation, you learn from some women members that they ended up doing most of the work (such as cleaning the communal latrines, putting soap in the hand-washing facility) and doing house-to-house hygiene campaigns. During the third month, the facilities in one of the distribution points were broken. The WATSAN committee met to decide and take action to repair the facility. The person in charge of repair and maintenance, a man, unilaterally decided to build another distribution point and use the money the committee had collected for maintenance. When the NGO found out about this later on, they were informed that the other male members supported this decision. The majority of the women say they also eventually agreed, saying repair and maintenance of the facilities is not their domain.

6. The wife of a community chieftain, an elderly women, insists that you build at least one well and one family latrine in their backyard. She is acting chieftain of the village as her husband is ill and cannot perform his duties. As well as being the acting chieftain, her family owns a corn and rice mill in the town, where the farmers go, often on loan, to have their grain milled. The woman also lends money to farmers, and about 50 per cent of the farmers have recently borrowed money from her. The woman threatens to disallow your NGO to operate in the village if you go against her wishes. All the water facilities in the village were broken and deliberately destroyed by the armed group which used to control the village. About 85 IDP family returnees will depend on the water facilities and latrines that you plan to build in the village.

7. A team of geologists survey villages which suffer from annual flooding. Situated near a factory belt, and near coastal towns, the low-lying villages are flooded for half of the year, even during summer, especially during high tide when seawater reaches to where the houses are located. Findings from the geological survey confirm ground subsidence caused by over-extraction of water. Other factors such as poor waste management have aggravated the problem – garbage is thrown into canals and drainage systems. To disseminate these findings and urge the government to implement disaster mitigation plans, a local NGO organizes meetings with the local government and some community groups. The meetings are noticeably male-dominated, as men dominate the local government councils and there are no women members of the government's disaster response and rescue committee. The few women in the meeting are government employees who are asked to minute the meeting and to prepare food.

8. A forum on natural resource management is organized by a local NGO. The forum highlights the alarming rate by which the country is losing its forest cover due to illegal logging activities. Despite the log ban, some NGOs allege that many logging concessionaries are able to continue with their illegal activities because they are protected by some military and police authorities. During the forum, a concerned citizen also highlights unsustainable practices in the community and households, usually performed by women, such as cutting tree branches for firewood, slash and burn activities, and poor waste management. Dynamite, cyanide, and trawl fishing are also identified as culprits because they kill small fish and damage the coral reefs. Many fishers and those working in logging companies are men. A participant in the forum argues that a ban on logging and police measures to stop harmful fishing activities will mean that many men will lose their livelihoods, and hence many families will go hungry.

9. Two separate focus group discussions (FGD), one with women and one with men, are held to assess the recovery needs of IDPs returning to their village after a peace agreement is forged between the government and a rebel group. When asked to name in order of priority the three things they need in assistance, the FGDs with women and with men yield different results. Men list as priorities: working animals, agricultural tools, and shelter materials. The women list: shelter, a health centre, and capital to start small businesses.

10. A cash-for-work project is being planned by an NGO to help earthquake- affected families recover from the disaster. The NGO is keen to implement it in such a way that the work that beneficiaries will do benefits the whole community. They are also determined to choose women as priority beneficiaries. The NGO realizes, however, that most of the work needed by the community involves repair of facilities damaged by the earthquake, such as schools, multi-purpose centres, mosques, drainage systems, and health centres. The NGO is told by the government that these are considered male tasks and that the women in the village have never been involved in any construction work.

11. Three provinces are warned that a volcano, which has been dormant for 200 years, is again active and threatening to erupt. The provincial governments quickly meet with the local district governments and instruct them to develop contingency plans. The province has been visited in the past by annual floods and landslide events, some of which forced communities to evacuate to the schools and churches in the town. In many of these evacuations, women played a critical role in listing the families and accounting for missing family members, managing relief distribution activities, and giving useful descriptions which helped to determine the extent of damage incurred by the villages. In compliance with the directive, the district governments organize disaster preparedness planning workshops, for which participation is restricted to government officials and employees in each of the departments. The workshops are top-down, i.e., the contingency plans that are developed are devoid of any consultation with the community. Further, 90 per cent of district government officials are men.

12. A donor decides to give money to the local government to build houses for tsunami-affected families in a coastal town in Country A. Pressed to complete the project in a short time, the donor and the government decide it is simpler to sub-contract the project to a construction firm who will hire their own workers. Many of the beneficiaries are families who lost their male members during the tsunami. During the implementation, the women in the houses, who are also members of self-help groups, clash with the construction head and eventually with the workers because they disapprove of the materials used by the construction firm, which they say are inferior and of low quality. The workers insinuate that the women know nothing about construction, so their complaints have no basis. The construction is suspended because of this. The women are contemplating asking your NGO, which is working with them in the self-help groups, to intervene on their behalf and talk to the donor about their concerns.

13. While doing your regular monitoring visit to check the progress of a shelter and livelihood recovery programme for tsunami-affected families, you learn in an informal chat with women beneficiaries about reversal surgery (the process of reconnecting fallopian tubes which had been ligated during sterilization to block the pathway to the ovum). Your organization does not have programmes supporting reproductive health. However, the women choose to inform you about this problem affecting many of them in their village. Many of them are opposed to the surgery, but are forced to submit to their husbands' impositions in order to 'replace' the children that many of the families lost during the disaster.

Handout 3.6
Case studies for group work

1 Disaster risk reduction and response in Pakistan

In Pakistan, Oxfam runs a 'Sustainable Livelihoods and Disaster Risk Reduction' programme in areas prone to floods, drought, cyclones, and earthquakes. It aims to develop disaster-resilient sustainable livelihoods and to develop the capacity of communities to manage emergencies with an explicit targeting of women. Strategies adopted to promote women's empowerment include forming separate community-based organizations for women and men in every village and ensuring early-warning committees included both women and men; carrying out gender-disaggregated disaster needs assessments; meeting women-specific needs such as emergency shelters for women and children only; and promoting the ideal of the 'Sughaar' woman (southern Punjab) who possesses all the qualities needed to support the community's disaster preparedness, including non-traditional roles which challenge male assumptions about the limitations of women's potential.

Among the programme's achievements on gender are the following:

• During the floods in District Layyah in the province of Punjab in 2005 the loss of safe private areas for women and children to defecate was identified as a priority need, and women were actively involved in site selection and construction of the latrines. A public health risk was averted, women's privacy ensured, and women were empowered to take on non-traditional gender roles.

• In the same district, a women's relief committee, supported by men, led a participatory process of selecting criteria for targeting beneficiaries, mapping vulnerable households, registering and distributing food rations in the name of female beneficiaries. The distribution process was transparent and food rations reached the most vulnerable women. Women emerged from their houses to voice their opinions, and their status and self-esteem were strengthened.

• In District Rajanpur a community-based risk reduction project distributes wireless telephone sets to the most vulnerable women in the community. These women become focal points for early warning information with responsibility to relay critical information by telephone. The telephones also diversify their livelihoods strategies as they charge community members to make calls. The ownership of these strategic assets enables the most vulnerable women to participate actively in DRR work.

Source: 'Gender and disasters: Experiences from Pakistan'. Oxfam Pakistan office, unpublished paper, 2008.

2 Lobbying for the inclusion of gender concerns in Pakistan's National Disaster Risk Management Framework

Following the Pakistan earthquake of 2005, Oxfam worked closely with the newly formed National Disaster Management Authority (NDMA) to ensure that the National Disaster Risk Management Framework reflected gender concerns. It achieved this by using the momentum and space created by the earthquake to advocate strongly for a broad consultation with civil society organizations, and to ensure that their perspectives influenced the framework. There was a particular focus on gender, which had not been addressed at all in the first draft. Oxfam supported the NDMA to develop the gender content of the framework so that it acknowledged the need for gender-sensitive risk reduction measures. It ensured that there was a focus on the most vulnerable social groups including women, children, and the elderly; and that women should be recognized as equal stakeholders in decision-making processes in preparedness, response, recovery, and reconstruction programmes. Responsibilities of the Ministry for Women and Development were drafted and these included raising awareness among women of disaster risks, developing the capacities of women's organizations in disaster risk management, and supporting the rehabilitation of women's livelihoods, particularly those working in the unregulated informal sector.

Source: Oxfam GB Pakistan office and 'National Disaster Risk Management Framework Pakistan', March 2007.

Handout 3.7
Examples of practices and activities to strengthen gender equality and empower women in programmes addressing risk reduction[1]

Gender sensitive disaster risk reduction

Make DRR a priority at all levels, with a strong institutional basis for implementation

• Ensure that the priorities of grassroots women's organizations are represented in co-ordination mechanisms for DRR, such as national platforms;

• Ensure that analysis and planning for DRR capacity development is prioritized equitably for men and women;

• Ensure that budget allocation for DRR implementation in all sectors and levels is prioritized for action that benefits women;

• Promote the involvement of women in participatory community planning processes for DRR through the adoption of specific policies; in the creation of networks; and when determining roles and responsibilities, authority over, and management of, available resources.

Identify and monitor risks, and enhance early warning

• Involve both women and men equally in the development of risk and hazard maps and data, and identify gender-specific aspects of risk and vulnerability;

• Support research, analysis, and reporting on long-term and emerging issues that might increase the risks faced by women;

• Encourage the participation of women where possible in early-warning systems and ensure they are appropriate and accessible to both women and men. This means that communication alerts, media, and technology need to be tailored to the preferences and behaviour patterns of women and men.

Build understanding and a culture of safety and resilience at all levels

• Ensure that women's as well as men's knowledge is promoted to build a culture of safety;

• Ensure that activities and events to build understanding of risk target women as key change agents, and that the means of communication are appropriate for women;

• Promote the targeting of children, especially girls, with risk knowledge through formal and informal channels;

• Ensure equal access to DRR training and educational opportunities for women.

Reduce underlying risk factors

• Ensure that critical safety facilities and infrastructure (e.g. evacuation shelters and emergency housing, water, sanitation, and health systems) are resilient to hazards, accessible to both women and men, and that women have adequate privacy and security;

• Promote the importance of support to women and groups involved in sustainable ecosystems and natural resource management, including planning land-use to reduce risk;

• Promote diverse livelihoods options for women to reduce their vulnerability to hazards, and ensure that risks faced by women are not increased by inappropriate development policy and practice;

• Ensure that the development of financial risk-sharing mechanisms prioritizes the involvement of women, and that they are accessible and appropriate to the needs of women at risk of disaster;

• Raise awareness among both women and men about a woman's right to live free from violence at home and in the public domain.

Strengthen preparedness to respond effectively at all levels

• Disaster preparedness and response plans should take into account gender-differentiated vulnerabilities and capacities, be disseminated to both women and men in languages both can understand, and prioritize actions to reduce the risks faced;

• The importance of women as key change agents should be promoted and women fully involved in community disaster management committees, disaster response drills, etc.

Measures to address GBV in programmes that address risk reduction, including in emergencies
International organizations working in post-disaster situations have been urged to implement measures to help prevent GBV and undertake responsive actions to assist victims or survivors with their needs (e.g. for psychosocial support and medical and legal aid). Initiatives to prevent GBV range from community-based approaches to policy advocacy at country, regional, and global levels.

Responsive action involves providing medical and psychological counselling to survivors, assistance in reporting for victims (who are willing to report cases and have them investigated) and legal assistance to bring the perpetrators to appropriate courts. In some conflicts like Sudan and the DRC, where there are many reported cases of GBV, international organizations have worked together to establish referral systems to enable victims to seek and benefit from different forms of assistance.

The challenge to prevent GBV is indeed enormous. Involving women's rights organizations is critical to support female victims of violence. This is because women and girls are likely to feel less threatened and better supported by women's organizations than mixed organizations, and because women's rights organizations will have the best local analysis of the impact of violence against women. It is of course also critical that men are involved in finding ways to reduce violence perpetrated against women. Male victims of violence need to be supported through other community structures, such as men's groups.

Coordination between communities, health and social services, police, security forces, and the legal justice systems (including traditional or customary law and national legal institutions) must also be ensured in implementing GBV prevention and response measures.

Humanitarian and peacekeeping staff must also uphold the highest standards of conduct by ensuring that they do not engage in any act of sexual exploitation and abuse, and appropriate measures are undertaken if any personnel violate the Code of Conduct.

Policy and advocacy

Oxfam aspires to the following types of advocacy on women's rights and gender equality in programmes addressing risk reduction.

Internally

Oxfam should ensure that its own national advocacy strategies for DRR promote gender equality and women's rights.

Locally

Oxfam can influence policy at the local level by raising awareness of best practice on gender in programmes addressing risk reduction.

Nationally

Oxfam should aspire to lead advocacy on gender equality and the protection of women's rights in processes such as national coordination and advocacy forums, e.g. the national platforms responsible for taking forward the commitments of the Hyogo Framework. Oxfam should also advocate on issues of specific identified risk, such as environmental protection. The focus should be on ensuring that DRR interventions respond to the needs of both women and men, that specific measures are taken to protect women's rights and support their empowerment, and that it is accepted that women's active participation and leadership in the relevant decision-making processes is essential in order to achieve such policy change.

Internationally

Oxfam advocates a major transfer of international funds toward DRR, including the demand that such work is implemented in an equitable, pro-poor, and gender-sensitive manner. It should also advocate increasing the active participation of women in the UNFCCC bodies and annual climate change meetings.

At all levels

Oxfam needs to form alliances with women's rights networks working to ensure that DRR policy-making is gender-responsive.