



Gender and Disaster Risk Management

TRAINING OF TRAINER'S (TOT) MODULE

SECOND EDITION



National Institute of Disaster Management
Ministry of Home Affairs, Government of India



TRAINING OF TRAINER'S (TOT) MODULE

Second Edition

By

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Resilient India - Disaster Free India

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Gender and Disaster Risk Management Training of Trainers (ToT) Module

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Foreword

Disasters are gender neutral, but their impacts are felt differently across genders. Women, men, transgender individuals, girls, and boys are affected in varied ways, even if they live in the same household. Like any other human experience, disasters expose the underlying gendered social realities. The better we understand their impact on diverse populations, the more effectively policies and interventions can promote resilience for all groups. Therefore, it is essential for disaster managers and practitioners to be sensitive to the gendered socio-cultural realities of the disaster experience, both before and after a disaster. This second edition module encourages a strategy of mitigation and recovery that not only recognizes the gendered aspects of disasters but also empowers individuals of different genders to build resilience.

Capacity building is one of the mandates assigned to the National Institute of Disaster Management under the Disaster Management Act of 2005. The Institute has adopted a two-pronged approach to address gender issues in its capacity-building programs. On one hand, the capsule on 'Gender and Disaster Risk Management' is integrated into ongoing programs across different fields; on the other hand, exclusive and regular training programs are also organized on "Gender and Disaster Risk Management." The module, initially developed in 2015, was the result of those interactive training sessions organized by NIDM. However, over time, there was a recognized need to update the module to better reflect the current scenario.

I am confident that the Second edition of the Training of Trainers (TOT) module on “Gender and Disaster Risk Management” will be well-received by development practitioners working within government, non-government organizations, and beyond, as it offers valuable insights into gender-sensitive and empowering interventions in disaster settings. Additionally, I hope this revised module will significantly benefit society by reaching those at the grassroots level who serve marginalized and vulnerable communities.



(Madhup Vyas)

Acknowledgement

The second edition, 2025, of the Training of Trainers (TOT) module on “Gender and Disaster Risk Management” is based on ongoing training programs on Gender and Disasters organized by the National Institute of Disaster Management (NIDM) since 2007. Moreover, the module incorporates the learnings, and experiences from various experts working in the field, as well as suggestions from participants who have completed these TOT programs. I am grateful to all those who significantly contributed to enhancing my knowledge and understanding of the topics covered in this TOT module. The current second edition of the TOT (Training of Trainers) module is an updated version of the previous “Gender and Disaster Management” TOT module published by NIDM in 2015. Besides the current international frameworks on Disaster Risk Reduction, the second edition includes vulnerabilities and case studies that illustrate the differential impacts of disasters on men, women, and the transgender community. It also emphasizes the importance of empowerment by recognizing the contributions of marginalized genders in disaster risk reduction around the world and their leadership in building community resilience.

I am thankful to *Shri Madhup Vyas, IAS, Executive Director of NIDM*, for his guidance and support in producing the Second edition of the TOT module. Additionally, I appreciate his valuable contributions throughout the revision and updating process. I have also learned a lot from the deliberations with my colleagues and gained valuable insights into the subject. I would like to thank Dr. Sapna Tiwari for her contribution and assistance in helping with the second edition of this TOT module. I am also grateful to Ms. Gulrukh Farooqui, Mr. Karpoora Sundarapandian, and Ms. Pragati Mishra for their support.

I hope the TOT module on ‘Gender and Disaster Risk Management’ (Second edition, 2025) will prove beneficial for Disaster Risk Management practitioners, trainers, academia, and other relevant stakeholders in implementing gender-sensitive, gender-specific, gender-empowering, and gender-transformative interventions in both pre- and post-disaster settings, leading to the empowerment of marginalized genders.

We are constantly updating our thoughts and experiences. We welcome input from all our stakeholders, including their insights, discoveries, and feedback in the field of ‘Gender and Disaster,’ to help us keep our publications relevant and contextually accurate.



(Ajinder Walia)

Abbreviations

DCH	Drop Cover and Hold
FGDs	Focus Group Discussion
FRP	Fiber Reinforced Plastic
FTM	Female to Male
GB	Gender Budgeting
GBV	Gender - Based Violence
GOI	Government of India
GRB	Gender - Responsive Budgeting
ICDS	Integrated Child Development Scheme
IEC	Information, Education, and Communication
ILO	International Labor Organization
MTF	Male to Female
NGO's	Non - governmental Organization
NIDM	National Institute of Disaster Management
PGNs	Practical Gender Needs
PPS	Programmes, Projects, and Scheme
PWD	People with Disabilities
SGI	Strategic Gender Interest
SGNs	Strategic Gender Needs
SHG's	Self-Help Groups
SMART	Specific Measurable Accurate Relevant and Time-Bound
ToT	Training of Trainers
UNDP	United Nations Development Program
UNEP	United Nations Environment Program
UNESCO	United Nations Educational, Scientific and Cultural Organization

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About Module

Disasters and their aftermath reflect the existing social inequalities related to caste, class, ethnicity, sexuality, disability, and age, with gender intersecting all of these. After a disaster, gender issues are often ignored or left unaddressed. The different impacts of disasters on men/boys, women/girls, or transgender individuals are not usually considered when responding to the needs of the affected community. Resource distribution in a post-disaster scenario, which is meant to serve the entire impacted population, typically follows existing norms and regulations rooted in a patriarchal society. As a result, women/girls and transgender people often face marginalization in accessing these resources. Meanwhile, the valuable contributions women and transgender individuals could make in reducing disaster risk are frequently overlooked, and their leadership in building community resilience is rarely highlighted. This is reflected in the lack of platforms within formal Disaster Risk Management organizations where women and transgender individuals can share their needs, experiences, and priorities. Gender stereotypes also pressure men to take on greater responsibilities due to gendered norms and expectations. Norms surrounding masculinity may encourage men to take on risky or heroic actions during rescue efforts, debris removal, and reconstruction, while discouraging them from reaching out to agencies for assistance or seeking counseling afterward. Therefore, the differing needs, vulnerabilities, and strengths of men/boys, women/girls, and transgender individuals must be considered in designing interventions across all phases of disaster management, from pre-disaster to recovery.

The post-disaster period presents an opportunity to promote social justice, address inequalities, and reduce vulnerabilities. It offers an opportunity to challenge traditional patterns of dominance and to reframe decision-making processes. Building on empowering experiences after a disaster can

help dismantle gender stereotypes that often hinder women's progress in economic, political, and social arenas. Post-disaster recovery should, therefore, be guided by the fundamental principle of creating a just and equitable society, where women, transgender, and other marginalized groups become equal participants in the rebuilding of the nation.

Recognizing this need, the National Institute of Disaster Management (NIDM) has created a Training of Trainer's Module on Gender and Disaster Risk Management that can be implemented nationwide. The main goal of the module is to train senior and mid-level government and non-government officials, as well as trainers from various departments within states, who work directly or indirectly in Disaster Risk Management (DRM), to promote a gender-sensitive approach to risks and disaster management.

DURATION OF THE MODULE

The duration of the TOT programme will be 5 days. Since the training involves several activities and exercises, the trainer may limit or extend the duration of the module, depending on the interest and involvement of the participant group, if needed.

OBJECTIVES

The objectives of the programme are as follows:

1. To discuss the conceptual framework of disaster risk management,
2. To provide an overview of the basic concepts of gender,
3. To discuss the gendered and differential impact of disasters on women, men, and transgender,
4. To illustrate case studies highlighting the specific impact of disasters on women, men and transgender,
5. To highlight the lessons learned from past disasters from a gender perspective,
6. To discuss the role of women as effective responders,
7. To promote a gender-sensitive approach to Disaster Risk Management, and;

8. To highlight the need to use disasters as an opportunity to empower women and transgender.

WHO SHALL USE THIS MODULE

The TOT module can be used by gender trainers as well as those working in the areas of Disaster Risk Management and Development. Since the training programme is based on brainstorming and interactions among the participants, the ideal number of participants per programme is 20-25.

HOW TO USE THE MODULE

The module is an interactive process-oriented module where the involvement of the participants will play a major role. This is a learner-centred module where the trainer would be facilitating all the information coming from the participants.

INAUGURATION, EVALUATION, AND VALEDICTION

The trainer can inaugurate the training programme through the introduction of the trainer and participants. This can be followed by experience sharing in the field of Disaster Risk Management. At the end of the programme, a formal evaluation should be done. The trainer can take feedback and suggestions from the participants through interaction as well as by asking the participants to fill in feedback forms.

STRUCTURE OF THE MODULE

The module has been divided into four sessions which are further divided into lessons spread over a period of five days. The proposed structure of the module is as follows:

DAY- I

Session 1: Understanding Gender and Sex

- Lesson 1. Gender and Sex (70 minutes)
- Lesson 2. Brainstorming on Individual Thoughts and Perceptions (75 minutes)
- Lesson 3. Gendered Activities, Roles, and Responsibilities (70 minutes)

DAY- II

Session 2: Disaster Risk Management and Differential Impact

- Lesson 1. Understanding Disaster Risk Management. (75 minutes)
- Lesson 2. Gendered Impact of Disasters. (90 minutes)
- Lesson 3. Case Study 1- The Gendered Impact of COVID-19 in India. (70 minutes)
- Lesson 4. Case Study 2- The Gendered Impact of Bhopal Gas Tragedy: Film Visuals and Discussion. (35 minutes)

DAY- III

Session 3: Engendering Disaster Risk Management

- Lesson 1. Gender and Reproductive Health. (45 minutes)
- Lesson 2. Empowering Women through Psychosocial Interventions in Disaster. (75 minutes)
- Lesson 3. Gender-Based Violence in Disasters. (60 minutes)
- Lesson 4. Gender and Shelter Management. (60 minutes)

DAY- 1V

- Lesson 1. Gender and Relief Management (60 minutes)
- Lesson 2. Gender and Livelihood Generation (60 minutes)
- Lesson 3. Gender and Early Warning (45 minutes)

Session 4: Empowerment of Men, Women, and Transgender People through Disaster Risk Management

- Lesson 1. Film Show 2 & Discussion: Empowering Women, Men, and Transgender People in Disaster Risk Reduction. (40 minutes)

DAY- V

- Lesson 2. Gender Budgeting and Auditing in Disaster Risk Management (90 Minutes)
- Lesson 3. Guidelines for Gender Sensitive Disaster Risk Management (90 Minutes)

TRAINER'S GUIDE






The trainer or facilitator or programme director may find the following tips useful for conducting the programme smoothly.

- During the inauguration session, the trainees should be asked to put their mobiles/cell phones in silent mode. In case of an urgent call, they should go out to receive the call and join back the session.
- All group activities (if possible & and convenient) should be photographed and displayed after the training sessions every day.
- A group photograph should be taken on day 3 or 4, given to the trainees with their certificates on the last day of the program.
- A participant's list with names, designations, address, contact numbers, and e-mail addresses should be circulated at least three times during training before the final printout is prepared for distribution along with the certificates and group photograph. One copy should be circulated so that participants can make necessary corrections and return to the trainer.
- All the training materials and equipments should be kept ready before the training.
- The trainees should be informed about the duration of lunch and tea/coffee breaks, as well as other group activities. They should also be informed about the activities for the next day.
- The trainees should be encouraged to share any issues they encounter during the training including logistical concerns so that every possible effort can be made to ensure a comfortable stay.
- During the programme, the duration of each session specified in various submodules may vary from the actual duration of the session, depending upon the number of trainees participating. Since most of the sessions are process-oriented and trainee-centered, the timing would largely depend upon the group size.
- The trainer can execute this TOT module keeping the above-mentioned points in mind.

SESSION 1

Understanding Gender and Sex

Lesson 1: Gender and Sex: Concepts and Related Terms

	OBJECTIVES	<ul style="list-style-type: none"> • To define gender and sex, • To explain the concepts of biological & social differences • To discuss the concept of roles ascribed on the basis of sex and gender.
	DURATION	70 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Interaction 2. Discussion, and 3. Group Exercise
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Flip Charts 2. Board Markers
	HANDOUTS	Handout No. 1 Gender and Sex Exercise

SESSION 1

Understanding Gender and Sex

Lesson 1: Gender and Sex: Concepts and Related Terms

Rationale

The purpose of this unit is to introduce the concepts of gender and sex, explore participant's perceptions and thoughts about gender relations, and begin to find explanations for the differences between men, women, and transgender individuals.

Learning Outcomes

By the end of this unit, you should be able to:

- Describe the concepts of gender and sex,
- Understand that our perceptions of women and men may not be related to the sex of the person, but are socially constructed.
- Explain that gender roles are largely a product of social thinking with biology playing a limited role.

Content

This unit includes the following:

Topic 1: Gender and Sex

Topic 2: Difference between Gender and Sex

Topic 3: Suggested Activity

Topic 1

Gender and Sex

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Training Note: The facilitator can begin the session by asking the participants if they have heard about the term 'gender', and if so, what their understanding of the term is. The facilitator can mention that the word gender is not new to us, we all have learned about it in our first lesson on grammar, when we classified masculine and feminine gender. The trainer should emphasize that it's okay if they don't have the "right" answer.

People often use the word "Gender" as a synonym for "Sex". Sex and Gender are terms that are often used interchangeably, but they are in fact two distinct concepts, even though for many people their sex and gender may align but these are different.

Sex, is a biological term referring to people, animals, etc., being either female, male, transgender based on their reproductive organs or genes or chromosomes. Sex also refers to the physical differences between individuals that make them male, female or transgender. These differences are biologically determined.

Gender, on the other hand is a broader term that can be defined as "a cultural construct consisting of a set of distinguishable characteristics associated with each sex." Thus, gender is a construction by the society through which individuals are categorized into divisions. It consists of cultural expectations and roles for femininity and masculinity.

Gender refers to the socio-cultural definitions of man, woman and transgender, how they are differentiated and assigned socially acceptable roles. These roles are maintained and sustained by multiple structures, including like family, community, society, ethnicity, and through tools like culture, language, education, media and religion. For ages, we have been socialized into believing that the different categories, roles and status accorded to men, women and transgender people in society is determined by biology i.e., sex, that they are natural and constant and therefore not changeable. In a way, women and their bodies are held responsible for their specific roles and subsequently their subordinate status in society.

A working definition of 'gender': Individuals are born female or male, but gender involves how a person identifies. They are taught what behavior and attitudes, roles and activities are considered appropriate for them, and how they should relate to others. This learned behavior is what makes up gender identity and determines gender roles. It may be noted that this working definition excludes the transgender community.

Gender identity refers to the personal sense of their own gender. A person's sex and gender identity do not have to be align. It is important to know the difference between them. A person may identify at any point within the spectrum or outside of it. Many individuals do not identify with the traditional categories or masculine or feminine categories, but instead feel they are somewhere on the gender spectrum.

Topic 2

Difference between Gender and Sex

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Training Note: On the flip chart, the trainer can write the word "sex" on the left side and "gender" on the right side and ask the participants to explain the meaning of these two words. The responses can be written under the appropriate heading. The trainer can further probe the participants about what the two words mean in their mother tongue. Are there separate words that specifically mean sex and gender in the local language? The trainer can illustrate the difference between the two.

The two terms are often assumed to be related concepts but in reality, they are separate and distinct. The differences can be tabulated as follows:

GENDER	SEX
1. Social construction	1. Biological construction
2. Changeable in nature	2. Universal in nature
3. Connotes different social roles of men and women in society, e.g., men as breadwinners, women performing household chores	3. Connotes only physical difference e.g., the way we are biologically born

Hence, the main difference between gender and sex connotes that while gender is constructed by society, sex is a biological concept. Gender roles are *social constructs* and are subject to *social change* and vary within societies, whereas sex is a *biological trait* and, while it can be altered through advanced surgery, is generally considered to be static and dictated by forces of nature, rather than cultivated via nurture.



Every child is born as male/ female/others

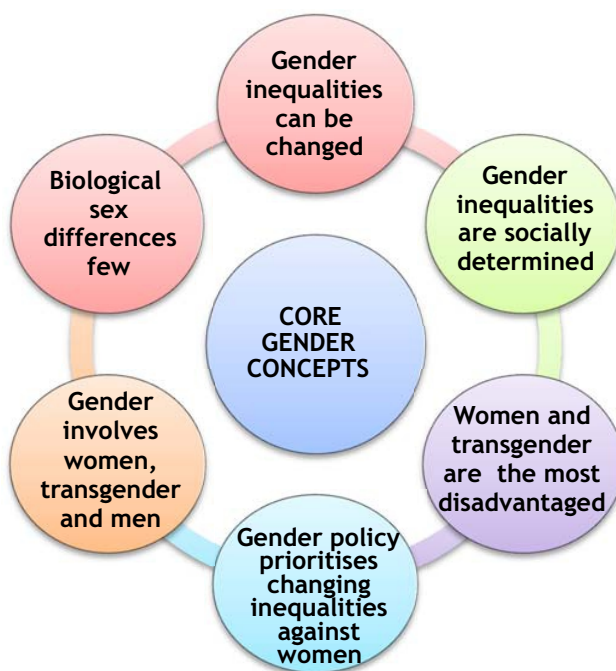


A person may fully or partially identify with existing gender roles or they may not identify with any gender roles at all.

Thus, we can derive the following:

- 'man' = male sex+ masculine social role
- 'woman' = female sex + feminine social role
- 'transgender' = gender identity different from the sex from what was assigned at birth.

Gender is a neutral term, neither good nor bad, right nor wrong. For some, the word "gender" has become associated with women's issues and women's programs, feminists, and for some people, gender has become a negative word that connotes exclusion or hatred of men. In fact, **"gender" refers to both males, females, and transgender and the relationship which exists between the sexes.**



Gender is a dynamic concept: Gender roles for women and men vary greatly from one culture to another and from one social group to another within the same culture. Race, caste, class, ethnicity, nationality, age - all of this influence what is considered appropriate for women and men. The above-mentioned variables and gender (in south Asia) do not operate independently; they intersect to intensify the vulnerabilities associated with gender. Furthermore, as culture is dynamic and socioeconomic

conditions change over time, so gender patterns change with them. Sudden crises, like war or natural disasters, can radically and rapidly change what men and women do but sometimes the old attitudes may return. The changes might have a permanent impact.

Transgender

Transgender person means a person whose gender does not match the gender assigned to the person at birth. In India, a transgender is identified as per the **Transgender Person (Protection of Rights) Act, 2019**. The act states that, “Transgender person” means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, gender queer and person having such socio-cultural identities as kinner, hijra, aravani and jogta. The Act has clearly specified the application of word 'transgender' to certain identities only. The lesbian, gay and bisexual community is not a part of transgender community in India. The Census of India, 2011 has reported a number of 4.88 lakhs of transgender person in India. However, this data is highly underreported as many transgender persons would not come out in the open to reveal their gender identities due to social suppression, oppression and fear of stigmatization.



Source: The Times of India, February 2023

A **trans woman** is a person who is born as a male but identifies himself with a female. Similarly, a **trans man** is a person who is born as a female but identifies herself with a man. This condition is called **gender dysphoria**. To deal with gender dysphoria, many transgender persons undergo sex reassignment surgeries including breast augmentation/removal, genital surgeries, hair restoration/removal, voice modification surgeries/ therapy, body contouring and hormonal therapy to change their physical appearance into the appearance they identify with. The process can be a painful experience for many transgender persons.

India's new law sets up a two-step process. First, it requires an individual to apply for a “transgender certificate” from the District Magistrate where they live. This can be done on the basis of a person's self-declared identity. Then, a certificate holder can apply for a “change in gender certificate,” which signals to authorities to change their legal gender to male or female.

However, this second step requires the person to provide proof of surgery, issued by a hospital official, to the District Magistrate for a second evaluation, and the official must be “satisfied with the correctness of such certificate.” This sets an extraordinary amount of power with one organization to arbitrate which trans people “qualify” to be recognized as who they are. It also coerces people into medical procedures they might not want.

Trans men and trans women do not come out in open due to fear, social stigmatization and ostracization. The procedures and systems continue to look at gender from a binary lens of men and women thereby neglecting the transgender population in all aspects including education, health, land rights, marriage etc.

Topic 3

Suggested Activity

Duration: 40 minutes

Training Methodology: Discussion & Interaction

Training Material: Handout 1

The suggested activity can be carried by following the steps outlined below:

Step 1: Ask the group if they understand the differences between 'gender' and 'sex'.

Step 2: Each participant is given Handout No. 1 containing statements that refer to the differences between men and women, some the result of sex and others the result of gender. Ask participants to write the letter G next to those they think refer to gender and the letter S to those they think refer to sex.

Step 3: Call out each statement from Handout No. 1 and ask participants to say whether the statement refers to a biological difference: sex, or a socially constructed difference: gender.

Trainer's Note: The trainers should make the session participatory and interactive by encouraging participants to raise questions, share their experiences, make comments, and seek clarifications. They should encourage informal discussion, amongst the participants and stress that it's perfectly fine if they don't have the "right" answer. The

statements that refer to gender differences offer a lot of possibilities for discussion that could lead on to the concepts for gender analysis. The trainer can focus on key questions and ideas like:

- a) Did any statements surprise you?
- b) Were there some statements that you actually thought were related to sex of the person but are gender based?
- c) Do the statements indicate that gender is inborn or learned? The suggested activity can be carried out by following the steps outlined below:

Step 1: Ask the group if they understand the differences between 'gender' and 'sex'.

Step 2: Each participant is given Handout No. 1 containing statements that refer to the differences between men and women, some the result of sex and others the result of gender. Ask participants to write the letter **G** next to those they think refer to gender and the letter **S** to those they think refer to sex.

Step 3: Call out each statement from Handout No. 1 and ask participants to say whether the statement refers to a biological difference: sex, or a socially constructed difference: gender.

Resources:

1. Kaur S (2002). Module on Gender and Empowerment of Women. Mahatma Gandhi State Institute of Public Administration of Punjab, Chandigarh.
2. Training Materials for Gender Mainstreaming in Disaster Risk Reduction, Gender and Disaster Network; Compiled by Fordham M. Available at http://www.gdnonline.org/wot_keyresources.php
3. Williams S, Seed J and Mwan A (2002). The Oxfam Gender Training Manual, Maya Publishers, New Delhi.
4. The Third Gender-Jesse Bering <https://sci-hub.hkvisa.net/> <https://www.jstor.org/stable/24943041>
5. The Transgender persons (Protection of Rights Act, 2019) Available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/<https://www.indiacode.nic.in/bitstream/123456789/13091/1/a2019-40.pdf>

Handout 1

Specify whether you consider the following activities to be related to the Gender /Sex of the person:






S.No.	Activity	Gender/Sex
1	Distributing sweets when a son is born	
2	Boys play with guns and aeroplanes while girls play with utensils and dolls	
3	Women giving birth and taking care of children	
4	Boys become pilots while girls teach in a dance school	
5	Women give birth to children while men do not	
6	Men's voices break at puberty, women's do not	
7	Little girls are gentle but boys are tough	
8	Men walk with swaying their hips	
9	Involvement of male in classical dances	
10	Amongst Indian Agricultural workers, women are paid 40-60 percent of the wage paid to men.	
11	Women stay at home while men go and work	
12	Men are sexually more aggressive than women	
13	Male with makeup, nail polishes, and jewelry	

Source: The OXFAM Gender Training Manual (2002).

SESSION 1

Understanding Gender and Sex

Lesson 2: Brainstorming on individual thoughts and perceptions

	OBJECTIVES	<ul style="list-style-type: none"> To examine the individual thoughts and perceptions about socially ascribed status, and; To illustrate examples of how the process of socialization contributes to generating gender stereotypes
	DURATION	75 minutes
	METHODOLOGY	<ol style="list-style-type: none"> Discussion Group Exercise
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> Flip Charts Board Markers
	HANDOUTS	Handout No. 2: Masculine and Feminine traits Exercise

SESSION 1

Understanding Gender and Sex

Lesson 2: Brainstorming on Individual Thoughts and Perceptions

Rationale

The Purpose of this unit is to examine the thoughts and perceptions of the participants. The session will analyze how the process of socialization contributes to the development of gender stereotypes.

Learning Outcomes

By the end of this unit, you should be able to:

- Introspect on their concepts on gender and distinguish between sexual and gendered concepts.
- Realize that the process of socialization actually contributes towards generating or undoing gender stereotypes;
- Identify the traits associated with men and women that are ascribed by society.
- Understand that the construction of Gender stereotypes leads to unequal power relations between men, women and transgender people which tend to place women and transgender in a more disadvantageous position as compared to men.

Content

This unit includes the following:

Topic 1: Socialization

Topic 2: Case Studies

Topic 3: Suggested Activity

Topic 1:

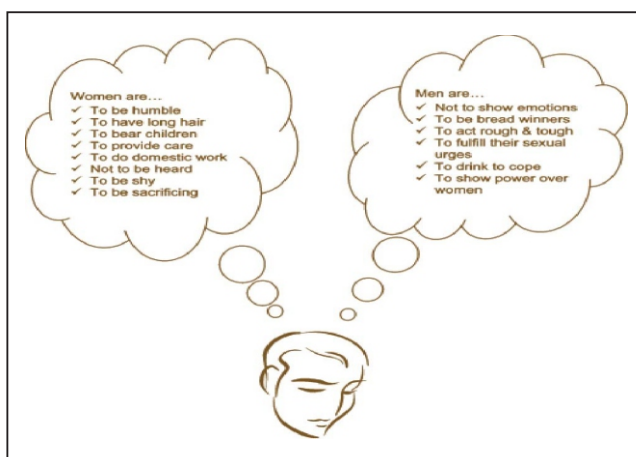
Socialization

Duration: 20 minutes

Training Methodology: Discussion & Interaction

Training Note: The trainer asks the participants about who taught them to eat, how to behave like a decent boy or a nice girl etc. The trainer can then lead the discussion to the process of socialization and agents of socialization.

Socialization is the process by which a child is taught to conform to social rules and become a social being. It begins during childhood by which individuals acquire the values, habits, and attitudes of a society. The male child is taught to be aggressive, dominant, avoid crying, earn a living for the family etc. The girl child, however, is taught to be docile, avoid aggressive behavior, behave and dress decently, avoid going out at night, eat after the males of the family, refrain from talking to men, perform household chores, take care of siblings etc. These traits, and values slowly and steadily get assimilated by all children. They grow up behaving like a woman and a man respectively.

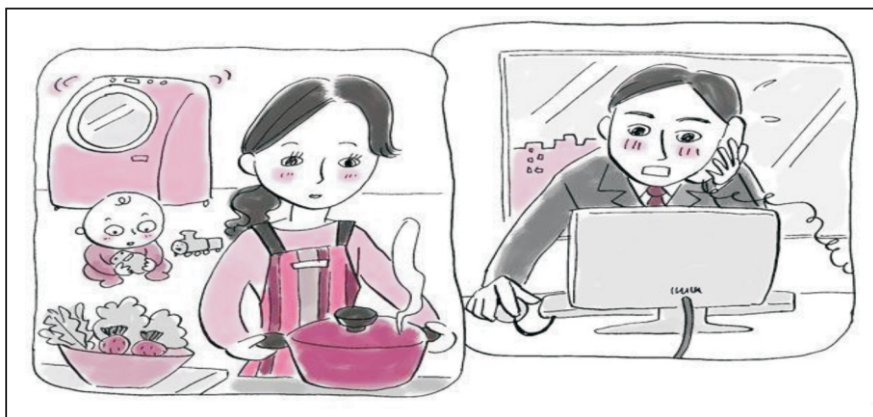


(Source: Chaman Pincha, Gender Sensitive Disaster Risk Management: A Toolkit for Practitioners, 2009; Oxfam America and Nanban Trust, Earthworm Books, Mumbai)

The agents of socialization through which socialization occurs include: *Parents, Teachers, Peers, School, The media, Language, Play, Art and music, Religion, etc.* Among the socializing agents and forces, the most relevant for our purposes are parents, teachers, and the school.

- **Parents:**

Parents begin to transmit sex-role stereotypes as soon as a child is born. Girls and boys are treated differently, e.g., they are dressed differently (Boys wear blue and are labelled as "big" and "strong," while girls wear pink and are "pretty" and "sweet") , both are given different toys (boys are given toy cars, airplanes, etc., while girls are given dolls, toy pots, plates and cups). The toys given to girls indicate their role.



Woman cooking food and man doing work in office

- **Teachers:**

Teachers reinforce the sex-role stereotypes learnt at home. They tend to treat boys and girls differently through role assignments, rewards and punishments for academic work. Girls are often considered to be more obedient than boys and are therefore treated gently, while boys are always expected to be more notorious and are punished more severely than girls. Teachers expect girls to be quiet and neat and often reprimand them for bad grades since they are considered to be more studious.



Girls and boys sitting in different rows inside the class

- **School:**

Schools play a significant role in reinforcing stereotypes about females and males. In some countries, for example, certain subjects are taught only to boys or girls, e.g., boys are taught technical drawing, woodworking and metal work, etc., while girls are taught domestic science, home economics, secretarial skills, etc. Traditionally “the sciences” (including subjects such as mathematics, science and informational technology), have been perceived as a masculine domain, while, conversely “the arts” (including art, languages, and humanities subjects such as history), have been considered as feminine at school level. While girls are expected to excel in home science classes, the boys are expected to do well in sports and physical education. Schools also offer different sports activities based on gender, e.g., girls play netball, while boys play soccer. Most games played by boys tend to be more competitive than those for girls.

- **Other Agents of Socialization:**

Additional agents such as media, language, art and music, religion etc. can also contribute towards formation of gender stereotypes. Many newspaper photographs, films, advertisements and television programs show men engaged in physically active pastimes such as sport, rock-climbing or canoeing (but few show women doing these things). Advertisements often depict teenage girls grooming themselves such as putting on make-up, brushing their hair and generally focusing on appearance (but few show teenage boys doing these things). Movies, as a source of entertainment, play a significant role in shaping perceptions of gender roles. Men are showcased as the more powerful one while women are shown to be less strong. Women are taught to please men and be gentle. Language does not merely reflect the way we think: it also actively shapes our thinking. If words and expressions that imply that women are inferior to men are constantly used, that assumption of inferiority tends to become part of our mindset. These agents of socialization focus exclusively on men and women and often excluding transgender children from their narratives.

Topic 2

Case Studies

Duration: 20 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: Ask the participants to reflect on the following examples and come up with any comments that they have. The discussion should focus on how the process of socialization shapes the thinking of a child on the gendered norms constructed by society for girls/women and boys/men.

Example

You watch your neighbor shout at his daughter for getting involved in physical fights with other children and as a punishment, she is stopped from playing in the evening.

Only last week you had seen him saying to his son "Don't cry like a girl and next time slap the friend who dares to pick up a fight with you."

Example

In school while selecting vocational courses your mother advises you to take up sewing and cooking since they help you in life. The next day you hear your father asking your brother to opt for Physical Education as his vocational course since he needs to be stronger and fit and the other options are not meant to boys.

During discussion on the above-mentioned examples the facilitator should emphasize that gender roles are not natural roles: boys and girls are systematically taught to be

different from each other. Socialization into gender roles begins early in life. This includes learning to be different in terms of, for example: appearance and dress, hobbies, behavior, emotions that we express, roles and responsibilities, and intellectual pursuits. Gender roles are learnt and therefore can be unlearned. They are not unchangeable.

Society prescribes specific roles for girls and boys, women and men, but values them differently. In almost all societies, girls and women are valued less than boys and men. This unequal value is the source of discrimination and oppression for women and accounts for the inferior status given to women in society. While gender-based differences disadvantage women much more than men, men are also constrained by the construction of masculinity. There may thus be men, too, who are concerned with redefining gender roles and relations.

The issue of gender inequality is far more complex than merely positioning men against women or depicting women as having to contend with men, house chores, or choices between responsibilities and leisure. It involves challenging the ideologies that may be perpetuated by the privileged gender and the institutions which uphold these values.

Topic 3

Suggested Activity

Duration: 35 minutes

Training Methodology: Discussion & Interaction

Training Material: Handout 2

Trainer's Note: The trainer should ensure the session is participatory and interactive. Encourage the participants to think and share their thoughts on the various stereotypes that they have experienced / seen / heard based on the masculine or feminine traits. The trainer should also address on the male stereotypes and the effect it has on men in the society.

The following steps should be followed by the trainer to carry out the suggested activity.

Step 1: Distribute Handout No. 2 to all the participants.

Step 2: Ask the participants to list out the traits which they consider to be masculine and feminine in nature. Give them 5 minutes to carry out the introspection.

Step 3: The participants should be asked to write the respective traits on the basis of first thought that comes to their mind.

Step 4: The trainer discusses the viewpoints of the participants together and focus on the questions like:

- Do you think that the statements can be interchanged?
- Do the traits that you have listed out try to place men in a more advantageous position as compared to women?

Step 5: The trainer can exchange the masculine and feminine traits with each other and try to break the stereotypes.

Resources:

1. Fordham M (2002). Training Materials for Gender Mainstreaming in Disaster Risk Reduction, Gender and Disaster Network; Compiled by Available at http://www.gdnonline.org/wot_keyresources.php
2. Williams S, Seed J and Mwan A (2002). The Oxfam Gender Training Manual, Maya Publishers, New Delhi.
3. Pincha C (2009). Gender Sensitive Disaster Risk Management: A Toolkit for Practitioners; Oxfam America and Nanban Trust, Earthworm Books, Mumbai.

Handout 2

Look at the columns in the table below. Fill in under each column those qualities that you consider typically male and typically female respectively. Do not ponder on your answer for a long time---your first thoughts are the final thoughts. Finish this exercise in 5 minutes.






S.no.	Masculine Qualities	Feminine Qualities
1	-	-
2	-	-
3	-	-
4	-	-
5	-	-
6	-	-
7	-	-
8	-	-
9	-	-
10	-	-
11	-	-
12	-	-
13	-	-

Source: *The Oxfam Gender Training Manual (2002)*.

SESSION 1

Understanding Gender and Sex

Lesson 3: Gendered Activities, Roles and Responsibilities

	OBJECTIVES	<ul style="list-style-type: none"> To brainstorm on the various roles and activities performed by men and women, and; To list out various activities and the role played by men and women in performing these activities.
	DURATION	70 minutes
	METHODOLOGY	<ol style="list-style-type: none"> Discussion Exercise
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> Multimedia Projector Flip Charts Board Markers
	HANDOUTS	<p>HandoutNo.3.1: Exercise on Roles and Activities</p> <p>Handout No. 3.2: A Story: Mr. Mayo goes to the doctor</p>

SESSION 1

Understanding Gender and Sex

Lesson 3: Gendered Activities, Roles and Responsibilities

Rationale

The purpose of this unit is to discuss various gendered nature of activities and roles performed by men and women in society.

Learning Outcomes

By the end of this unit, you should be able to:

- Brainstorm the gendered nature of activities performed by men and women.
- List out various roles which are performed by men and women in society.
- Discuss the unequal distribution of activities between men and women.
- Understand that women perform multiple roles and responsibilities in society. The work done by them is invisible and not acknowledged.

Content

This unit includes the following:

Topic 1: Suggested Activity

Topic 2: Gender Roles

Topic 1

Suggested Activity

Duration: 30 minutes

Training Methodology: Discussion & Interaction

Training Material: Handout 3.1

Trainer's Note: The trainer should focus on the activities carried out by men and women and the recognition and rewards associated with their activities. She/he can draw home the point that men tend to perform roles and activities that are paid and, in the formal sector, while women have to perform roles and activities that are unpaid, and in the informal sector.

The following steps can be followed to carry out the suggested activity:

Step 1: Distribute Handout No. 3.1 to all the participants.

Step 2: Ask the participants to list out whether a respective role or activity is performed by men or women.

Step 3: Instruct participants to write their respective answers on the basis of first thought that comes to their mind.

Step 4: While discussing the responses of participants, the trainer can focus on key questions and ideas like;

- a) What is the difference between the roles and activities performed by men and women?
- b) Do you think there is any difference in the economic rewards associated with the activities of men and women?
- c) Whose work is more visible in society; men or women?
- d) Who is working more in the organized sector; men or women?
- e) Do you think the unpaid work done by women is acknowledged in society?

Topic 2

Gender Roles

Duration: 40 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can approach the topic by asking participants to write down their daily routines on a piece of paper. After the participants have written down, the trainer can compare the daily activities carried out by both men and women and draw the point of heavy and invisible workload on women as compared to men. The discussion can be ramified out into various kinds of gender roles that are performed by men and women in our society.

Men are responsible primarily for productive work while women are responsible for both productive and reproductive work. Men and women both perform three kinds of roles in society. The three types of roles are as follows:

Productive Role: Comprises the work done by both women and men for payment in cash, kind or sufficient returns.

Reproductive Role: Comprises the childbearing/rearing responsibilities and domestic tasks required to guarantee the maintenance and well-being of household members. It includes not only biological reproduction but also the care and maintenance of persons who comprise the household e.g. looking after children, caring for sick and elders, cleaning, washing up, etc.



Woman cleaning utensils



Women collecting water

Community Management Role: Comprises activities undertaken at the community level to contribute to the development or political organization of the community. It is usually voluntary, unpaid work.

The trainer facilitator can ask the question "Who generally carry out the tasks, responsibilities and activities assigned under REPRODUCTIVE ROLES?"

The participants will likely indicate that the woman is the one who undertakes such tasks and responsibilities in most cases. The reproductive role is **less valued** socially because it is the work **"of women."** Women come to be seen as mothers first and workers second, thereby justifying their secondary status in the workforce. The motherhood role is so inextricably bound together with the role of woman that all women tend to be seen as maternal, providing care not only to their children and other people's children but to husbands, elderly parents, and sometimes even to bosses.

Many types of work in the area of production of goods and services, such as in the area of health and primary school education, have also been divided in accordance with gender roles. For example, the work of nurses for the most part is carried out by women, is much less prestigious and well-paid than the work of a doctor, work that has been primarily carried out by men.

There is a third useful category that can be said to be derived from the other two roles: the *Community Management Role*. Here again, there is a division of functions according to gender and we often find that women are responsible for carrying out community (management) work (attending to sick neighbours, picking kids up from school, participating in Parent-Teacher associations, involvement in church/religious activities), while men are more likely to participate as community leaders who negotiate with municipalities or other political authorities. This latter work is associated with status and is sometimes remunerated while the former's work is often

considered to be less valuable. The voluntary participation of women in community activities, as health workers, active participants in vaccination campaigns (either to vaccinate their children or their animals) and as cooks in community kitchens, has been considered indispensable for the promotion of health. But this is based on one assumption: these women have "free time". As discussed in the previous exercise, this assumption is incorrect. The type of community management work that women carry out is strongly associated with their reproductive role and with stereotypes that assign them certain types of work. Even though the men and the women work for the same number of hours in a day, the work done by men is considered more important which further leads to all the important decisions of the family and society being taken by the male members and women's opinion is not considered at all.

Trainer's Note: The trainer can distribute handout no 3.2 to the participants and ask them to ponder over it.

The facilitator introduces the concept of multiple roles (sometimes known as double or triple role): *Performing in a single day (sometimes simultaneously) two or three different roles. Given that reproductive roles are performed for the most part by women, multiple roles are more usually juggled by women.* Maintaining this balance has consequences in terms of time management and its effects on the person's mental and physical health is quite taxing and takes its toll. This is a burden that women therefore have to bear to a greater extent than men.

Look around and see Gender division of work

A sharp division exists between reproductive and productive spheres, despite the fact that they form an inter-related whole and feed into each other.

- *Women do most of the reproductive work which is completely unpaid. Women's reproductive work is less valued.*
- *Although women contribute significantly to the household economy, they are not recognized as breadwinners.*
- *Women are often excluded from decision making roles at various levels including family and community*

In general, in most of the economies, only productive work, due to its exchange value, is considered "work"; reproductive work and community management work are not valued because they are considered "natural" and non-productive. While women are not given due credit for the work they do, they are often reminded that their work does not require basic skills. The labour goes unpaid and unnoticed. *This has serious*

consequences for women because it means that most of their work continues to be invisible and, therefore, undervalued.

Multiple roles place a burden on women such as:

- Women carry out more fragmented tasks and have to divide their time between reproductive and productive tasks; in addition, the tasks of men are usually carried out in single blocks of time devoted to wage-earning activities.
- It is women who are responsible for domestic tasks, although men "help" them.
- Women perform productive tasks in addition to their reproductive ones; men carry out productive tasks instead of reproductive ones.
- Women have less leisure time and work more hours than men.
- Even when a woman runs the house, the man is considered to be the head.
- When the woman is head of a household, we see that the professional woman has to divide her time in order to perform the "male" and "female" roles in the family.
- When women leave to work outside the home, other women carry out the domestic activities.

In order to underscore the essential need for gender roles analysis and gender responsive planning, we need the following:

- Gender roles/relations analysis is a critical step in ensuring development of gender-responsive projects. It can safeguard a project from failure at best, or at the least, can minimize the degree of "harm" that is often inadvertently caused by invalid assumptions.
- Gender division of labor determines differential risks and protective factors for men and women; therefore, planners can better respond with appropriate, varied and sustainable interventions.
- Planning that considers the multiple roles of women and values their work can: (a) mitigate the economic dependence and subordination that contributes toward low self-esteem in women throughout their life cycle; (b) significantly lessen the stress inherent in carrying out these multiple roles and the fragmentation of their tasks, increasing their leisure time, and promoting physical, emotional and mental health.

A gender approach to development can, therefore, better meet the needs of both men and women and enhance the well-being of the whole community. The roles and responsibilities of transgender community are discussed in the following section.

Topic 3

Duration: 45 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can approach the topic by asking the participants about the roles of transgender and the activities carried out by them in society. A discussion regarding transgender individuals and the problems and difficulties faced by them in their daily lives can be carried out while also pointing out the unacceptance they face by the people. The discussion can be concluded by asking the participants to point out the solutions that can be provided to make daily life easier for the transgender.

Challenges of Transgender Community

Transgender generally faces a lot of discrimination because of their gender identities. They are rejected by their own families and society and are forced to live on the streets from a young age. Studies have reported that transgender persons lack access to gender-sensitive health care and often experience transphobia in medical settings.

Additionally, transgender individuals are exposed to high levels of violence, sexual assault, and harassment in everyday life, mainly because of transphobia. For instance, transgender women are often subjected to humiliation and harassment for their non-conformity to set social standards wherein they are expected to be a male and take care of their female counterparts. This deviation from social norms often leads them to get discriminated against and face social exclusion.

In terms of employment, transgender individuals often face significant barriers due to social stigma. Employers usually do not prefer offering jobs to them because according to them they do not fit into the conventional gender roles. Hence, they have very few job opportunities and means of livelihood. Parlours are the most visible space for transgender. It is also a process of 'normalizing' the otherwise unconventional and hence transgressive gender variant identity. Bars, massage parlours, and beauty parlours act as a friendly zone as well as a refugee zone for transgender who have faced family rejection and want themselves away from all kinds of violence. Hence, they take shelter in pursuing parlours as a way of employment for themselves.

Sex work is another very important source of income for transgenders. Many transgender turn to sex work because of social exclusion, rejection, homelessness, and the need for economic survival. Due to fewer employment opportunities, transgender often have to go for alternate sources of income, among which sex work/prostitution is a popular choice. They also have a higher chance of contracting sexually transmitted diseases.



When an individual does not conform to the gender roles of the sex they are born with and receive little or no support from their family, it paves way for no social support. As a result, it is imperative to provide social support to transgender people and end social exclusion. Voices should be raised in favour of their rights and the stigma against them should end. Adolescents who are transitioning or questioning their gender should not be looked down upon. There should be awareness regarding the transgender population so that they do not have to face the violence and the trauma associated. The discrimination towards them should end and they should be given equal opportunities as all other gender and sexes.

For example; School are establishments where children learn the life skills and social norms. They serve as settings where children begin to understand gender and explore about their sexual orientation. However, transgender students (the people who do not fit in the conventional cultural orientation standards) are to a great extent avoided with regard to conversations of training. Therefore, it often turns out as a place of harassment for transgender students since the society is yet to accept them. All students are assumed to fit into a binary classification of gender, that is, to be either a boy or a girl. This is evident in practices such as teachers addressing the class as "boys and girls" on the common use of having "boy" and "girl" washrooms, whereas the students who do not fit into these categories or do not identify with their biological sex are often bullied, harassed and left behind.

Similarly, harassment of transgender population continues to be prevalent in others social and economic fields.



Source: Times of India, 13 August 2018

Resources:

1. Gender Roles, Access to and Control of Resources and Household Stereotypes; Module No. 2, Gender, Health and Development, Pan American Health Organization.
2. Williams S, Seed J and Mwan A (2002). The Oxfam Gender Training Manual, Maya Publishers, New Delhi.
3. Pincha C (2009). Gender Sensitive Disaster Risk Management: A Toolkit for Practitioners; Oxfam America and Nanban Trust, Earthworm Books, Mumbai.
4. Kaur S (2002). Module on Gender and Empowerment of Women. Mahatma Gandhi State Institute of Public Administration of Punjab, Chandigarh.
5. Considering Transgender People in Education, A Gender-Complex Approach- Kathleen E. Rands
6. Transgender sex work and society- by Larry Nuttbrock
7. Social Support, Exposure to Violence and Transphobia, and Correlates of Depression Among Male-to-Female Transgender Women With a History of Sex Work -Tooru Nemoto PhD, Birte Bödeker MSc, and Mariko Iwamoto MA

Handout 3.1

Please tick whether a particular role and activity is performed by a man or a woman. You have to identify the gender that comes to your mind first. Do not ponder on your answer for a long time---your first thoughts are the final thoughts. Finish this exercise in 4 minutes.

S.No.	Roles	Man/Woman	Activities	Man/Woman
1	Tailor		Sewing	
2	Farmer		Carrying heavy things	
3	Chef		Operating machinery	
4	Police		Cooking	
5	Judge		Selling	
6	Lawyer		Basket Weaving	
7	Pilot		Flying an aircraft	
8	Scientist		Research	

Source: The OXFAM Gender Training Manual (2002).

Handout No. 3.2

MR. MAYO GOES TO THE DOCTOR

'What is your job?' asked the doctor

'I am a farmer,' replied Mr. Mayo.

'Have you any children?' the doctor asked.

'God has not been good to me. Of 15 born, only 9 are alive,' Mr. Mayo answered.

'Does your wife work?'

'No, she stays at home'.

'I see. How does she spend her day?'

'Well, she gets up at four in the morning, fetches water and wood, makes the fire, cooks breakfast, and cleans the home. Then she goes to the river and washes clothes. Once a week she walks to the grinding mill. After that she goes to the township with the two smallest children, where she sells tomatoes by the road side while she knits. She buys what she wants from the shops. Then she cooks the midday meal.'

'You come home at midday?'

'No, no, she brings the meal to me about three kilometers away.'

'And after that?'

'She stays in the field to do the weeding, and then goes to the vegetable garden to water.'

'What do you do?'

'I go and discuss business and drink with the men in the village.'

'And after that?'

'I go home for supper which my wife has prepared.'

'Does she go to bed after supper?'

'No, I do. She has things to do around the house until 9 or 10.'

'But I thought you said your wife doesn't work.'



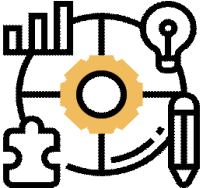


'Of course she doesn't work. I told you she stays at home.'

(Source: Presented by the Women and Development Sub-committee Ministry of Community Development and Community Affairs, Zimbabwe, to Women's Regional Ecumenical Workshop, 26 June - 6 July 1989, Harare, Zimbabwe.)

SESSION 2

Disaster Risk Management and Differential Impact of Disasters

Lesson 1: Understanding Disaster Risk Management

	OBJECTIVES	<ul style="list-style-type: none"> ▪ To explain the meaning and terms used in Disaster Risk Management, ▪ To describe the Disaster Risk Management cycle, ▪ To discuss the relationship between disasters & development, and; ▪ To explain the paradigm shift.
	DURATION	75 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Power Point Presentation 2. Discussion
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	Nil

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Lesson 1: Understanding Disaster Risk Management

Rationale

The purpose of this unit is to discuss the conceptual framework of Disaster Risk Management and the relationship between disasters and development.

Learning Outcomes

By the end of this unit, you should be able to:

- Explain the meaning and terms used in Disaster Risk Management.
- Describe the Disaster Risk Management cycle and the various phases in the cycle.
- Discuss the relationship between Disasters and Development.
- Explain the paradigm shift in the management of Disasters.

Content

This unit includes the following:

Topic 1: Concepts of Disaster Risk Management

Topic 2: Disaster Management Cycle

Topic 3: Relationship between Disasters and Development

Topic 4: A paradigm shift

Topic 1

Concepts of Disaster Risk Management

Duration: 20 minutes

Training Methodology: Power Point Presentation & Discussion

Trainer's Note: Introduce the module by showing pictures of natural as well as human made disasters on a power point slide and asking the participants to identify each disaster. You may ask one participant to describe briefly his/her experience of the disaster.

Disaster

As per the Disaster Management Act, 2005 disaster is defined as “a catastrophe,

mishap, calamity or a grave occurrence in any area arising out of natural or human made causes, or by accident or negligence, which results in substantial loss of life and human suffering or damage to, or destruction of, or degradation of environment, and is of such a nature, or magnitude as to be beyond the coping capacity of the affected community of the affected area”.

The term Disaster Management is a collective term referring to all aspects of planning and responding to disasters, including both pre- and post-disaster activities. It may refer to the management of both, the risks and consequences of disasters. Therefore, while hazards can be considered natural, disasters are generally human made.

Disaster Risk

Disasters are sometimes considered external shocks, but disaster risk results from the complex interaction between development processes that generate conditions of exposure, vulnerability and hazard. Disaster risk is therefore considered as the combination of the severity and frequency of a hazard, the number of people and assets exposed to the hazard, and their vulnerability to damage. Intensive risk is disaster risk associated with low-probability, high-impact events, whereas extensive risk is associated with high-probability, low-impact events. Therefore, disaster risk is expressed as the likelihood of loss of life, injury or destruction and damage from a disaster in a given period.

Disaster Risk Management

Disaster Risk management is the application of disaster risk reduction policies and strategies to prevent new disaster risk, reduce existing disaster risk and manage residual risk, contributing to the strengthening of resilience and reduction of disaster losses (UNDRR). It involves being prepared for events like floods, earthquakes, or other emergencies, so that we can protect our communities, our assets, and ourselves. This includes making plans, building strong and safe buildings, and having supplies ready in case something bad happens.

The components of Disaster Risk are:

Hazard

Hazards are defined as a physical phenomenon that poses a threat to people, structures or economic assets and, which may cause a disaster.

Earthquake, floods, tsunami etc. are all hazards and we can prevent them from becoming disasters.

There are three types of hazards, namely:

- **Natural-** These are hazards caused by nature such as floods, droughts, earthquakes, cyclones, tsunami, landslides etc.
- **Human-made-** These are hazards that are caused by human beings either deliberately or by accident such as industrial and chemical accidents, road and railway accidents, fire, building collapse, communal violence, bomb blasts, etc.
- Hazards can be natural but are exacerbated due to human activities such as climate change. Increase in floods, droughts, heatwave, cold wave, cyclones, floods have been attributed to climate change which is a consequence of human activities. They are also a result of deforestation, unplanned development, improper drainage systems etc., all of which are caused by human actions.

When a hazard is not managed properly, it turns into a disaster. Disasters are both natural and human engineered.

Vulnerability and intersectionality

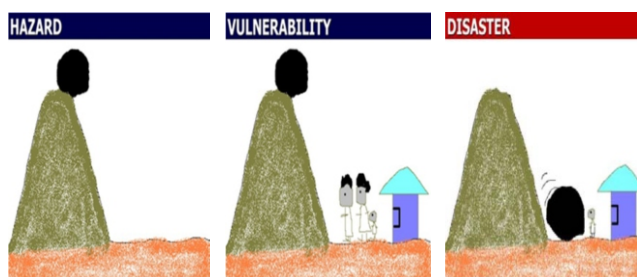
United Nations Disaster Risk Reduction (UNDRR) defines vulnerability as “the conditions determined by physical, social, economic and environmental factors or processes which increase the susceptibility of an individual, a community, assets or systems to the impacts of hazards.

Vulnerability can be of varied types like:

1. **Physical vulnerability:** Depending on the physical location of people and elements at risk and the technical capacity of buildings, structures, and infrastructure. It varies according to construction techniques, materials, used and location.
2. **Economic vulnerability:** Poor people are considered to be more vulnerable as their houses are built of weak materials and in hazardous areas. They lack the essential safety nets to recover as the affluent population. Additionally, they may lose the essential tools and equipment of their livelihood as well.
3. **Social Vulnerability:** Certain sections of the population are more vulnerable than the others like women, children, elderly, people with disability, people belonging to marginalised sections such as Scheduled caste, Scheduled tribes and those dependent on critical facilities etc.
4. **Other types of vulnerability:** Some other types of vulnerability have also been identified like Environmental vulnerability, Cultural vulnerability, Educational vulnerability, Attitudinal Vulnerability and Political vulnerability.

The concept of intersectionality is important in disaster management because it helps us to understand how individuals of communities experience risk and vulnerabilities differently based on overlapping social identities. The factors such as social and economic status, disability, age, race and access to government schemes and more can all exacerbate the impact of a disaster. For example, a poor woman may struggle more than a wealthy one due to a lack of resources, while women with disabilities face extra challenges during rescue operations. Age also plays a role, as young, adult, and elderly women have different needs in disaster situations. Discrimination, literacy issues, and lack of access to government support further worsen vulnerabilities. Climate change amplifies these challenges, disproportionately affecting women and marginalized groups. During disasters, recognizing these intersecting vulnerabilities is crucial for providing effective support.

Trainer's Note: Explain in detail, Provide examples that participants can relate to. You may need to give examples of real-life situations where people become vulnerable to various disasters on account of varied types of vulnerability like weak buildings, low socioeconomic status, gender, age, lack of awareness etc.



When a hazard is not managed properly, it turns into a disaster. Disasters are generally a result of human actions and negligence.

For example, explain how the earthquake is a natural phenomenon but poor implementation of building bylaws leads to the construction of weak buildings, which ultimately causes casualties and hence earthquake which was a natural hazard turns into a disaster. In rural areas, the buildings and houses may not adhere to building bylaws but the quality and hazardous nature of structure can be discussed.

Capacity

Capacity is knowledge, skills, resources, abilities and strength present in individuals, households and the communities, which enable them to prevent, prepare for, stand against, survive and recover from a disaster (Source: UNDRR).

Some examples of capacity are:

- Permanent and disaster-resilient houses
- Adequate food and income sources
- Fire stations
- Developed health infrastructure
- Good community networks for support
- Local knowledge
- Strong community leadership and organizations

The combination of all the strengths, attributes and resources available within an organization, community or society to manage and reduce disaster risks and strengthen resilience is referred to as capacity. Capacity may include infrastructure, institutions, human knowledge and skills, and collective attributes such as social relationships, leadership and management (Source: UNDRR).

Exposure

United Nations Disaster Risk Reduction (UNDRR) defines exposure as “the situation of people, infrastructure, housing, production capacities and other tangible human assets located in hazard-prone areas”. Exposure in disaster management means figuring out what and who might be affected by a disaster. It's about understanding what could get damaged if disaster strikes. This helps us plan and prepare to keep people and things safe.

Risk

$$\text{Risk} = \text{Hazard (H)} \times \text{Vulnerability (V)} / \text{Capacity (C)}$$

According to Asian Disaster Reduction Center, Two elements are essential in the formulation of risk: the probability of occurrence for a given threat - hazard; and the degree of susceptibility of the element exposed to that source (vulnerability).

The recognition of vulnerability as a key element in the risk equation has also been accompanied by a growing interest in linking the positive capacities of people to cope, withstand and recover from the impact of hazards. It conveys a sense of the potential for managerial and operational capabilities to reduce the extent of hazards and the degree of vulnerability (Source: PreventionWeb).

It is important to consider the social and economic contexts in which disaster risks occur and that people do not necessarily share the same perceptions of risk and their underlying risk factors (Source: UNDRR).

Acceptable risk, or tolerable risk, is therefore an important subterm; the extent to which a disaster risk is deemed acceptable or tolerable depends on existing social, economic, political, cultural, technical and environmental conditions. In engineering terms, acceptable risk is also used to assess and define the structural and non-structural measures that are needed in order to reduce possible harm to people, property, services and systems to a chosen tolerated level, according to codes or “accepted practice” which are based on known probabilities of hazards and other factors (Source: UNDRR).

Residual risk is the disaster risk that remains even when effective disaster risk reduction measures are in place, and for which emergency response and recovery capacities must be maintained. The presence of residual risk implies a continuing need to develop and support effective capacities for emergency services, preparedness, response and recovery, together with socioeconomic policies such as safety nets and risk transfer mechanisms, as part of a holistic approach (Source: UNDRR).

BOX 1

Risk Reduction in the Global Agreements:

The Sendai Framework on Disaster Risk Reduction 2015-2030 (Sendai Framework) focuses on the adoption of measures that address all dimensions of disaster risk - hazard, exposure, vulnerability and coping capacity - to prevent the creation of new risk, reduce existing risk and increase resilience. It incorporates a strong focus on inclusiveness “through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience” (United Nations, 2015a).

SENDAI FRAMEWORK FOR ACTION

About Sendai Framework:

- It is a 15-year agreement
- Voluntary
- Non-binding
- It recognizes that the **State has the primary role** to reduce disaster risk but that responsibility should be shared with other stakeholders including local government, the private sector, and other stakeholders.

Four specific priorities of the Sendai Framework:

- Understanding disaster risk
- Strengthening disaster risk governance to manage disaster risk
- Investing in disaster risk reduction for resilience
- Enhancing disaster preparedness for effective response and recovery, reconstruction, and rehabilitation

India and UNISDR signed a Statement of Cooperation on the Sendai Framework



GENDER INCLUSIVITY IN SFDRR

The Sendai Framework acknowledges both the specific vulnerabilities that women face in disasters due to pervasive gender inequality that exists across all societies, and recognizes the indispensable role of women, including grassroots women in risk reduction efforts. Effective disaster risk reduction requires meaningful and diverse participation, engagement and leadership, through an inclusive and accessible, all-of-society approach. Climate change and environmental degradation are increasing disaster risk, yet national legal and policy frameworks do not yet provide a cohesive basis for gender-responsive governance that fulfills the rights and needs of women and girls and ensures women's participation in decision-making.

Women or gender are not mentioned in the text relating to priorities 1 and 2, although mention is made in Priority 3 of sexual and reproductive health, while wider issues relating to women and gender are mentioned under Priority 4. But these must at all times be interpreted in light of the Guiding Principles, which apply to all DRR measures and actions.

Target E	The 2017 Global Platform for Disaster Risk Reduction aimed to promote gender integration in national and local disaster risk reduction policies by 2020, in alignment with Target E of the Sendai Framework. This involved empowering women and promoting their leadership in disaster risk reduction, with ongoing support, review, and monitoring. Upcoming guidelines will emphasize the importance of member states monitoring gender-related progress and reporting using sex-disaggregated data. Target E of the SFRR (2015-2030) emphasizes the importance of promoting gender-inclusive disaster risk reduction and management.
Priority 4 of SFDRR	Priority 4 of the four Sendai priorities addresses disaster preparedness, response, recovery, rehabilitation and reconstruction. Here, 'empowering women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches' is outlined as a key recommendation for disaster preparedness and effective response
Target A-B	Although none of the seven targets directly address gender focused interventions, two target indicators on mortality (Target A) and affected people (Target B) cover female dimensions of disaster loss through data disaggregated by hazard, income, sex, age and disability.

Transforming our World: the 2030 Agenda for Sustainable Development (2030 Agenda) sets out 17 Sustainable Development Goals (SDGs) and provides a comprehensive global policy framework towards ending all forms of poverty, hunger, inequalities among and within countries (based on gender and other socioeconomic status), and tackling environmental degradation and climate change, while ensuring “no one is left behind” (United Nations, 2015b). Its suite of planned worldwide positive changes will help reduce most elements of disaster risk. The SDGs incorporate multiple Sendai Framework targets as well as climate change and sustainability targets. **Goal 5** focuses on **gender equality**, aiming to eliminate discrimination and empower vulnerable groups. Countries have committed to prioritize the most vulnerable populations and work towards ending poverty, hunger, disease, and inequality.



Source: Global Assessment Report on Disaster Risk Reduction, 2022.

The Paris Agreement steers action towards global climate change adaptation and the mitigation goal of limiting global warming to well below 2°C above pre-industrial levels, and preferably to 1.5°C. Article 7 outlines the global adaptation goal, which includes the need to incorporate sustainable development in adaptation planning (United Nations, 2015c). The Warsaw International Mechanism for Loss and Damage associated with Climate Change Impacts under the United Nations Framework Convention on Climate Change also recognizes the importance of averting, minimizing and addressing loss and damage due to climate change, including extreme weather and slow-onset hazards and changes (UNFCCC, 2013). Comprehensive risk assessment, risk insurance facilities and climate risk pooling are important tools that link climate action under the Paris Agreement with risk reduction under the Sendai Framework.

Source: Global Assessment Report on Disaster Risk Reduction, 2022.

BOX 2

The Gender Action Plan is a strategic initiative designed to support the implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030. The Sendai GAP aims to accelerate progress towards the mutually reinforcing goals of gender equality and the prevention and reduction of disaster risk by ensuring DRR efforts are gender-responsive, and promote and support women's empowerment and leadership. This Gender Action Plan to Support Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 (Sendai GAP) aims to substantially increase gender-responsive disaster risk reduction by 2030.

The Sendai Framework's guiding principles stress that, in addition to protecting people and their property, health, livelihoods and assets, as well as cultural and environmental assets, disaster risk reduction needs to promote and protect “all human rights, including the right to development” (article 19(c)). They also emphasize that, while each State has the primary responsibility for reducing risk, requiring an all-of-government approach across sectors and at all levels, it is also necessary to have all-of-society engagement and partnership. In this regard, women's organizations and other gender equality and inclusion stakeholders play a pivotal role in disaster resilience, advocating for gender equality and localizing efforts. Furthermore, the guiding principles recognize that disaster risk reduction “requires empowerment and inclusive, accessible and non-discriminatory participation, paying special attention to people disproportionately affected by disasters” (article 19(d)). The Sendai GAP operationalizes the guiding principles through gender-responsive disaster risk reduction.

It identifies nine key objectives related to the four priorities of the Sendai Framework and recommends 33 actions that promote gender equality and the empowerment of all women and girls in disaster risk reduction.

Source: Gender Action Plan to Support Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030, UNDRR (2024).

Topic 2

Disaster Risk Management Cycle

Duration: 25 minutes

Training Methodology: Power point Presentation & Discussion

Trainer's Note: The trainer can ask the participants "What happens immediately after a disaster? What happens after Search and Rescue?" Questions like this can be posed to the participants for every phase of a disaster.

DISASTER RISK MANAGEMENT CYCLE

A Disaster Risk Management cycle includes the following phases:

1. **Search and Rescue:** It refers to the first **48-72** hours after a disaster strikes. It is also called the golden period as maximum lives can be saved if SAR operations begin early. In this phase, the teams search for victims who are injured but alive. The community members, army and local administration carry out the operation. They should also be fully equipped to assist the more vulnerable population.





2. **Relief:** This phase deals with providing food, clothing and shelter to people according to local conditions to the affected population. Temporary shelters are set up for the affected populace. What needs to be understood is that ***Relief is an act of right of the affected community rather than an act of charity.***



Relief Team responding to the disaster



Distribution of essential relief materials to the community

3. **Recovery:** Recovery in disaster management is the process of rebuilding and restoring communities, infrastructure, and systems after a disaster. It includes social rehabilitation, economic revival, and physical reconstruction. The goal is to return affected areas to a state of normalcy while also enhancing their resilience to future disasters. Therefore, it involves various phases, including immediate relief, short-term recovery, and long-term reconstruction. Rehabilitation, reconstruction, and recovery are interlinked phases in the continuum of disaster risk management. Together, these stages progressively restore stability and sustainability post-disaster.
 - **Rehabilitation:** The restoration of basic services and facilities for the functioning of a community or a society affected by a disaster (Source: UNDRR).

- **Reconstruction:** The medium- and long-term rebuilding and sustainable restoration of resilient critical infrastructures, services, housing, facilities and livelihoods required for the full functioning of a community or a society affected by a disaster, aligning with the principles of sustainable development and “build back better”, to avoid or reduce future disaster risk (Source: UNDRR).
4. **Mitigation:** It refers to measures taken after a disaster, which aims at reducing the impact of disasters on the community and the environment in future. It involves implementing the learnings from the past disaster and incorporating the learnings in present scenario. The aim of this phase is to build back better to reduce the impact future disasters. All the measures undertaken during rehabilitation and reconstruction should ensure that it addresses the mitigation of disaster as well. The link between rehabilitation and mitigation is a vital linkage for preventing future hazards from becoming major disasters.

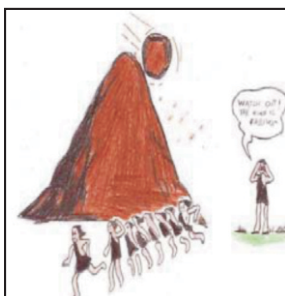
Mitigation measures are of two types:

- **Structural Measures:** These include all technical measures like building multi-hazard resistant buildings & shelters, retrofitting, micro zonation for risk assessment, modernizing early warning systems etc.
- **Non-Structural Measures:** These include all non-technical measures like awareness generation, training, and capacity building, policy and regulations, mock drills & demonstrations, effective dissemination of early warning, development of state, district and village plans.

Technical Solutions (Structural Measures)



Conducting Mock Drill (Non-Structural Measures)



Drop Cover & Hold (DCH) Exercise (Non-Structural Measures)



Mitigation Measures

5. **Preparedness:** This phase refers to all steps undertaken to minimize the adverse effects of a hazard through effective precautionary actions and to ensure timely,

appropriate and efficient organization and delivery of emergency response following the impact of disaster. For e.g. in case of floods, the preparedness measures would include building shelters, deposition of sand bags, making embankments, storing water for drinking purposes, setting of control room, repairing of flood machinery items, identification of NGO's, arrangements of kitchen items, flood preparedness meeting etc.



Measures taken during a hazardous situation



Flood preparedness meetings

Topic 3

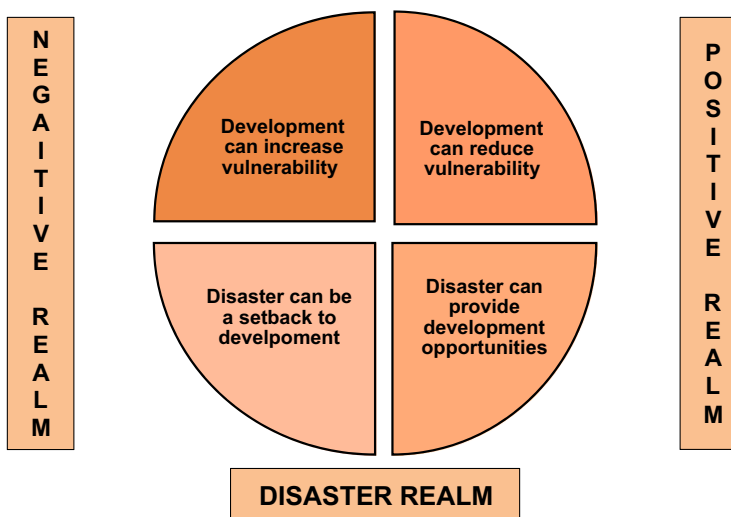
Relationship between Disasters and Development

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can quote the example of a government hospital whose ceiling collapsed when the injured victims of the Gujarat earthquake of 2001 were being treated in the hospital. The trainer can draw the analogy that hospital is a symbol of development. When development and disasters are not integrated, it leads to the failure of development as well as weakens the response to disasters.

Earlier, disasters and development were not linked together. Development programs were not assessed in the context of disasters, neither from the effect of a disaster on the development programs nor from the point of whether the development programs increased either the likelihood of a disaster or increased the potential damaging effects of a disaster. The growing body of knowledge however, accentuated the linkage and integration of disasters and development. Disasters are now considered to be unresolved problems of development. The relationship between disasters and development can be summarized by the following figure:



(Source: The United Nations Development Programme and UNDRP (1992), An Overview of Disaster Risk Management, Modules for Disaster Risk Management Training Programme, 2nd Edition)

The above figure reflects two facets of disaster and development: namely, the negative and the positive realm. The former focuses on how unsafe development can lead to disasters and how disasters can be a setback to development. The positive realm focuses on how safe development can reduce disasters and how disasters can serve as a window of opportunity for safe development.

Topic 4

Paradigm Shift

Duration: 15 Minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can list out the approach that was followed earlier (highlighted in the following table) and ask the participants about how it has changed in the present scenario and thus lead the discussion.

Earlier, across the globe as well as in India, Disaster Risk Management was always seen as a post-disaster activity comprising response, relief, and rehabilitation. However, in the last decade, the focus of Disaster Risk Management has shifted to pre-disaster planning, preparedness and mitigation leading to risk reduction. This has been understood as a paradigm shift in the approach of management of disasters. The shift can be summarized as summarized in the following table:

S.No	Earlier approach	Paradigm Shift
1	Disasters are an act of God.	Disasters are a natural phenomenon exacerbated by human factors.
2	Disasters are isolated events or aberrations in the normal path of development.	Disasters are unresolved problems arising from the very process of development.
3	Linkages with society during normal times were not analyzed in studying vulnerability and disasters.	Linkages with society are fundamental for understanding disasters. Relationships/structures determine why some people are more vulnerable than others.
4	Disasters can be managed effectively by technical solutions.	Disasters can be managed effectively by both structural as well as non-structural measures.
5	Top down and inflexible approach were adopted in handling disasters. There was lesser participation of the community as it was considered to be a victim.	The Bottom-up approach was adopted in handling disasters. There was a realization that the capacity of the community should be built to protect them from disasters. The affected community was treated as a survivor and a partner.
6	The ultimate goal after a disaster was to return to the pre-existing normal situation before the disaster took place.	Disasters are seen as a window of opportunity to build back better by linking reconstruction and rehabilitation with mitigation.
7	The thrust area of the management of disaster was on response and relief.	The thrust area of the management of disaster is on mitigation and preparedness.

Resources:



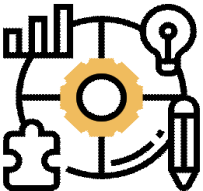


1. World Vision Solomon Islands and National Disaster Management Office (2005). Community-Based Disaster Management Trainer's Guide Supported by AusAid, Version 1.
2. Asian Disaster Preparedness Centre (2000). Training Module on Community-Based Disaster Preparedness, Bangkok, Thailand.
3. The United Nations Development Programme and UNDRO (1992). An Overview of Disaster Risk Management, Modules for Disaster Management Training Programme, 2nd Edition.
4. UNDRR (Ed.). (2021, June 8). Disaster risk. Prevention Web. <https://www.preventionweb.net/understanding-disaster-risk/component-risk/disaster-risk>.
5. UNISDR. (2009). UNISDR Terminology on Disaster Risk Reduction. (<https://www.undrr.org/publication/2009-unisdr-terminology-disaster-risk-reduction>).

6. United Nations, General Assembly (2015). Sendai Framework for Disaster Risk Reduction 2015-2030. Resolution adopted by the General Assembly on 3 June 2015. 23 June. A/RES/69/283. Available at <https://www.undocs.org/Home/Mobile?FinalSymbol=A%2FRES%2F69%2F283&Language=E&DeviceType=Desktop&LangRequested=False>.
7. United Nations Office for Disaster Risk Reduction. (2024). Gender action plan to support implementation of the Sendai framework for disaster risk reduction 2015-2030. UNDRR. <https://www.undrr.org/publication/gender-action-plan-support-implementation-sendai-framework-disaster-risk-reduction-2015>.
8. United Nations Office for Disaster Risk Reduction. (2022). Global assessment report on disaster risk reduction. UNDRR. <https://www.undrr.org/gar>

SESSION 2

Disaster Risk Management and Differential Impact of Disasters

Lesson 2: Differential Impact of Disasters on Women, Men and Transgender

	OBJECTIVES	<ul style="list-style-type: none"> ▪ To explain how disasters affect men women and transgender differently, ▪ To list out the specific needs of women in disasters, and; ▪ To illustrate case studies highlighting the differential vulnerability of women and men and transgender.
	DURATION	90 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Discussion 2. Group Activity 3. Role Play
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Flip Charts 2. Board Markers
	HANDOUTS	Handout No. 4 : Story of Fox and Crane

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Lesson 2: Differential Impact of Disasters on Women, Men and Transgender

Rationale

The Purpose of this unit is to highlight how disasters tend to affect men, women and transgender individuals differently as well as the specific gendered needs of women.

Learning Outcomes

By the end of this unit, you should be able to:

- Explain why women are considered to be one of the vulnerable groups in disasters.
- Describe the differential impact of disasters on women and men.
- Discuss case studies of various disasters highlighting the differential impact of disasters.
- Discuss the importance of addressing differential needs of men, women and transgender in disasters.

Content

This unit includes the following:

Topic 1: Vulnerability of women and men in disasters

Topic 2: Differential Impact of disasters on Women, Men & Transgender individuals.

Topic 3: Case studies highlighting the differential impact and specific needs of women, men and transgender

Topic 4: Suggested activity

Topic 1

Vulnerability of Women and Men in Disasters

Duration: 20 minutes

Training methodology: Discussion & Interaction

Trainer's Note: The trainer can state that "women are more vulnerable in our society". If participants agree with this statement, the trainer can further probe the reasons from them and guide the discussion accordingly and also accentuate that there are specific vulnerabilities of men in our everyday life as well.

Women are generally considered to be more vulnerable during disasters. Reasons for their vulnerability can be summarized as follows:

- Women face certain reproductive health problems specific to them.
- Indian society is a patriarchal society where there is a cultural devaluation of girl children.
- The decision making is generally in the hands of men.
- Women are often victims of violence.
- Women generally have restricted mobility to public places as compared to men.
- Women have lesser access to resources like transportation, skills, information, control over land etc.
- They face the disadvantages of gendered division of labour. About 70% of women work in the unorganized sector thereby meaning that they are underpaid with no union representation.
- When migrating to other places in search of livelihood during a crisis, women bear the dual burden of productive as well as reproductive tasks.
- At the time of a crisis, a woman not only has to take care of herself but also her family, especially children.

The above-mentioned reasons therefore contribute towards pre-existing vulnerabilities in everyday life of women. These vulnerabilities get augmented in the wake of a disaster.

On the other hand, men may be more vulnerable due to the following reasons:

- Society sees them as 'bread earners of the family'. Men are expected to bear full financial responsibility for their families.
- They do not know how to perform household chores and face problems when they have to perform household chores and take care of children.
- Men tend to bear the responsibility of protecting their families, which cannot be fulfilled in the wake of a disaster.
- Men are generally socialized not to express their emotions. They tend to suppress their emotions even in times of crisis leading to stress and trauma.

Topic 2

Differential Impact of Disasters on Women, Men & Transgender

Duration: 20 Minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can initiate the discussion by stating that disasters will not discriminate and affect both men and women alike. A question can be posed to the participants; "Do you agree that disasters will affect men and women in the same manner? If not, why?"

Disasters affect men, women and other genders but they unfold themselves in highly gendered conditions. Women and other genders are impacted differently than men in disasters. Performing household chores is primarily the responsibility of women. In the wake of a disaster, women still have to perform these tasks. In scenarios where houses have collapsed and been destroyed, she continues to perform these tasks with inadequate facilities. Hence, she has to do more with less. Additionally, there is an increase in her responsibilities as she has to take care of the sick and injured members of the family as well. As primary manager of the food resources, women generally tend to feed other members of the family and compromise with her nutritional and health requirements in the process.

Transgenders are often on hormone replacement surgeries and need supplies on a regular basis. Disasters are a time when they suffer the most, since their needs are ignored the most. Disaster survivors/victims that are transgender individuals need to have spaces that have access to the proper facilities based on their gender identity. They are deprived of basic facilities including restrooms, showers, housing, and others.

A gender-blind approach towards the management of disasters also increases the vulnerability of both women and transgender woman. In relief camps, they are forced to live with known as well as unknown people with scant opportunity for privacy available. This situation is specially taxing for pregnant, lactating and menstruating women as well as trans women who are on hormone medications. They often have to compromise on sanitation and cleanliness in the packed relief camps. Toilets may be poorly lit and located far away from the camps, thereby posing



Women engaged in different house chores

a significant security risk. Additionally, the distribution of relief material frequently overlooks the specific needs of women. The specific needs like sanitary material, gender-sensitive clothing including undergarments, and access to contraceptives to prevent unwanted pregnancies are not included in structured relief items to be distributed to the affected populace.

Domestic violence also increases in the post-disaster scenario as men struggle to cope with the indignity and frustration of enforced inactivity and loss of authority and earning capacity. They are socialized not to express their emotions and hence the frustration comes out in the form of domestic violence. Women as the primary victims of gender based violence bear the brunt of this abuse.

Although India was fortunate in this context but numerous reports of sexual harassment and red trafficking in Indonesia and Sri Lanka were splashed in the newspapers after the recent Tsunami tragedy. Many of the female survivors faced sexual harassment and were forced into early marriages. During or after a disaster, it is often seen that a woman has to take a back seat in order to fight the aftermath of the disaster. In case of children, during a disaster, when there are less resources available, it is mostly a girl child who has to drop out of school and the male child is given the priority to continue their education.

Impact on Men:

Men are also impacted by disasters in a different way than women. However, due to the perception that they belong to a privileged gender, their needs and vulnerabilities are often overlooked by the society. We also need to understand that the term gender encompasses all gender men, women and transgender individuals. The impact of disaster on men can be summarized as follows:

- Roles of men as protectors may place a greater responsibility on them for risk taking during and after a disaster, whether within their households and as volunteers and rescue workers.
- Men's may struggle to cope with the traditional ideals of masculinity which their capacity to manage the crises and reintegrate into society, which in turn may also have negative consequences on their domestic lives.



Group of men working as a protector during and after the disaster

- Usually, men are less able to cope with the loss of status they enjoyed in the previous system; and oftentimes resort to alcoholism, drug abuse or even suicides. Others may view receiving financial aid as a stigma and feel challenged in their role as a breadwinner.
- Stress and psychological trauma increase in crises and post crisis periods. Such trauma is often inadequately addressed and may influence people's capacity for productive work. The few services available tend to target women rather than men.

Topic 3

Case studies highlighting the differential impact

Duration: 35 Minutes

Training Methodology: PowerPoint Presentation, Discussion & Interaction

Trainer's Note: The trainer can use a power point presentation for discussing issues raised in the following case studies to highlight the differential impact of disasters on women and men.

Some of the case studies highlighting the differential impact of disasters on women are as follows:

Sunderbans cyclone, 2020-21

The Indian Sunderbans is situated in a coastal delta at the confluence of major river systems on the Bay of Bengal, and is prone to natural disasters such as cyclones and floods. Human trafficking increases in such times leading to child, female and forced labour trafficking. The cyclone in 2020-21 led to a sudden rise in the number of bonded labour in rural areas. The migration resulted in vulnerability to human trafficking—including environmental degradation, loss of livelihood, destitution, and forced migration. The main reason for this was livelihood stress, impoverishment, and forced migration. In such times people are often vulnerable and thus become victims of human trafficking.

Assam Floods, 2019

In 2019, the rising water levels of the Brahmaputra river caused floods in Assam. The areas nearby were flooded. Most rural households particularly those along the riverside communities lacked pakka toilets and the makeshift toilets were either half-drowned or really far making it unsafe for women to go and use them. In addition, for women who were in *mekhela-chador* or other such elaborate attire, going out alone on

a boat to defecate was next to impossible. The problem of defecation increased during the floods. For women, it became a matter of privacy concern.

Chennai Drought, 2019

In 2019, Chennai ran out of water. The water crisis occurred most notably in the coastal city of Chennai in Tamil Nadu. The effects of drought were felt in people's education levels, nutrition, health, sanitation, and women and the safety of children in these communities. Women were affected by a lack of water, malnutrition, and reduced access to medical services. The lack of clean water impacted women's personal hygiene. The drought caused women to walk farther or wait in long lines to collect water.

From the above discussed case studies and from general discussion about the differential vulnerability of women the trainer can highlight the point that women do not construct a homogenous group in a disaster scenario. There can be various categories of women according to their differential vulnerability such as:

- Female headed households
- Widows
- Never married women
- Migrant or refugee/homeless women
- Women who are left behind by men who migrated
- Elderly women
- Illiterate women
- Women in violent environments
- Pregnant women
- Malnourished women and girls
- Lactating women
- Women with disabilities
- Socially isolated women
- Very poor women
- Trans women on gender affirmative interventions

Some of the case studies highlighting the differential impact of disasters on men are as follows:

Cyclone Ockhi, 2017

Cyclone Ockhi, a deep depression, was detected in the Indian Ocean southwest of Sri Lanka which rapidly intensified into a cyclonic storm off the coast of Tamil Nadu and Kerala and the Union Territory of Lakshadweep Islands in India. It caused the deaths or disappearance of over 350 people and injury to over 200-almost all of them fishermen. It was an unusual cyclone with a specifically affected male population since it was all the fishermen who were on-site at the time of the cyclone. From the inception to its dissipation, the movement of fishermen was restricted which affected their source of livelihood. Men were carried off the deck of their boats by high waves. The fisheries sector comprises mainly fishermen which result in them exposed to the dangers of the sea. The cyclone resulted in affecting the economic status of the fishermen while also affecting the physical as well as psychological status of the men who witnessed their fellow fishermen drowning.

Puttingal Fire, 2016

Puttingal Temple accident took place in Kerala in year 2016. About 15,000 pilgrims were visiting the temple on the last day to mark the celebration of the seven-day festival of the goddess Bhadrakali. According to local reports and eyewitnesses, the explosion and fire were caused by sparks from a firecracker in the storehouse which were stored to hold a competitive firework display. Over 100 people died and more than 300 were injured after the fire broke out at the temple. The number of casualties reported among men were more than that of women. There were over 100 men sleeping in the temple who became victims of the fire hazard and at least 150 houses in the area of the temple were damaged by the blast.

Similarly, men can also be categorized according to their differential vulnerabilities such as:

- » Migrant men
- » Men with child care responsibilities
- » Widowers
- » Elderly men
- » Men with disabilities
- » Men with no jobs and household responsibility

One of the case studies highlighting the differential impact of disasters on transgender is as follows:

Indian Ocean Tsunami 2004:-

The Indian Ocean Tsunami recorded on 24 December, 2004, was one of the deadliest. The tsunami significantly affected the coastal regions of southern peninsular India. All genders fell prey to the tsunami but the transgender individuals (aravanis) had extreme difficulty experiencing the aftermath. The lack of proper healthcare affected the transgender individuals. In addition, since most of the transgenders (aravanis) are invisible in documents and do not have ration cards, they were unable to have access to proper housing.

Evidence of discrimination against transgender people in disaster response is also seen in the previous disaster reports. Quoting from *Pinch and Krishna 2008* in their book - "We ate leftovers thrown away by people living in the temporary shelters during the tsunami." - Aravani, a Transgender from Tamil Nadu (Pincha, 2009).

The above case study shows how transgender individuals are often deprived of their basic needs during a disaster and tend to often discriminate against the following:-

- Accessing counseling services
- Evacuation centers or relief goods
- Face stigma and harassment
- Access to financial compensation
- Lack of protection mechanism

During both emergency evacuation and post-disaster rehabilitation processes, the vulnerabilities of transgender individuals exacerbate and their physical and mental health tend to suffer. The vulnerabilities of women, men and transgender cannot be studied in isolation. Economic status, social status, educational status and physical and mental wellbeing of women men and transgender should be taken into account while looking at their capacities and vulnerabilities.

Topic 4

Suggested Activity

Duration: 15 minutes

Training Methodology: Discussion

Trainer's Note: The trainer can distribute Handout No. 4 to all the participants and perform the activity by following the steps outline below:

Step 1: Ask participants to read the story about 'The Fox and The Crane'

Step 2: Participants should discuss amongst themselves and with the trainer about the lesson learnt from the story.

The trainer can focus on key questions and ideas like;

- a. What are the lessons you have learnt from the story?
- b. Focus on the idea that one should not adopt a "*one blanket will fit all*" approach.
- c. Discuss the issue of each species having differing needs from the other species.
- d. How will the above ideas be applicable in the field of Disaster Risk Management?

Resources

1. Pincha C (2009). Gender Sensitive Disaster Risk Management: A Toolkit for Practitioners, Oxfam America and Nanban Trust, Earthworm Books, Mumbai.
2. Walia A (2006). Drought affected areas in Bhilwara, Rajasthan: An Analysis of Crosscutting Issues, The Indian Journal of Public Administration, LII (2):247-259.
3. Gomez S (2006). Guidelines for Gender Sensitive Disaster Risk Management Asia Pacific Forum on Women, Law and Development, Thailand.
4. German Red Cross and Indian Red Cross Society, (2008). Training Manuals on Community Based Disaster Risk Management, Orissa Disaster Mitigation Programme.
5. Intensifying Insecurities: The impact of climate change on vulnerability to human trafficking in the Indian Sundarbans- Nicole Molinari

Handout 4

The Story of the Fox and the Crane



The crane and the fox

The Fox invited the Crane to dinner. He served the food on a large flat dish. The Crane with her long, narrow beak could not eat.

The Crane invited the Fox to dinner. She served the food in a deep vase, and so the Fox with his short, wide face could not eat.

Both friends were given the same type of treatment but since they had different needs, they could not access the opportunity.



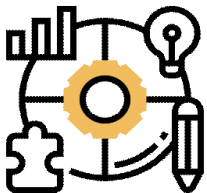


Men and Women also tend to have different needs in an emergency. All intervention during an emergency should be designed in such a way that the differential needs of all individuals are met.

The challenge in every case is to identify barriers to the opportunities that exist, and custom design the adjusted interventions that will help in fulfilling different needs of all individuals.

Source: UNDP: Gender in Development Programme, Learning and Information Pack, Gender Analysis, p. 109.

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Case Study 1- The Gendered impact of Covid-19 in India

	OBJECTIVES	<ul style="list-style-type: none"> To provide an overview about Covid-19 in India To discuss the impact of Covid-19 on women, men and transgender
	DURATION	70 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Presentation 2. Discussion 3. Group Activity 4. Role Play
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	Nil

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Case Study 1- The Gendered impact of Covid-19 in India

Rationale_____

The purpose of this unit is to highlight the specific impact of COVID-19 on women and men and transgender in India.

Learning Outcomes_____

By the end of this unit, you should be able to:

- Provide an overview of Covid-19 pandemic in India
- Explain the impact of Covid-19 on women and men

Content_____

This unit includes the following:

Topic 1: Overview of Covid-19

Topic 2: Case Studies of differential impact on women, men and transgender

Topic 1 _____

Overview of Covid-19

Duration: 30 Minutes

Training Methodology: Power Point Presentation, Discussion & Interaction

Trainer's Note: The trainer can initiate the session by asking the participants about the information they have about Covid-19. The data regarding the impact of Covid-19 can be shown on power point slides.

COVID-19, i.e coronavirus was a pandemic that shook the world by a storm in 2020 with more than 4 million affected cases all over the world and the number is still counting. It was an infectious disease caused by the SARS-CoV-2 virus and was declared a pandemic by WHO. It started spreading from Wuhan, a city of China and within a short period it engulfed the whole world. The emergence of covid-19 resulted in a worldwide crisis, with large populations locked down and transportation links severed. The transmission of COVID-19 was potent and the infection rate was fast. Since there was no specific treatment for COVID-19, the world saw mass casualties. The world has witnessed a sudden change of lifestyle of the human beings due to the

COVID- 19. The world has paid a high toll in this pandemic in terms of human lives lost, economic repercussions and increased poverty. In order to curb the spread of the virus, the government of India announced a nationwide lock-down starting March 25, 2020 which continued for about two months. Only essential services were allowed during the lockdown and rest all non-essential services and businesses, including retail establishments, educational institutions, places of religious worship, across the country stayed closed during this period and all means of travel were stopped, aside from some inter-state transport permitted towards the end of April and early May to let migrant workers, stranded pilgrims, tourists and students return to their native places. To prevent the spread of COVID-19, the concepts like staying at home and physical distancing, were widely adopted around the world. With more than 80 countries closing their borders and ordering them to shut down their business unit the world had suddenly come to a halt.

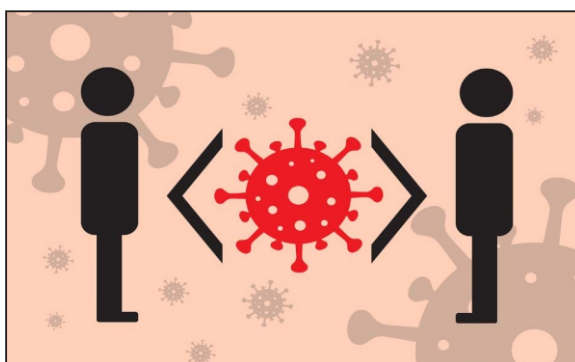
According to WHO, In India, from 3 January 2020 to 22 July 2022, there have been 4,38,25,185 confirmed cases of COVID-19 with 5,25,870 deaths, reported to WHO. Although the analysis expects that India's cumulative COVID-19 deaths by September 2021 were six to seven times higher than reported officially due to incomplete certification of COVID-19 deaths and misattribution to chronic diseases and because most deaths occurred in rural areas were often without medical attention. India has a huge population of over 1.3 billion. The world's largest vaccination drive started on 16 January 2021 in India and covered over 170 million for the first vaccine dose. The two COVID-19 vaccines introduced were **COVISHIELD** (Serum Institute of India) and **COVAXIN** (Bharat Biotech). Frontline workers and healthcare workers led by the Government of India were the first ones to get vaccinated followed by the high-risk population (Above 50 years of age and below 50 years with associated comorbidities) and later the remaining population based on the disease epidemiology and vaccine availability.

Covid had a very severe impact on people's health around the world. Around 1 out of every 6 people got COVID-19 and became seriously ill and developed difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, were more likely to develop serious illnesses. While the country was greatly affected by the pandemic, it gradually picked up pace and the recovery rate rose up. Apart from health, the severe impact on the world economy was very much fatal. India, being the 5th richest country in terms of GDP was the worst hit among the world's top 10 economies. According to data released by Monitoring Indian Economy, the unemployment rate had jumped from 8.7% to 27.1%. A lot of people lost jobs and therefore, there were increasing stress and anxiety levels in

the people with various psychological impacts and health implications. Most of the migrant laborers working in urban cities were forced to return to their homes since they lost their work and had less or no work opportunities.

COVID-19 pandemic caused a sense of isolation amongst people because of social distancing among people, fear of infection and death to themselves as well as loved ones. Uncertainty about future, disruptions in daily routine, changes in dietary and sleep habits, prohibited gatherings, restrictions on travel, reduced access to social activities, unemployment or fear of losing jobs, business and school closures, closure of recreational centers, family responsibilities due to closure of day care facilities, absence of household helpers and decreased access to support networks leading to widespread social and physiological trauma in people.

The physical, financial as well and social constraint resulted in emotional problems among men, women and transgender community.



Source: pixabay.com

Topic 2

Case Studies of differential impact on women, men and transgender

Duration: 35 Minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can write the case studies on powerpoint slides and read it out to the participants. While illustrating the case studies, the trainer can ask the participants about the lessons learned from each case study. The trainer can discuss in detail about other issues related to men, women and transgender in disasters

While the Covid-19 pandemic was difficult for everybody, there was an alarming rate

of increase in gender-based violence in the form of domestic violence, violence from intimate partner, child abuse etc. during the COVID-19 outbreak. A large proportion of men who had lost their jobs or their source of income turned to liquor as a way to ignore reality. While the world had a mantra of 'staying at home', and 'staying safe', most of the women were exposed to intimate partner abuse. As per the statistics released by the National Commission for Women (NCW) India in early April 2020 there was 100% increase in complaints related to violence against women after the nationwide lockdown was imposed in March 2020.

The main reasons for the increase in the domestic violence against women was loss of income, especially for men and lesser control over economic security and thereby making them exert more control on their partners, this scenario was even worse if the female spouse was employed and male was unemployed. Unemployment of male counterparts led to their frustration being taken out on their female counterparts and unemployment for females meant being totally dependent on male spouse, loss of social ties and being locked up with the abusive partner which made them vulnerable to violence.

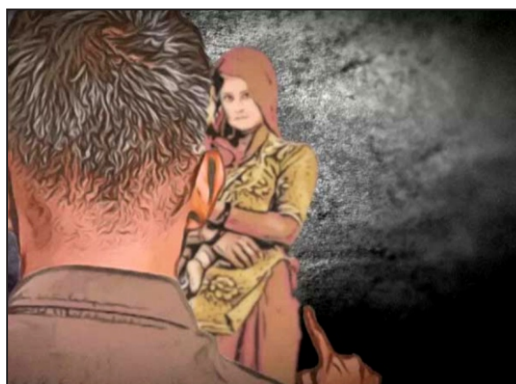
In India, as per the social norms, domestic work is primarily considered to be a women's job. Lack of domestic help and people were forced to stay in their houses to avoid spread of COVID-19 infections, the workload on women increased which resulted in violence between the couples. Working women were left with household responsibilities, taking care of children as well as their office workload which often increased tension and affected their mental well-being. Single mothers or parents faced financial as well as mental strains. A large proportion of frontline health care professionals (nurses, community health workers, health technicians, etc.) were also women who faced a higher risk of infection, morbidity, and death as a result of their profession.

The pandemic also caused a major disruption in the education system. Girl child education was also affected. In order to sustain the household responsibilities, male child education was given preference over girl child education. Many cases show that the girl child were made to drop out of the school and made to help their mothers. The increasing financial strain and people losing their jobs was one of the main reasons behind large drop of ratio of girls during pandemic. Minor girls were pushed into child marriages further exposing them to large-scale intimate partner violence, early pregnancies and threat to life. Pregnant women were among the most vulnerable groups during public health emergencies. Lockdowns pregnancies for pregnant women were very difficult since they were unable to access services round the clock that later added up to complications during the delivery. The number of unwanted pregnancies

also rose up because of the sexual exploitation of the girls/women locked up at home.

With the lockdown in place, and people locked up in their houses, the use of the internet became a medium for many to socialize from a safe distance while for many it became a source of cyber-bullying. Women, especially young girls, were victims of cyberbullying on various occasions. At a time when people were already frustrated with the social barriers, some girls had severe stressful experiences on online platforms.

Some traditional notions of masculinity such as control, independence, and authority, were significantly affected by the pandemic which impacted men's mental well being. The loss of control, both physically and financially, led some men to cope with stress in unhealthy ways, such as turning to alcohol or in some cases, resorting to violence. Addressing these behaviours requires an understanding of pressures created by societal expectations around masculinity.



Source: shutterstock.com

Transgender population faced numerous health disparities and mental health problems during the pandemic. With shortage of specialized health-care professionals, the transgender people already had to face certain barriers when it came to their gender-affirming surgeries and hormone interventions, and with the world coming down to a lockdown they faced even more challenging situations. They had to navigate the healthcare system while service availability and delivery modes were restricted due to COVID-19-related emergency orders. With lots of bills to pay and the social stigma, their loss of jobs added to their distress. Research shows that transgender people and gender-diverse youth were particularly vulnerable to mental health challenges due to limited social interaction and social exclusion during the lockdown, they were more prone to have their mental well-being disturbed. With the social stigma around members of the hijra community, they typically make money by requesting voluntary donations in return for their good wishes. However, lockdowns worsened their problems, many of them had lost their income from alms collection, religious ritual engagement and, sex works. During the covid outbreak, people refused to give rooms on rent to transgenders due to the fear of infection. Transgenders with a loss of income and almost no access to healthcare, covid lockdown was especially very

difficult for the transgender. Special aid packages were announced for some conventional vulnerable groups but very marginal for the trans community.



Source: smashboard



Source: Times of India Jul 21, 2023





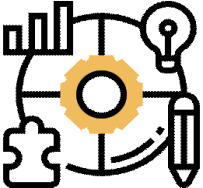


Source: Lutheran world

Resources:

1. Impact of COVID-19 on people's livelihoods, their health and our food systems- Joint statement by ILO, FAO, IFAD and WHO
2. Covid-19: Impact on the Indian Economy-S. Mahendra Dev and Rajeswari Sengupta
3. Men and COVID-19: the aftermath- Alan White
4. Sifat, Ridwan & Shafi, F. (2020). Exploring the nature of Social Exclusion of the Hijra People in Dhaka City- Journal of Social Service Research. 47. 579-589.

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Case Study 2- The Gendered Impact of the Bhopal Gas Tragedy, India

	OBJECTIVES	<ul style="list-style-type: none"> To provide an overview about the Bhopal Gas Tragedy, To discuss the impact of the gas leak on the community, and; To list out the specific impact of the leakage of gas on women, men and transgender
	DURATION	<p>Approx. 35 minutes</p>
	METHODOLOGY	<ol style="list-style-type: none"> 1. Film Show 2. Discussion 3. Group Activity 4. Role Play
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	<p>Nil</p>

SESSION 2

Disaster Risk Management and Differential Impact of Disasters Case Study 2- The Gendered Impact of the Bhopal Gas Tragedy, India

Rationale

The purpose of this unit is to discuss the causes and impact of the Bhopal Gas Tragedy and highlight the specific impact on women of Bhopal.

Learning Outcomes

By the end of this unit, you should be able to:

- Provide an overview of the Bhopal Gas Tragedy,
- Explain the causes and impact of the gas leakage on the community, and;
- Discuss the specific impact of the gas leakage on women and girls of Bhopal
- Discuss how the tragedy still has its footprints left on the minds of the people in a way that people still have the impact.

Content

This unit includes the following:

Topic 1: About the Film

Topic 2: Suggested activity

Topic 1

About the Film

The film is about the Bhopal Gas Tragedy which is considered to be the worst industrial disaster in the world. On 3 December 1984, more than 40 tons of methyl isocyanate (MIC) gas leaked from a pesticide plant in Bhopal, India, immediately killing at least 3,800 people and causing significant morbidity and premature death for many thousands more.



Survivors of the disaster stand in front of Union Carbide factory, one day after the lethal gas leakage



The Abandoned pesticide plant at Bhopal

The film provides an overview of the disaster, highlighting the causes of the tragedy. It also focuses on the general impact on the populace along with specific impact on the women of Bhopal. It also highlights the efforts made and the role played by the women survivors of the gas tragedy in fighting for justice for the disaster survivors. The name of the film is "Twenty Years without Justice" and can be downloaded from www.bhopal.net. The duration of the film is sixteen minutes.

Topic 2

Suggested Activity

Duration: 16 minutes & 20 minutes for discussion

Training methodology: Film Show & Discussion

Trainer's Note: The trainer can organize the film show for the participants. The trainer should highlight that human made disasters like the Bhopal gas tragedy affect the women in a more severe manner, particularly in terms of their health and in specific reproductive health. The participants can be informed that health is a major concern for women during disasters and the subsequent sub module would be dealing with gender and health in disasters.

The trainer can perform the following steps:

Step 1: Ask participants to sum up what they saw in the movie.

Step 2: Participants should be asked to speak individually on the issues highlighted in the movie along with the various issues pertaining to men and women in the human made disaster.



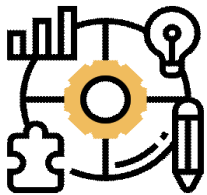


ACTIVITY

Focus on the following questions and key ideas in the group discussion:

- What has been the impact of Bhopal gas tragedy on men and women?
- What are the specific issues for men and women highlighted in the movie in the human made disaster?
- Can you suggest some specific measures for women and men survivors who have been affected by the gas leakage?

SESSION 3

Engendering Disaster Risk Management Lesson 1: Gender and Reproductive Health

	OBJECTIVES	<ul style="list-style-type: none"> To discuss the specific impact of disasters on health of women, and transgender To highlight the issues pertaining to the health of women, and transgender; To suggest measures for effective management of health issues in disasters.
	DURATION	45 minutes
	METHODOLOGY	<ol style="list-style-type: none"> Discussion Interaction
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> Flip Charts Board Markers
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management Lesson 1: Gender and Reproductive Health

Rationale

The purpose of this unit is to discuss the impact of natural and human-made disasters on the health of women, men, and transgender people. The unit will also highlight varied interventions to deal with reproductive health issues.

Learning Outcomes

By the end of this unit, you should be able to:

- Describe the impact of disasters on the health of women and men.
- List out the issues and challenges faced in the management of reproductive health in a disaster.
- List out measures for effective management of the health of women and men during disasters.

Content

This unit includes the following:

Topic 1: Disasters and health of women and transgender

Topic 2: Management of health of men, women and transgender in disasters.

Topic 1

Disasters and Health of Women, and Transgender

Duration: 15 Minutes

Training Methodology: Discussion & Interaction

Trainers' Note: A trainer can start the session by asking the participants, "Do Disasters affect the health of women, and transgender people than the rest of the community? If yes, how?" Depending upon their response, the trainer can lead the discussion on the specific impact of the disaster on the health of the women.

Reproductive Health is a state of complete physical, mental, and social well-being in all matters relating to the reproductive system, processes, and its functions. It implies that women, men and others should be capable of having safe sex life as well as having

the right to be informed and equal access to safe, effective, and affordable family planning methods.

Health is a critical concern for survivors in the aftermath of a disaster. Implementing a comprehensive health program for a population is never a simple task, and emergencies pose special challenges for delivering this kind of care. Studies have reported adverse reproductive health problems following a disaster, including infections, early pregnancy loss, premature delivery, stillbirths, delivery-related complications and infertility. There are health-related issues pertinent to women, and men after a disaster on account of their reproductive responsibility. Firstly, pregnant and lactating women need prenatal and postnatal care in the aftermath of a disaster. The women who are breastfeeding may need an appropriate substitute to fulfill their child's nutrient requirement. Secondly, social taboos around menstruation and restrictive gender norms contribute to health problems in disaster situations. During the 1998 floods in Bangladesh, adolescent girls reported perennial rashes and urinary tract infections because they were not able to wash out menstrual cloth properly in private and often had no place to hang the rags to dry, or access clean water. They reported wearing damp clothes as they did not have a place to dry them (WHO, 2002). Thirdly, issues of urinary tract infections and abnormal vaginal discharge can increase for women during times of disasters as hygiene and sanitation are compromised during stressful times. Fourthly, access to contraception must be prioritized to address the risk of unwanted pregnancies, particularly in cases of sexual violence. Finally, the issue of recanalization for parents who have lost their children in disasters also needs to be looked into.

Many transgender individuals may have undergone gender-affirming procedures. These are the medical procedures that transgender individuals may undergo to align their physical features with their gender identity. Some transgender individuals also choose gender reassignment surgery, which may include procedures like hormone therapy, mastectomy (chest surgery), reconstruction, facial plastic surgery, speech therapy, etc. Like any surgery, gender-affirming surgeries come with inherent risks including- infection, bleeding, scarring, and adverse reactions to anesthesia while hormone therapy like cardiovascular issues, bone density changes, and blood clot formation. This makes them highly prone to infections and disease outbreaks in the post-disaster scenario. Moreover, the transgender community usually engages in sex work which can cause sexually transmitted diseases like HIV. Social, economic, and medical negligence is quite common for trans people. Additionally, there are few medical personnel who are specialized in dealing with specific health issues of the transgender community in India.

Topic 2

Management of Health of Women, and Transgender in Disasters

Duration: 30 Minutes

Training Methodology: Discussion & Interaction

Trainers' Note: The trainer should engage participants in brainstorming gender-sensitive measures that should be incorporated while designing health services for both men and women. Adding to the inputs received from participants, the trainer can elaborate on the suggestions as outlined below:

The following steps can be undertaken for effective management of the health of women and transgender in disasters:

1. **Design of health services:** The design of health services should focus on a rapid health assessment of the affected community, secure timing, staffing and location of services and ensure equal opportunity to access health services, and inclusion of female doctors and nurses in health teams. Additionally, there should be one medical professional who specializes in dealing with the health challenges of the transgender community. Similarly transgender medical practitioners should be appointed during the post disaster for better understanding of health problems of transgender people.
2. **Pregnant and lactating women:** As we all know, stress complicates pregnancy. It has been widely reported that disasters cause increase in pregnancy complications, stillbirths and miscarriages. Hence, hospitals should be prepared to deal with increase in the number of cases of miscarriages, stillbirths and early delivery. Sensitization of the family and others in the relief camp to understand the special needs of pregnant women, who have experienced pregnancy loss and the needs of new mothers who have delivered. The management agencies should identify a qualified and experienced women to coordinate maternal health activities at the start of an emergency response within each camp/area. Moreover, health workers with midwifery skills and other health workers amongst survivors should also be identified to provide childbirth care. These workers should identify women who are in advanced stages of pregnancy and discuss birth plans - location for delivery, how to recognize danger signs and where to seek help. Lastly, disaster survivors need to be sensitized in each camp to identify danger



Female doctor

signs, usage of delivery kit, identification of symptoms of urinary tract infections and vaginal discharge, location of immediate hospital, referral facilities, and care for women who have had abortion during the disaster. The lactating mothers who are facing problems in feeding their children should be provided with infant formula or milk powder so that the infants can be fed artificially.



Providing food to the pregnant woman



A pregnant woman

3. Menstruation

Sanitary packs should be distributed at regular intervals throughout the emergency and distributed to any new arrivals. The first distribution of sanitary materials need to occur without community consultations, in order to avoid delay. Subsequently, consult with women and girls to identify materials that are most culturally appropriate. The temporary toilets can be equipped with an incinerator for proper disposal of sanitary material which was done in the case of Tsunami in 2004 in Tamil Nadu. In case sanitary clothes are being used, mark out a private laundering area in each camp to wash sanitary clothes. The necessary sanitary material can be distributed to the survivors through women. Access to clean water and clean washrooms is of utmost importance. Medicines for cramps during menstruation and necessary medicines should be available at convenience.

4. Contraception

The survivors may have to stay in relief camps depending upon the time taken by the authorities to provide them permanent shelter. The survivors may stay in the temporary shelter for 15 days to three months or more. Hence, there might be unwanted pregnancies in families. Adequate provision and easy access to different forms of contraception and pregnancy tests should be facilitated as soon as possible. The survivors should be imparted knowledge as to how to use the contraceptives and pregnancy test. They should be distributed through women.

5. Recanalization

Another critical issue arising in the post-disaster phase is the issue of recanalization for women who have undergone the family planning procedures but lost all their children in the disaster. In earlier disaster experience it is seen that recanalization has been done for many of the women without considering their age and health status. This has caused severe physical and psychological problems for the women. Following the recanalization women often fail, family pressure and expectation goes up very high to have a male child, which further causes severe stress and emotional strain on women. Women are sometimes reduced to being seen as "reproductive machines", with their autonomy over their bodies stripped away. Family expectations may force women into intercourse, treating them as objects rather than individuals with rights and agency. This environment of excessive expectations often leads to psychosomatic health problems, further compounding the trauma.

To address these issues, free recanalization facility should be made accessible and available to a couple. However, the couple should be given counseling before the surgery is performed focusing on the benefits and risks associated with the recanalization operative measures for the women. It should be explained that women should not be blamed for being unable to get pregnant after recanalization. Surgery should be performed keeping in view the physical age as well as the mental well-being of a woman. Wider counseling of the community should be done in order to think on broader terms of adopting orphaned kids and accepting them as their own.



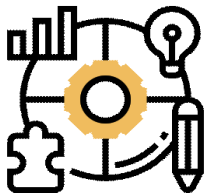


Resources:

1. Dhar Chakrabarti PG and Walia A (2009). Toolkit for Mainstreaming Gender in Emergency Response, In: Women, Gender and Disasters, eds. PG Dhar Chakrabarti and Elaine Enarson, Sage Publications, India.
2. Sphere Handbook on Disaster Response, Sphere Charter, 2004
3. Reproductive Health Kits for Crisis Situations, UNFPA, 2004
4. Guidelines for Gender Based Violence Interventions in Humanitarian Settings, IASC, 2005
5. World Health Organization (2002), Gender and Health in Natural Disaster.

SESSION 3

Engendering Disaster Risk Management

Lesson 2: Empowering Women through Psychosocial Intervention in Disasters

	OBJECTIVES	<ul style="list-style-type: none"> To discuss the need for providing psychosocial care for women, To list out the general principles for working for women, and; To discuss the initiatives that can be undertaken to empower women.
	DURATION	75 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Activity 2. Discussion 3. Interaction
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers 4. Old Newspapers 5. Tape recorder 6. Music in a CD/Audio tape
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management

Lesson 2: Empowering Women through Psychosocial Intervention in Disasters

Rationale

The purpose of this unit is to discuss the general principles of providing psychosocial care to women.

Learning Outcomes

By the end of this unit, you should be able to:

- Discuss the need for providing psychosocial care for women.
- List out the general principles for working with women while providing psychosocial care to them.

Content

This unit includes the following:

Topic 1: Psychosocial care for affected women survivors

Topic 2: Principles of working with women

Topic 3: Initiatives to empower women

Topic 1

Psychosocial care for affected women survivors

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can initiate the session by performing an activity called resource crunch - Paper Dancing. The materials needed are old newspapers and some catchy music. In this activity ask trainees to choose a partner. The trainee and partner should dance on the newspaper once music is played. Stop the music and ask them to fold the paper into half and dance. Continue the same till they fold the paper into a small fold. Instruct them that if their feet are out of the newspaper they are out of the activity. The lesson that is imparted to the trainees is that in times of disaster resources available to women gets increasingly less. The discussion can also examine the preexisting vulnerabilities of women in society. Hence adequate planning is required to cater to the needs of women in disaster.

Women facing difficult and stressful situations, especially after personal losses, need a safe space to share their problems, concerns, challenges, pain, and anxieties. These discussions may include intimate details and must therefore be conducted with the sense of mutual trust and a clear assurance that all shared information will remain confidential and private.

In a post-disaster scenario, a woman's social and familial status might change drastically - she may become a widow, a childless mother or a single parent. These changes often exposed her to increased family and societal pressures, making it essential for her to feel fully accepted during such interactions.

When a woman shares her experiences, it is crucial to accept her narrative without passing judgment or attempting to determine whether her actions were right or wrong. Avoid analysing what could or should have been done, as this might inhibit further sharing. Instead, focus on creating an environment where she genuinely understood and supported.

Societal judgments and perceptions can often compound a woman's distress. By being a non-judgmental listener, you can offer her the rare opportunities to feel fully heard and validated. Encourage her to express natural and authentic emotions. This open and emphatic approach can be profoundly healing, allowing her to share her pain without fear of judgment.

Topic 2

Principles of working with women

Duration: 30 minutes

Training Methodology: PowerPoint Presentation, Discussion & Interaction

Trainer's Note: The trainer lists out the guiding principles of providing psychosocial care to women and working with them. He can further discuss with the participants and elaborate each point in detail.

The following things should be considered while listening to a woman's experiences:

- Allow her to talk when she is ready to do so
- Do not push her to take decisions
- Maintain Confidentiality
- No information should be shared without the consent of the person who has shared the same with you, except when it is felt that the person needs medical care or the person may harm herself.

- Do not give your point of view about what happened or should have happened. Just listen to what is being said.

Some of the principles, which should be followed while providing psychosocial services to women include:

A. Confidentiality

Helping women subjected to personal losses involves sharing of very intimate personal information like problems, concerns, pain, and anxieties. Most of the information could include intimate details. This special sharing has to be done with a sense of mutual trust, and with the clear understanding that all discussions and details shared are confidential and private. Some survivors may prefer not to share their experiences to the caregivers, or even with their husbands and families. Allow them to talk when they are ready to do so. She will talk when she feels she can trust the person and feels comfortable to share. It is important to give time to women. Do not push her to make decisions.

Confidentiality means not sharing any information provided by the survivors with other people, like the name and other details as it can lead to identification and stigmatization.

B. Nonjudgmental attitude.

It was seen that women were subjected to judgmental attitudes in various situations after the disaster. Even if she made a mistake in her judgment, she did not deserve to be victimized.

A lady who lost all her three children is assaulted by her husband and blamed by her husband for not being able to save even one. She is under severe threat that her husband will leave her and get married. The in-laws also feel she is not responsible enough.

C. Comforting Attitude:

When a woman is describing her experience, it makes her feel comfortable. It is important that she feels that you want to listen to everything she has to tell. In a camp situation there will be a lack of privacy. There may be many distractions. However, it is important that you adopt good listening skills with the following guidelines:

- **Attend nonverbally:** Eye contact, head-nodding, caring facial expressions, holding the woman's hands will let the woman know that you are with her.
- **Give feedback on feelings:** Notice that the woman's voice or nonverbal gestures suggest feelings of anger, sadness or fear. This inability to identify

one's own emotions can happen when someone is going through intense emotional turmoil.

- **Repeat ideas:** At times, repeat portions of what the woman has said. A sense of understanding, interest and empathy has to be conveyed to her. Reflecting also checks for accuracy, clarifies misunderstanding, and lets the victim know that she is being heard. Examples- "so, are you saying that..." or "I have heard you say that..."
- **Allow silence:** Allow silence during the course of the interview. Silence can prompt the woman to elaborate. Simply 'being with' the woman and her experience can be supportive.

D. Encourage expression of emotions:

Women should be encouraged to express intense emotions. It is an important part of healing. You should try and stay relaxed and let the survivor know that it is normal to feel such emotions.

Help women to understand their feelings as part of normal responses/coping to a negative event. It is important to let the victim know that you do not think she is weak, or she is losing her mind, or exaggerating. She may report an understanding of her feelings and a sense of vulnerability, low self-esteem, and self-blame along with a sense of loss of control. By letting her know that these are normal reaction to a disaster, you can instill hope. In other cases it may help in reducing the feeling of shame and guilt she may be having.

A woman narrated how her house was burnt and she lost all her belongings. Since then she has been getting episodes, when her heart starts to beat very fast, she finds herself sweating profusely and her mouth goes dry. She said "I feel like I am going mad (pagal)"

Worker "You are saying that you constantly feel that you are going to lose your mind. I want you to know that other survivors were able to recover from similar experiences. They went through these kinds of experiences."



An interviewer interacting with a woman



Women participating in group discussion

E. Highlight personal resources

Highlight personal resources and praise her for having the courage to master her problems. She has taken the first step towards trying to recover from the disaster by speaking about it. She needs to know that you appreciate her courage because you understand how difficult this must be for her and how much she has accomplished already.

REMEMBER

Maintaining confidentiality of information shared is vital.

Be nonjudgmental and be empathetic when women share their experiences with you.

Acknowledge feelings and help women to recognize their personal resources.

Topic 3

Initiatives to empower women

Duration: 30 minutes

Training Methodology: Power point Presentation, Discussion & Interaction

Trainer's Note: The trainer can pose a question to the participants "How do you think psychosocial care can empower women?" Deriving clues from the response of participants, the trainer can list out certain initiatives which can be undertaken by community workers on a power-point slide and subsequently elaborate on each point.

1. Discovering their circle of support

Help them analyze for themselves, the people and agencies who can be good support to them in their immediate family, neighborhood and relatives, and the larger community.

Help them list down what they need and what sort of help they would be able to seek from each of these sources. Re-do this same exercise periodically to help them see how their system may have changed and to ensure that they do have things that can help them in the road to rebuilding their lives.

2. Enlisting their positive qualities

This will help them become more aware of the qualities that make them individuals and unique in themselves. These can be a source of developing good self-esteem and

help them feel positive about themselves. The list should include physical attributes, emotional aspects, skills, intellect etc. It should be comprehensive and not just focus on one aspect.

At a later stage, while groups have been together for some time this can also be done for each other within the group members.

3. Force field analysis

Help each member to think of an aspect or people in their lives who are helping them cope positively with the current situation they are going through, and those aspects that are hindering those processes of rebuilding. Then they need to look at things, which will lower the negative forces and help them move towards faster recovery. It will help them in taking steps towards building a positive approach.

4. Good sharing

Involve each member to come in daily and share something positive in his/her life that week. For instance, it could be that they have been able to get their child back into school or that they were able to not cry for that one day or that they got their sewing machine or that they made some special food. This will slowly enhance the goodness in their life and remove the focus on the suffering and pain that may be present.

5. You are not alone

This sharing would involve sharing some personal pain for that week and others who have felt similarly can also contribute. Then there should be a round of sharing to see how still others have been able to overcome such pain. This would set into the process a series of peer learned initiatives that would help in the healing process and the women would feel the strength of many with them.

Some of the things that need to be kept in mind are as follows:

1. Reconstructing meaning and explore the feeling of self-blame

Working through a traumatic event not only involves accessing and integrating the emotions associated with the trauma, but also involves working through the meanings and thoughts the victim feels about her and the world after the disaster.

The **main goal** of this phase is to help women to come to an understanding about the reality that acknowledges the impact of disaster on her and also allows her to remain productively and pleasurably engaged in her life. The feeling of self-blame is seen especially in women who have not been able to save their children or blamed by the husband or others for the same. Within this framework allow women to express their feelings of self-blame.

Collect details about the view their society has about women in general, prior to the disaster

Facilitate a discussion about what it means to be a women in their society. Encourage participants to reflect on their every day social interactions and roles before the disaster. This may include how women managed finances, took on active roles in household responsibilities, or exercised functional leadership within the family. At the same time, explore how decision making power often remained with male members, leaving women with limited independence in addressing family matters.

This will help women to develop a sense of solidarity among themselves. They will sense a feeling that 'they are not alone'.

2. Validating Women's Health Concerns

As you now know there can be many responses to a severe trauma, women may complain of various physical symptoms like aches and pains, which after a physical examination by a doctor may be found unrelated to any specific disorder. **Do not defocus on the complaints or tell the victim that nothing is wrong with her.**

You need to help her to understand her complaints by:

- Explaining that any sort of stress can enhance the perception of normal body functions, which she might be interpreting as indicative of illness.
- Sharing negative findings on physical examination and investigations using simple non-technical terms, ensuring she feels heard.

3. Rebuilding confidence and self-esteem



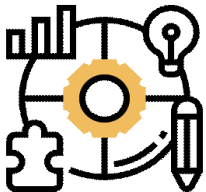


Women may experience low self-confidence and self-esteem. Restoring these issues may take a long time. However, you can aim at starting the process. For example: You can highlight the personal resources (They may be easily measurable resources like the woman being employed, or other personal resources like being able to handle a large family effectively or just having a supportive family) of the survivor. Praise her for having the courage to work on her problems.

Resources

1. National Institute of Mental Health and Neurosciences (2005). Tsunami Disaster: Psychosocial Care by Community Level Workers, Information Manual-2, Bangalore.

SESSION 3

Engendering Disaster Risk Management Lesson 3: Gender Based Violence in Disasters

	OBJECTIVES	<ul style="list-style-type: none"> To discuss the impact of disasters on the health of women and men. To highlight issues pertaining to health of the women To suggest measures for effective management of their health
	DURATION	60 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Presentation 2. Discussion 3. Suggested Activity
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management Lesson 3: Gender-Based Violence in Disasters

Topic 1 _____

Gender Based Violence and Disasters

Duration: 15 minutes

Training Methodology: Power point Presentation, Discussion & Interaction

Trainer's Note: The trainer can engage participants by asking them to raise their hands—or stomp their feet—or stand up if they know some disaster victim personally who has experienced rape or worked with survivors of such violence. If any participant is willing, the trainer can ask him/her to narrate their experience. If any participant shares a personal experience of trauma or relates an incident she /he has known or experienced. The trainer must facilitate the process of a therapeutic closure after sharing of experience by the trainee. This may involve validating their emotions, ensuring a safe space for discussion, and providing supportive resources or referrals, if needed.

Violence is a significant issue faced by the communities affected by natural disasters, though the full extent remains understudied. In the immediate aftermath of a disaster, concerns about injuries, infectious diseases and the provision of basic needs take precedence over the surveillance of violence. However, research and anecdotal evidence indicate troubling trends:

- Intimate partner violence and sexual violence are highly prevalent after disasters, as indicated by anecdotal accounts and limited systematic studies (primarily from USA).
- Long-term effects of a disaster can lead to increased levels of crime and community violence.

Women and transgender individuals as a group are vulnerable due to their low status in society and restricted mobility and capacity due to cultural norms. This vulnerability increases after a disaster as traditional family and community structures disintegrate, leading to issues related to fair and equitable access to assistance. A striking vulnerability experienced by women and children is the various forms of gender-based violence, e.g. domestic violence, trafficking, sexual harassment, rape, forced or early marriages etc. Moreover, safety and security concerns seriously limit women's ability to participate in relief and reconstruction works, such as having access to relief

services and material assistance. Women and transgender may also be asked for sexual favours in return for relief assistance. It is also important to be aware of the fact that boys too are vulnerable to sexual abuse and may be abducted and trafficked for prostitution.

Women's or child rights groups in the area, especially those working on gender based violence can be a useful resource in developing referral services for the area. They also possess the local expertise and knowledge to guide community awareness programmes and support services for survivors.

The number of cases of gender-based violence around the world most likely shoots up during the time of disasters since women and transgender fall under the most vulnerable section of society at the same time. During the first wave of COVID-19 in India, the country saw an emerging increase in the number of cases of violence against women. A report from UN Women reveals in their survey across 13 countries that 2 in 3 women report that they or a woman they know has experienced violence at some point in their lifetime and nearly 1 in 2 women report direct or indirect experiences of violence since the start of the pandemic. Most women believed that the sexual as well as the physical abuse rose during the pandemic. According to the National Commission for Women (NCW), there was a 2.5-times increase in cases of domestic violence registered and between March 2020 till 18th September, 2020 total number of complaints registered with NCW under the category "**Protection of Women against domestic violence**" were 4350. The total number of complaints registered/ received by the National Commission for Women since March 2020 till September were 13,410. In April and May 2020, 47.2 per cent of all cases received by the NCW were of domestic violence, against only 20.6 percent cases between January and March 2020.

Topic 2

Factors causing Gender Based Violence (GBV)

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can approach this topic by asking participants to brainstorm on the reason why gender based violence would increase after disasters. The reasons quoted by participants can be written by the trainer on a flipchart. The trainer can further supplement by providing his/ her inputs.

Disasters disrupt the physical and social environments that shape health and health problems, including violence. Few studies have compared violence levels before and

after a disaster, but the effects of disasters are likely to increase individuals', families' and communities' vulnerability to violence. These effects can have both an immediate and a long-term impact on violence, such as: increased stress and feelings of powerlessness due to bereavement, loss of property and loss of livelihood, mental health problems such as post-traumatic stress disorder, scarcity of basic provisions, destruction of social networks, breakdown of law enforcement, cessation of violence prevention and other social support programmes and disruptions to the economy.

In traditional societies dealing with GBV in disaster situations is a complicated issue because

- Gender-Based Violence especially domestic violence is considered a private issue and has a social sanction,
- Women can be even more reluctant to raise their voices as family structures are already under threat,
- If the camp leadership is predominantly male; women and transgender's security issues will not be considered in decisions,
- Men can resort to violence to deal with higher levels of unresolved anger, boredom and frustration,
- Hastily designed or culturally insensitive interventions can increase threat of violence against women and transgender,
- Breakdown of traditional family structures and household boundaries has changed to living in overcrowded boundary-less environments,
- Prevalence of weak traditional and state systems in a post disaster scenario. Services such as the police, legal, health, education and social services are often disrupted.

Topic 3

Types of Gender-Based Violence

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can approach the topic directly by showing slides of the following content by making a PowerPoint presentation.

There are two types of Gender Based Violence that can be prevalent after disasters

1. Domestic Violence
2. Sexual violence and exploitation

1. Domestic Violence

Increases in intimate partner violence levels have been reported in the Philippines after the Mt. Pinatubo eruption; in Nicaragua after Hurricane Mitch; in the USA after the Loma Prieta earthquake and the eruption of Mt. Saint Helens; and in several refugee camps worldwide. Women who were living in a violent relationship before the disaster may experience violence of increasing severity post-disaster, as they may be separated from family, friends and other support systems that previously offered them some measure of protection. After a disaster, these women may be forced to rely on a perpetrator for survival or access to services.



Source: barewalls.com

2. Sexual violence and exploitation of women and children during disaster

Displaced women, children and transgender are often at risk of sexual violence as they try to meet their basic needs. Rape of women and children while collecting water and firewood, and even in relief camps has been reported in disaster struck areas. In areas where human trafficking is widely prevalent, disasters may result in conditions that provide opportunities for traffickers (e.g. large numbers of unaccompanied children). Sexual exploitation may increase in situations where women's options for employment are diminished.

Additionally, reports from the eastern Congo and Guinea show that refugee and displaced women and children may be coerced into sex in exchange for food or shelter for themselves or their families. In cultures with traditions of early marriage and dowry, adolescent girls' may face an increased risk of early and forced marriage because of poverty. Forced marriage can also be a consequence of disclosing sexual abuse.

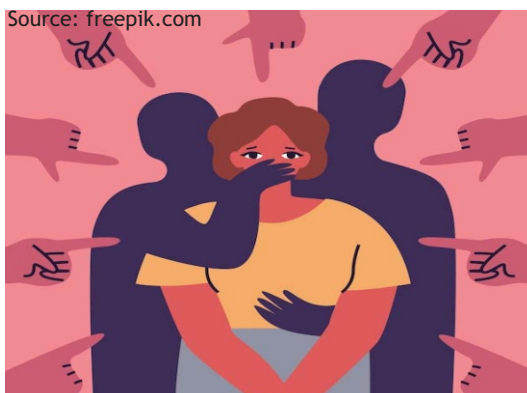
Gender-based violence can also include dimensions like restriction of mobility, child marriages, beating and battering, pulling girls out of schools for the reason that they are girls, excluding women from decision-making processes, unequal discrimination of food within households, depriving women and transgender of leadership positions, low economic support for women and transgender, poor shelters, hotlines and reporting mechanisms, and discrimination against widows, divorced and deserted

women, women with disabilities, women who have faced public violence such as rape and molestation, women living alone, never married women, transgender etc.

3. Sexual violence and exploitation of Transgender during disaster

Sexual violence and exploitation are significant concerns during and after disasters, with women and child transgender individuals also be particularly vulnerable to these forms of abuse. In disaster-affected areas, the breakdown of social structures, displacement, and overcrowded shelters can create conditions where sexual violence and exploitation are more likely to occur. Transgender individuals often face discrimination and marginalization in society. During and after a disaster, this vulnerability can increase due to factors such as isolation, limited access to safe spaces, and inadequate support systems.

In disaster relief shelters, transgender individuals may face harassment, discrimination, and the risk of sexual violence. Lack of privacy, gender-segregated facilities that do not align with an individual's gender identity, and a lack of understanding and acceptance from others can contribute to these risks. Disasters can disrupt livelihoods and economic stability, forcing some transgender individuals into situations where they may engage in risky or exploitative activities in exchange for basic necessities. Limited access to healthcare, including sexual and reproductive health services, can leave transgender individuals at risk of exploitation and violence. Barriers to reporting and seeking help can further exacerbate these issues.



Source: Independent.co.uk

Topic 4

Suggested Activity:

Duration: 20 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can make the session participatory and interactive by encouraging participants to make comments and share their views. The session can be concluded by highlighting that planning for Disaster Risk Management should be viewed through a gender lens. Participants can be informed that gender based violence is a common occurrence after a disaster and, hence, meticulous planning should be done beforehand to deal with this menace.

Step 1: Divide the participants in two groups

Step 2: Provide the case scenario to the participants

Step 3: Ask participants to discuss possible measures for planning to combat gender based violence after disasters.

Step 4: After about 15 minutes, the participants can be asked to give their suggestions which can be collated and written down on a flip chart by the trainer.

CASE SCENARIO

You are a member of Shelter Management team looking after about 3,000 survivors of an earthquake which has killed over 10,000 people. After, four days in the camp, some of the women have started talking about safety and security issues in hushed tones. There are few women who were badly bruised. When asked about the cause, they replied nonchalantly, that they had a fight with their husband. Two cases of rape and one case of molestation has also been reported to the nearest police station. The menace of gender based violence is raising its ugly head. If certain steps are not taken immediately; the situation may go of control. What kind of introspection will you do in your planning to deal with the menace?

Guidelines for the Trainer/ Facilitator:

The trainer can focus on the following questions:

- Is there an establishment of accessible, transparent, efficient mechanisms to report and investigate complaints, especially those related to gender based

violence and to prevent abduction and trafficking? This entails that the community, especially women and children have a clear awareness and understanding of how to report abuse. It is important that their anonymity and safety be ensured.

- b) Is there sufficient female staff in the camp and does the camp staff have the appropriate training to deal with gender based violence? Workers own biases and prejudices must be addressed.
- c) Is there a clear understanding amongst camp staff, health professionals and protection cluster members about principles such as confidentiality, rights, choices, and the right to decision making of the survivor?
- d) Have high-risk areas in the setting where incidences of sexual violence or abductions occur and have the factors that contribute to this been identified? For example the location of bathing spaces in isolated areas, and/or children playing in isolated areas.
- e) Have actions been taken to mitigate the risk at these 'hot spots'- community watch programmes, providing education to women, men and community on issues of sexual violence and its potential consequences, information about reporting mechanisms?
- f) Are there systems in place to ensure the compilation of anonymous incident data so that any trends and protection issues can be identified and addressed?
- g) Have relevant laws and policies been reviewed that protect women and children from exploitation and their enforcement so that they may be used to support victims and survivors?

Topic 5

Combative Measures

Duration: 10 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can discuss the topic in continuation with the response of participants to the above-mentioned activity. The trainer can add his/ her inputs to the suggestions offered by participants in the activity carried out earlier.

Some of the measures that can be undertaken to combat the menace of gender-based violence in post-disaster scenarios are as follows:

- Ensure that the location, timing and accessibility of services is gender friendly.
- Monitor security and instances of abuse in the distribution point as well as on departure roads.
- Pay regular observation visits to various distribution points, security checkpoints, service institutions and water and sanitation facilities.
- Do not make women and girls dependent on men for shelter construction or shelter allocation because this often results in sexual exploitation, with women forced to trade sex for shelter.
- Ensure that both male and female police officers patrol the camps.
- Form vigilance committees in each community/camp consisting of men women and transgender people to act as monitoring officers;
- Develop written and verbal safety guidelines against possible violations against women and transgender;
- Train women and transgender to raise immediate alarms against violations in the campsites.
- Maintain night security at camps;
- Train security guards of all genders to be sensitive to apprehensions and problems of women and transgender people in order to facilitate assistance seeking by women and transgender community
- Ensure that women participate directly in decision making on local security arrangements for the camp community;
- Seek ongoing inputs from women to ensure that their needs and security concerns are addressed.
- Provide free legal services to survivors of sexual violence.
- Disaster relief organizations and agencies should adopt policies and practices that are inclusive of transgender individuals.
- Training staff on gender diversity, sensitivity, and the unique needs of transgender survivors is crucial.
- Establishing safe and inclusive spaces within relief shelters is vital, providing gender-neutral restrooms and sleeping areas, as well as ensuring privacy and security for all individuals.
- Engage with local transgender community leaders to better understand and address the specific needs and concerns of transgender individuals in disaster-affected areas.






- Raise awareness among disaster-affected communities about the rights and dignity of transgender individuals, and provide information about available support services.
- Advocate for legal protections for transgender individuals, both during and after disasters, to prevent discrimination and ensure access to justice.

Resources

1. Dhar Chakrabarti PG and Walia A (2009). Toolkit for Mainstreaming Gender in Emergency Response; In: Women, Gender and Disasters, eds. PG Dhar Chakrabarti and Elaine Enarson, Sage Publications, India.
2. Gender and Disaster Network (2008). Training Materials, Applied GDRR Practice - The Disaster Cycle - Facilitator Materials.
3. IASC (2006) Women, Girls, Boys and Men: Different Needs-Equal Opportunities, Gender Handbook in Humanitarian Action.
4. IASC (2005) Guidelines for Gender Based Violence Interventions in Humanitarian Settings.
5. National Institute of Mental Health and Neurosciences (2005). Tsunami Disaster, Psychosocial Care for Women; Information Manual 4.
6. UNHCR (2003). Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons. Guidelines for Prevention and Response.

SESSION 3

Engendering Disaster Risk Management Lesson 4: Gender and Shelter Management

	OBJECTIVES	<ul style="list-style-type: none"> • To highlight issues pertinent to gender and shelter in disasters. • To discuss factors contributing to gendered vulnerability in shelters. • To list out measures to ensure gender sensitivity in shelter management and planning.
	DURATION	60 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Presentation 2. Discussion 3. Suggested Activity
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management

Lesson 4: Gender and Shelter Management

Rationale ---

The purpose of this unit is to discuss the measures to ensure gender sensitivity in temporary shelters.

Learning Outcomes ---

By the end of this unit, you should be able to:

- Highlight the gendered issues that arise in temporary shelters after a disaster
- List out varied measures that need to be taken to incorporate gender sensitivity in shelter management and planning

Content ---

This unit includes the following:

Topic 1: Gender and Shelter Management: Issues and Concerns

Topic 2: Suggested Activity

Topic 1 ---

Gender and Shelter Management: Issues and Concerns

Duration: 30 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can prepare a few power-point slides on the importance of shelter in the aftermath of a disaster and highlight gendered issues in shelter management and planning.

Shelter is an important aspect, that needs to incorporate a gender dimension as women and children are the primary occupants and tend to spend more time than men in the shelters. Temporary shelters are put into place and survivors are forced to live in congested relief camps, but through these processes, the needs for privacy and care for the more vulnerable group of pregnant, lactating, and menstruating women are not adequately taken care of. The availability of space for all the members of a family plays a crucial role in determining whether the need for shelter has been fulfilled with

a gender-sensitive approach. It is also necessary that the gender division of labour within households before, during, and after the disaster is understood and reflected in the location, design and layout of shelters.

In the aftermath of the 1991 cyclone in Bangladesh, women who were able to reach the temporary shelters found them ill-suited to meet gender and culture-specific needs; in a social context where seclusion is practiced, a large number of men and women were crowded in together with no respect to privacy for pregnant, lactating and menstruating women (UNEP, 1997). Similarly in the layout and design of intermediary and permanent shelters, the specific needs of women, girls, and transgender are often not taken care of. The next action lists out the action points that need to be undertaken by a disaster manager focusing on gender-sensitive designing, layout spacing and location of shelter in emergencies,

- Make adequate arrangements for lighting in temporary shelters, particularly in common facilities like toilets, bathrooms etc.;
- Provide adequate material for partitions between families in a temporary shelter;
- Women and girls should not be compelled to share accommodation with men who are not members of their immediate family;
- It is important to acknowledge the fact that in any setting; management authorities carry a great deal of power and control. It is critical that this power is not used to further exploit, or extract favors from vulnerable groups, especially women and transgender people.
- The separate spaces should be allocated to men, women, and transgender in disaster relief shelters. Transgender may face harassment, discrimination, and the risk of sexual violence due to lack of privacy, gender-segregated facilities that do not align with an individual's gender identity, and a lack of understanding and acceptance from others can contribute to these risks.

Topic 2

Suggested Activity

Duration: 30 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can make the session participatory and interactive by encouraging participants to make comments and share their views. The session can be concluded by highlighting that every aspect of Disaster Risk Management and planning

should be viewed through a gender lens, including shelter. The participants can be informed that lack of proper interventions can contribute to creating more vulnerability after a disaster.

Step 1: Divide the participants in two groups

Step 2: Provide the case scenario to the participants

Step 3: Ask participants to discuss possible measures for ensuring gender sensitive shelter management and planning.

Step 4: After about 15 minutes, the participants can be asked to give their suggestions, which can be collated and written down on a flip chart by the trainer.

CASE SCENARIO

You are part of a planning team called together in this crisis situation by the government. You can define your team members yourselves. You are tasked with the preparation of a camp for an influx of 3000 survivors from the flood. The people are expected to begin arriving tomorrow.

You and your colleagues have been sent from elsewhere to this location (an open space previously set aside for development of a factory but without any infrastructure yet). You have very limited resources to call upon. You have been provided with tents and can call upon a day's help from the military before they are re-deployed elsewhere.

The trainer / facilitator can focus on the following key questions:

1. Have shelters for vulnerable groups such as unaccompanied children, transgender, and women headed households been given special consideration such as location and proximity to facilities and distribution points?
2. Do single women or women headed households depend upon men for shelter construction?
3. Is the camp well lit?
4. Does it have adequate material to allow for some level of privacy for women and transgender?
5. Has the design and layout of shelters or campsites been planned in collaboration with community members with input from vulnerable groups?






6. Does the layout have spaces for children to play where family members can watch them? This is important as often children play in remote areas increasing the risk of abuse.
7. Does the layout have spaces for community centers- special private space for women and children of the community for activities like meetings, vocational classes, skills training and psychosocial support? Are women involved in the management of these spaces?
8. Is there a plan for safety and security of rest of the family and staff providing assistance to the survivor?
9. Is the staff sensitive to varying needs and situations of men, women and transgender and how they might impact their ability to participate and benefit from relief operations generally, and shelter and camp management specifically?
10. Is there sufficient female and transgender staff in the camp management?
11. Have women and transgender been included in leadership roles in camp management?
12. Are the shelters/camps planned keeping in mind the needs of people with disability?

Resources

1. Gender and Disaster Network (2008). Training Materials, Applied GDRR Practice - The Disaster Cycle - Facilitator Materials
2. CARE & SEEDS (2005). Handbook on Shelter Rehabilitation, Advocacy Unit, India.
3. Sphere Charter (2004). The Sphere Project Humanitarian Charter and Minimum Standards in Disaster Response; Available at: http://www.sphereproject.org/handbookhdbkpdf/hdbkpdf_full.pdf
4. UNEP (1997). Asian Disaster Risk Management News; Newsletter of the Disaster Risk Management Community in Asia and the Pacific, 3(3).

SESSION 3

Engendering Disaster Risk Management Lesson 5: Gender and Relief Management

	OBJECTIVES	<ul style="list-style-type: none"> • To highlight issues pertinent to gender and relief management. • To discuss factors contributing to gendered vulnerability in relief management. • To list out measures to ensure gender sensitivity in relief management and planning.
	DURATION	60 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Discussion 2. Suggested Activity
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Flip Charts 2. Board Markers
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management Lesson 5: Gender and Relief Management

Rationale

The purpose of this unit is to discuss the measures to ensure gender sensitivity in management of relief supplies in a post-disaster scenario.

Learning Outcomes

By the end of this unit, you should be able to:

- Highlight the gendered issues that arise in temporary shelters after a disaster
- List out varied measures that need to be taken to incorporate gender sensitivity in relief management.

Content

This unit includes the following:

Topic 1: Gender and Relief Management

Topic 2: Gender Sensitive Relief Management

Topic 3: Suggested Activity

Topic 1

Gender and Relief Management

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can start the session by asking the participants about their experiences in the phase of relief management in a post-disaster scenario. While the participants are sharing their experiences, the trainer can press the participants to highlight 'gendered issues' in relief distribution and management.

Relief is considered to be an important phase in the Disaster Risk Management cycle which aims at meeting the immediate survival needs of an affected community on a temporary basis. The relief aid is provided with an approach that "one blanket will fit all". Temporary shelters are put into place and survivors are forced to live in relief

camps, but through these processes, the needs of privacy, care, and nutrition for the more vulnerable group of pregnant, lactating, and menstruating women, transgender are not adequately considered. The issues of sanitation, specific clothing, and toiletries are generally not seen as vital supplies to be provided to women survivors as well as transgender. Relief mechanisms, as are currently practiced, need to look into the specific needs of men and women (Walia, 2006). Moreover, traditionally female participation in Disaster Risk Management has largely been related to the role of caring and nurturing. There is limited representation of women on national and local emergency committees and their potential as a resource for organized action at all levels of the managerial process has been seriously overlooked (Noel, 1990).

Therefore, an effective relief management strategy has to be built upon two pillars, namely; addressing the specific needs of women, and ensuring their participation and involvement in the management process. In addition to women, the representation of transgender community is especially low. The needs of transgender are often ignored and hence all facilities utilized for disaster survivors/victims should ensure that transgender individuals in those spaces have access to the proper facilities based on their gender identity. This includes restrooms, showers, housing, and other facilities.

Keeping the above-mentioned issues in mind, the next section proposes some action points for engendering the process of relief management.

Topic 2

Gender Sensitive Relief Management

Duration: 25 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can link the previous topic with the present one. The previous topic focuses on gender issues in relief management and distribution after a disaster while the present topic aims at deriving solutions with respect to the issues raised in the previous topic. The trainer can ask participants to come up with a few solutions, which can be written on a flip chart. The trainer can supplement the suggestions floated by participants with his/ her own input.

Some of the measures that need to be taken to ensure gender sensitivity in relief management and planning are as follows:

1. **Relief Supplies:** Men, women and transgender need to be consulted and involved not only in designing the contents of relief kits but in the entire process of relief

management and distribution. Mechanisms should be constituted for women, men, and transgender to file complaints against the non-receipt and unmet needs of the affected community. Special provisions need to be made to ensure relief goods reach Person with Disabilities (PWD).



Relief management after the disaster

2. *Information Dissemination:* Men, women, and transgender officers need to be appointed in each camp to coordinate the dissemination of information on relief assistance being provided by the government, compensation packages, ex-gratia payments etc. Ensure that women, men, and transgender are informed and made aware of the quantity and variety of items they should receive, as well as the distribution methods, by imparting information clearly indicating the entitlements, distribution site, date, and time. It is also imperative to reach out to women in shelters within the camps as in some cultures women do not participate in public meetings where information is being announced.

3. *Food and Clothing:* The distribution of food and clothing should be done by gender-balanced team. Household ration cards for free food distribution should be issued in the woman's name. The timing and location of food distribution services should be convenient for women and transgender and it should not increase their safety concerns. For households with women and men with disabilities, arrangements can be made through volunteers /women's groups to bring the relief items to their doors. Gender-sensitive clothing and materials like undergarments and sanitary napkins should be distributed to the affected women. Assessment of men's needs should also be done and materials like shaving kits should be included in the relief kit.

4. *Medical relief:* Medical relief in disasters is a life-threatening part of disaster response efforts, providing essential healthcare services to those who are affected by

the disaster. To understand the unique health needs of individuals of all genders in disaster-affected areas like age, disability, and gender identity. During disasters, transgender may have undergone surgeries and can be hormone replacement therapy and may need medicines or even injection supplies which are essential for their lives. These medical supplies should be made available for them.

Topic 3

Suggested Activity

Duration: 20 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can perform the following steps:

Step 1: Divide the participants into two groups

Step 2: Ask participants to design the contents of the 'Gender Sensitive Relief Kit'.

Step 3: Ask participants to highlight the use of each gender sensitive relief material as well.






Step 4: After about 15 minutes, participants can be asked to give their suggestions, which can be collated from the two groups and written down on a flip chart by the trainer.

Resources

1. Dhar Chakrabarti PG and Walia A (2009). Toolkit for Mainstreaming Gender in Emergency Response; In Women, Gender, and Disasters, eds. PG Dhar Chakrabarti and Elaine Enarson, Sage Publications, India.
2. Walia A (2006). Accessibility and Sensitivity of Disaster Relief Services towards Women; India Disaster Risk Management Congress, November 29-30, New Delhi
3. IASC (2006). Women, Girls, Boys and Men: Different Needs-Equal Opportunities, Gender Handbook in Humanitarian Action.
4. Gomez, S (2006). Guidelines for Gender Sensitive Disaster Risk Management, Asia Pacific Forum on Women, Law and Development, Thailand.
5. IASC (2005). Guidelines for Gender based Violence Interventions in Humanitarian Settings.
6. Sphere Charter (2004). Sphere Handbook on Disaster Response.

SESSION 3

Engendering Disaster Risk Management Lesson 6: Gender and Livelihood Generation

	OBJECTIVES	<ul style="list-style-type: none"> To discuss the kind of loss faced by both men, women, and transgender with respect to their livelihood in the aftermath of a disaster; To illustrate case studies to highlight the impact of disasters on livelihood of men, women, and transgender and; To list out varied measures that need to be taken to incorporate gender sensitivity in livelihood generation after a disaster.
	DURATION	60 minutes
	METHODOLOGY	1. Discussion
	MATERIAL/ EQUIPMENT	1. Flip Charts 2. Board Markers
	HANDOUTS	Nil

SESSION 3

Engendering Disaster Risk Management Lesson 6: Gender and Livelihood Generation

Rationale

The purpose of this unit is to discuss the measures to view livelihood generated after a disaster from a gender lens.

Learning Outcomes

By the end of this unit, you should be able to:

- Discuss the kind of loss faced by men, women, and transgender people with respect to their livelihood in the aftermath of a disaster;
- Illustrate case studies to highlight the impact of disasters on the livelihood of men, women and transgender people and;
- List out varied measures that need to be taken to incorporate gender sensitivity in livelihood generation after a disaster.

Content

This unit includes the following:

Topic 1: Gender and Livelihood Loss

Topic 2: Case Studies

Topic 3: Gender-Sensitive Livelihood Generation

Topic 1

Gender and Livelihood Loss

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can ask participants about the livelihood activities carried out by men, women, and transgender in both formal as well as informal settings. The trainer can then lead the discussion on the impact of disasters on the formal and informal livelihood of men, women, and transgender.

Disaster robs the survivors, including men, women, and transgender people of their livelihood. Since wage opportunities decrease after a disaster; men are pressured into

migrating to other places to find work. Loss of livelihood also increases frustration among men leading to an increase in alcohol consumption and domestic violence affecting women and children. Gender stereotypes put boys under pressure to drop out of school and work in order to contribute to the family income.

As far as women are concerned, an increasing number of women become sole bread-earners, due to death or severe injuries suffered by their husbands/sons. Secondly, due to scarcity of resources or the death of male bread-earners, women previously engaged in household work may feel the need to engage in paid work; but may not be able to do so because of a lack of childcare centers with timings sensitive to their schedules. Thirdly, women who lose both their husbands and their assets may not receive compensation for their losses. For example, in the Tsunami-affected areas, there were some cases of women who did not receive boats and catamarans. Similarly, unmarried women may not receive relief and rehabilitation packages in a culture where they are not recognized as individual units.

In the case of transgender, they struggle to access work, education, and other basic rights, and hence are at greater risk of being unemployed after a disaster. For transgender's who have limited awareness about the resources available for them, they have to struggle a lot for relocating themselves and again find suitable livelihoods for them. Disasters disrupt the work and regular life patterns of the trans and put them at additional risk of being discriminated against. They cannot easily get access to emergency shelters and are left to beg on roads in order to survive. They have a hard time pursuing education and employment due to harassment and discrimination and are almost socially invisible. In order to receive relief, getting official papers remains an uphill struggle for them.

The construction of permanent shelters and other infrastructure should rely on generating livelihood for the affected populace. Short-term relief programmes started in the aftermath of a disaster should not be 'stand-alone programmes but culminate into sustainable employment for men, women as well as transgender. In many instances, personal experience of working side by side with one's spouse, clearing roads, or salvaging personal belongings from a rising river, is a far more powerful influence than memories of previous gender segregation. After Hurricane Mitch hit Honduras and Nicaragua, many women reported that their husbands were listening to their opinions more than they did prior to Hurricane Mitch. They attributed this change to the "public" work that they did during the disaster. Moreover, special initiatives need to be undertaken in the post-disaster scenario for the livelihood regeneration of the women working in the informal sector through vocational training and the provision of credit.

Topic 2

Case Studies

Duration: 15 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can encourage participants to share their experience, if any, regarding the differential impact of disasters on the livelihood of men and women. After sharing experiences, the trainer can present the following case studies to the participants.

Case Study 1

Before the Indian Ocean tsunami, two SHGs together had run the business of selling dry fish in Tamil Nadu. The SHGs had taken a loan of Rs. 200,000 and built an infrastructure to dry fish. Additionally, they had invested Rs. 100,000 for fish stock, salt, utensils, and other tools. They lost everything in the tsunami. However, their loss was neither compensated, nor the remaining loan amount of Rs. 100,000 (they had repaid half the loan, pre-tsunami) was waived or rescheduled. The members had to repay the loan by getting into heavy debt and pawning their jewelry.

Case Study 2

Noor Jahan, a single woman, was engaged in the home-based business of making hand fans. She was a successful entrepreneur before the Indian Ocean tsunami in Tamil Nadu. She had a ready market for her product in Delhi, Mumbai, and Chennai. Her house was destroyed by the tsunami and along with it, she lost her tools of trade and a huge stock of raw materials. The temporary shelter did not have enough space for her to start business again. She also needed a minimum amount of Rs. 50,000 to start her business again. She was too poor to access credit from the bank or a private moneylender. She was confident that given an opportunity and enough space to run her business, she could train many other women in the skill as well as provide them employment.

Topic 3

Gender Sensitive Livelihood Generation

Duration: 30 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can link the previous topic with the present one. The previous topic focuses on gender issues in livelihood generation after a disaster while the present topic aims at deriving solutions with respect to the issues raised in the previous topic. The trainer can ask participants to come up with a few solutions which can be written on a flip chart. The trainer can supplement the suggestions floated by participants with his/ her own input. Some of the measures that need to be taken to ensure gender sensitivity in livelihood generation projects post-disaster are as follows:

1. *Livelihood Planning:* Include Men, women and transgender people in planning and implementation of all livelihood programmes. Women and transgender can be consulted to identify potential obstacles to their participation in various livelihood programmes. The livelihood programmes can be planned accordingly by addressing the obstacles faced by women and transgender people in participating in various livelihood programmes. The programmes should be designed based on an assessment of women, men's and transgender people's knowledge, skills and livelihood need. Income generating opportunities need to be developed for men, women and transgender people; where possible (depending on social context) they should not be limited to/by traditional gender roles. Disasters are also an opportunity to renegotiate traditional gender roles and gain greater mutual respect and understanding between women, men and transgender people. Joint ownership of livelihood assets should be encouraged.



Source: gaonconnection.com



Source: lifegate.it

2. *Vocational training:* Vocational training should be organized for men, women as well and transgender, and gender balance should be ensured in the training teams. Training should be imparted in skills that aim at equipping women and transgender to new areas of income-earning activity. Discuss the timings of the training

programmes and ensure it is suitable for the affected women. Vocational training can be linked with employment initiatives being undertaken in the affected area.



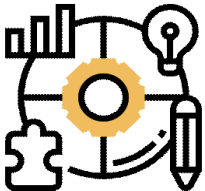


3. *Credit Access*: Nodal officers including a man, a woman, and a transgender person should generate awareness amongst the affected population about the loans, schemes, and subsidies given by the government to initiate livelihood. Banks, trading and business institutions should be encouraged to create special structures for providing special aid and investment advice to small and medium women entrepreneurs. Banks can also be asked to waive off the loans taken prior to a disaster by women. Credit institutions should target women and transgender people working in the informal sector.

Resources

1. Pincha C (2009). Gender Sensitive Disaster Risk Management: A Toolkit for Practitioners, Oxfam America and Nanban Trust, Earthworm Books, Mumbai.
2. Dhar Chakrabarti PG and Walia A (2009). Toolkit for Mainstreaming Gender in Emergency Response; In: Women, Gender and Disasters, eds. PG Dhar Chakrabarti and Elaine Enarson, Sage Publications, India.
3. International Recovery Platform (2009). Disaster Risk Reduction: A Gender and Livelihood Perspective; Information Resources, Focus No. 2/09.

SESSION 3

Engendering Disaster Risk Management Lesson 7: Gender and Early Warning

	OBJECTIVES	<ul style="list-style-type: none"> To discuss issues related to gender in early warning, and; To list out varied measures that need to be taken to incorporate gender sensitivity in the dissemination of early warning in disasters
	DURATION	45 minutes
	METHODOLOGY	1. Discussion
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Flip Charts 2. Board Markers
	HANDOUTS	Nil

SESSION 1

Engendering Disaster Risk Management

Lesson 7: Gender and Early Warning

Rationale

The purpose of this unit is to discuss measures to ensure gender sensitivity in dissemination of early warning.

Learning Outcomes

By the end of this unit, you should be able to:

- Discuss the issues related to gender in early warning, and;
- List out varied measures that need to be taken to incorporate gender sensitivity in the dissemination of early warning in disasters.

Content

This unit includes the following:

Topic 1: Gender and Early Warning

Topic 2: Gender Sensitive Early Warning

Topic 1

Gender and Early Warning

Duration: 20 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can ask participants to share their experiences about responding to warnings issued to the community by authorities for an impending disaster. The trainer can probe the participants about why certain people responded to the warning while others did not. The discussion can be guided in a manner so that gender issues get highlighted.

Gender is an important factor in responding to the warning issued by the authorities before any disaster. In the year 1991 during the cyclone and floods in Bangladesh, emergency warnings were given mainly by loudspeakers and word of mouth. In a highly sex-segregated society, warning information was transmitted by the males to the males in public spaces where males congregated on the assumption that this would be communicated to the rest of the family, which by and large did not happen. Those who

heard the warning ignored it because cyclones occurring after the 1970 disaster had not caused much devastation. In the ensuing procrastination, women who had comparatively less knowledge about cyclones and were dependent on male decision-making, perished, many with their children, waiting for their husbands to return home and take them to safety. Therefore, dissemination of timely and meaningful warnings to both women and men is the first step in mainstreaming gender in emergency response.

Topic 2

Gender Sensitive Early Warning

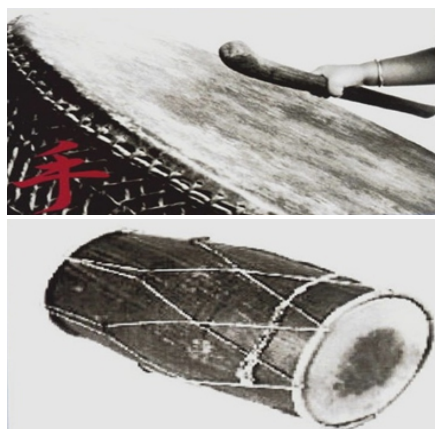
Duration: 25 minutes

Training Methodology: Discussion & Interaction

Trainer's Note: The trainer can link the previous topic with the present one. The previous topic focuses on gender issues in warning dissemination while the present topic aims at deriving solutions with respect to the issues raised in the previous topic. The trainer can ask participants to come up with a few solutions, which can be written on a flip chart. The trainer can supplement the suggestions floated by the participants with his/ her own inputs.

Some of the measures that need to be taken to ensure gender sensitivity in warning dissemination before a disaster are as follows:

1. *Dissemination of Early Warning:* The warning should be disseminated using both formal and informal means of warning dissemination. In states like Uttarakhand, the early warning system is in its expansion stage. The district offices do have the siren but have a limited range of 2 kms, which in itself is a major shortcoming considering the coverage area that needs to be targeted. The means of early warning should be explored on a larger level. It should be ensured that warnings are issued at every doorstep of the more vulnerable population rather than being limited to public places only. Lastly, both men, women and transgender should be involved as agents of warning dissemination.



Dissemination of early warning in public

2. *Awareness Generation:* The meaning of warning should be explained to all the vulnerable groups such as women, children, transgender people, and elderly populations as they may not have the necessary information to understand the warning signals effortlessly. Awareness can be generated through formal and informal means targeting women, children, transgender, and aged populations to identify the danger signals and evacuate. Moreover, the importance of early warning and the need to adhere to the warning issued should be highlighted to the community.



Announcement of early warning in public

Resources



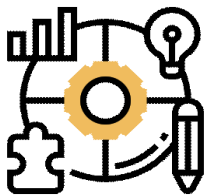


1. Dhar Chakrabarti PG and Walia A (2009). Toolkit for Mainstreaming Gender in Emergency Response; In: Women, Gender and Disasters, eds. PG Dhar Chakrabarti and Elaine Enarson, Sage Publications, India.
2. Fordham M (2001). Challenging Boundaries: A gender perspective on early warning in disaster and environmental management. Background paper for Expert Group Meeting, Ankara, Turkey conducted by UNDAW and UNISDR.

SESSION 4

Empowerment of Men, Women and Transgender through Disaster Risk Management

Lesson 1: Empowering Women, Men, and Transgender in

Disaster Risk Reduction: Film

	OBJECTIVES	<ul style="list-style-type: none"> To highlight the impact of tsunami on the Samiyarpettai village of Tamil Nadu, To discuss the importance of capacity building of the community to prepare for disasters, To illustrate the vital role played by women in the management of tsunami in the village
	DURATION	40 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Film 2. Discussion 3. Activity
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Compact Disc of the Movie 3. Flip Charts 4. Board Markers
	HANDOUTS	Nil

SESSION 4

Empowering Women, Men and Transgender in Disaster Risk Management Lesson 1: Empowering Women and Men and Transgender in Disaster Risk Reduction: Film Show

Rationale

The purpose of this unit is to highlight the role women, men and transgender can play as contributors to the process of management of disasters.

Learning Outcomes

By the end of this unit, you should be able to:

- Highlight the impact of a tsunami on the Samiyarpettai village of Tamil Nadu,
- Discuss the importance of the capacity building of the community to prepare for disasters,
- Illustrate the vital role played by women in the management of tsunamis in the village.

Content

This unit includes the following:

Topic 1: About the Film

Topic 2: Suggested Activity

Topic 1

About the Film

The film is named "When Disaster Strikes - The Story of Samiyarpettai" and can be downloaded from the following link http://www.undp.org.in/crisis_prevention_and_recovery/documentary_films. The film was shot a few months after the tsunami that struck parts of Southern India on 26 December 2004. The film is based on community-based training approaches piloted in Samiyarpettai, a model village identified in Tamil Nadu under the Government of India-UNDP National Disaster Risk Management Programme. This village reported fewer deaths due to the tsunami, thanks to the training received by local communities in rescue and evacuation, survival skills and safety techniques, first aid, and other areas.

The 16-minute film accentuates the need for capacity-building initiatives in the Samiyarpettai village of Tamil Nadu. The United Nations Development Programme in

association with the Government of Tamil Nadu had organized training for the community for dealing with disasters. The men folk of the village, initially, resented the participation of women in such training programmes. However, with concerted efforts, they were convinced and men and women participated successfully in capacity-building initiatives. When the Indian Ocean Tsunami hit the village, many lives were saved because of the capacity-building activities that had already taken place before the disaster. Women played a crucial role in the process by breaking certain gender stereotypes and saving lives.

Topic 2

Suggested Activity

Duration: About 40 minutes

Training Methodology: Film Show

Trainer's Note: The trainer can have a discussion with participants about the issues raised in the film after the film show. The session can be concluded by highlighting that men, women and transgender need to work together towards the process of management of disaster. Transgender population generally tend to be invisible in the entire disaster management cycle. Participants can be informed that women as well as transgender can play an effective role in Disaster Risk Management and disasters can be used as a window of opportunity to empower women and transgender and bring them into the mainstream by addressing social inequity.

Step 1: Organize the film show for the participants

Step 2: Ask the participants to sum up what they saw in the movie

Step 3: Participants should be asked to speak individually on issues highlighted in the movie along with the gendered issues including the invisibility of transgender population..

ACTIVITY

Focus on the following questions and key ideas in the group discussion:

What are the specific gender sensitive issues which have been raised in the movie?






How did women respond to the disaster?

What were the gender stereotypes that were challenged by women in responding to the disaster?

How can other genders be included in the process of responding to disasters?

SESSION 4

Empowering Women, Men, and Transgender in Disaster Risk Management Lesson 2: Gender Budgeting and Auditing in Disaster Risk Management

	OBJECTIVES	<ul style="list-style-type: none"> To describe the concepts and importance of gender budgeting and gender auditing in Disaster Risk Management, To be able to use the checklist for incorporating gender budgeting for aspects related to risk reduction and planning for disaster-related situations
	DURATION	90 minutes
	METHODOLOGY	<ol style="list-style-type: none"> 1. Discussion 2. Interaction
	MATERIAL/ EQUIPMENT	<ol style="list-style-type: none"> 1. Multimedia Projector 2. Flip Charts 3. Board Markers
	HANDOUTS	Handout No. 5

SESSION 4

Empowering Women, Men and Transgender in Disaster Risk Management Lesson 2: Gender Budgeting and Auditing in Disaster Risk Management

Rationale

The concept of gender budgeting (GB) evolved to examine how the biases that usually manifest in society by virtue of being a female, male or transgender person or due to ethnicity, caste, class or poverty status, location, age and so on. It aims to identify and reflect the needed interventions to address gender gaps in the sector and local government policies, plans and budgets. GB also aims to analyze the gender-differential impact of revenue-raising policies developed for the target group for the allocation of resources and official development assistance. Since women, girls and transgender are affected differentially in disaster situations and specific budget allocations exist for disaster risk reduction and management, this sub-module focusses on explaining the concept of gender budgeting and gender auditing and how the same can be used for disaster-specific planning, implementation and evaluation from the gender-sensitive viewpoint.

Learning Outcomes

By the end of this unit, you should be able to:

- Describe the concepts and importance of gender budgeting and gender auditing in Disaster Risk Management,
- Use the checklist for incorporating gender budgeting for aspects related to risk reduction and planning for disaster-related situations.

Content

This unit includes the following topics:

Topic 1: Gender Budgeting

Topic 2: Gender Audit

Topic 1

Duration: 90 Minutes

Training Methodology: Group Discussion

Trainer's Note: The trainer can initiate the discussion by making a statement like "By now you would have understood how and why the females, males, and transgender

people respond to disasters differently. This differential impact of disasters and conflict requires concrete strategies at all levels of planning, implementation, and financial provisions".

Gender Budgeting

We all know that "Budgets can reinforce existing gender biases or they can bring more equality" (UNESCO). The term Gender Budgeting (GB) or Gender Responsive Budgeting (GRB) is used to make sure the budgetary provisions allocated by the Governments for any policies and programs actually address the needs and interests of the individuals for whom they have been earmarked. It is a methodology to assist governments, policy, and programme planners to integrate the gender perspective into the budgets as the key national plan for public expenditure. As usually thought of, it is not a separate budget for women or a strategy that merely seeks to increase spending on women-specific programs. It is a methodology designed primarily to mainstream gender equality principles into all stages of the programmes and budget cycles. It is a systematic effort to analyze the impact of any form of public expenditure or methods of raising revenues on girls and women as compared to boys and men. Gender-responsive budgeting (GRB) can be defined as an endeavor by the governments in planning, programming, and budgeting that contributes to the advancement of gender equality and the fulfillment of women's rights. It aims to identify and reflect the needed interventions to address gender gaps in sector and local government policies, plans, and budgets. GRB also aims to analyze the gender-differentiated impact of revenue-raising policies developed for the target group for allocation of resources and official development assistance. GRB initiatives seek to create enabling policy frameworks, build capacity, and strengthen monitoring mechanisms to support accountability to women.

Five steps Framework for Gender Budgeting:

The Five steps Framework for Gender Budgeting is an international Framework and an important tool that can be used and applied by planners/others, as an entry point for the gender budgeting exercise (Gol 2007) as below:

- Describe the situation of women and men, girls, boys, and transgender (and different sub-groups) (situation analysis)
- Check whether the policy is gender-sensitive i.e., whether addresses the situation described [Budget speak: 'Activities']
- Check that an adequate budget is allocated to implement gender-sensitive policy [Budget speak: 'Inputs']

- Check whether expenditure is spent as planned [Budget speak: 'Outputs']
- Examine the impact of policy & expenditure; i.e., whether it has promoted gender equity as intended [Budget speak: 'Outcomes' or 'Impact']

(Source: Government of India. (2007). Gender Budgeting Handbook, Ministry of women and child development)

Example: The Framework can be applied to developing a new policy/project for adolescent girls/pregnant women or transgender during natural disasters. Situation analysis can be done to assess and ensure their safety as a prime measure, followed by rehabilitation, nutritional needs, and ante-natal and post-natal checkups. Find out if the relief activities were planned in consultation with the local women or transgender. There could be a need for a female or transgender doctor in such cases. The activities outlined in this scheme need to be gender sensitive. Examine whether women or transgender have been part of the rescue and rehabilitation team. Have they been provided adequate training? Thereafter, you can assess whether a sufficient amount of budget has been allocated to each of the outlined activities and whether it has been used for the intended or planned activities. Finally, analyze the impact of the activities with respect to the objectives of the policy/project.

Check List for Integrating Gender/Gender Budgeting into new Programmes, Projects, and Schemes (PPS) by the Ministry of Women and Child Development, the Government of India

A checklist has been developed by the Ministry of Women and Child Development, Government of India for integrating gender budgeting into new programmes, projects, and schemes (Handout 5). You can apply this checklist to other vulnerable sections such as elderly women and men, disabled people, displaced children, and so on. You can think whether any specific quota needs to be reserved for them. This checklist should be used for all new programs, projects, and schemes.

2.0 Gender Audit

The manual for gender audit facilitators by the ILO, (ILO, 2007) defines audit as a tool to assess the extent of gender mainstreaming accomplished. It further states that a gender audit:

- Considers whether internal practices and related support systems for gender Mainstreaming is effective and reinforces each other and whether they are being followed;

- Monitors and assesses the relative progress made in gender mainstreaming; establishes a baseline;
- Identifies critical gaps and challenges;
- Recommends ways of addressing them and suggests new and more effective strategies;
- Documents good practices towards the achievement of gender equality.

A gender audit is essentially a "social audit", and belongs to the category of "quality audits", which distinguishes it from traditional "financial audits". It considers whether internal practices and related support systems for gender mainstreaming are effective and reinforce each other and whether they are being followed. It is an attempt to examine whether the presence and participation of women have been institutionalized at all levels, starting from planning to execution and incorporating feedback received during the process. Find out some of the best practices where quality audits have been conducted post-disaster/conflict situations.

Resources

1. FAQ-Gender Responsive Budgeting. Available from: www.gender-budgets.org/index.phpphp?
2. Government of India (2007). Gender Budgeting Handbook for Government of India and Ministries, Ministry of Women and Child Development, New Delhi.
3. A practical guide to gender-sensitive approaches for Disaster Risk Management. Asia-pacific. Kuala Lumpur. International Federation of Red Cross and Red Crescent societies. <http://www.ifrc.org/PageFiles/96532/A%20Guide%20for%20Gender-sensitive%20approach%20to%20DM.pdf>.

Handout 5

Check List for Integrating Gender/gender budgeting into new Programmes, Projects and Schemes (PPS) by the Ministry of Women and Child Development, the Government of India

I. Participation:	Response to questions
<p>Has the PPS been developed in a participatory way involving all stakeholders, especially women? Women's involvement should not be tokenism but they should be encouraged to participate and contribute by creating an enabling environment. Their participation and contribution should be at all stages-planning, implementation, and monitoring as well as participatory evaluation</p>	
II. Background and justification:	
<ol style="list-style-type: none"> 1. Is gender part of the context analysis of the PPS? 2. Does this section include arguments for gender mainstreaming and gender equality? 3. Are the data quoted in the background sex-disaggregated? 4. Have the different needs and concerns of men and women, girls and boys been identified? 5. Is the language of the PPS gender sensitive and does it avoid gender stereotypes? 	
III. Goal / Objective:	
<ol style="list-style-type: none"> 1. Does the goal or objective reflect the needs of women and men? 2. Does it aim to meet practical gender needs (PGN) of women or strategic gender interests (SGI) (that will seek to change gender relations and address gender inequality and promote women's rights and control over her body and her life? 	



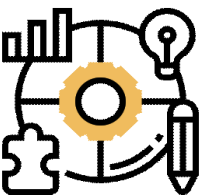


IV. Target Group / Stakeholders:	Response to questions
<ol style="list-style-type: none"> 1. Are women and men both going to benefit from the PPS? 2. Is there a need for affirmative action (quotas or reservation) to ensure women are benefited? 	
V. Strategy and Activities:	
<ol style="list-style-type: none"> 1. Is there a better, more women-friendly and yet cost-effective way of achieving the objectives? Can it be considered? 2. Are the strategies and activities of the PPS gender sensitive? 3. What are the constraints to women benefiting? Does the PPS address the constraints in order to reduce them? 4. Have possible constraints on women benefiting been addressed? For example, are the activities planned for times when women are free from household chores? 5. Will the PPS entail an additional burden on women? If so, what steps will the PPS take for men to share the burden of women's traditional roles? 6. If technology is involved, is it women-friendly and appropriate for women? 7. Who will implement the PPS? Are they sufficiently gender sensitive? Do they need gender orientation? (e.g. health service providers, teachers, and cooperative department staff should be sensitized if necessary) 8. Do implementation mechanisms use existing networks or organizations of women (e.g. self-help groups, mother's groups in Integrated Child Development Scheme (ICDS)) 9. If there is an information / IEC component, will women be involved in developing it and field testing it to ensure its gender and cultural sensitivity, comprehensibility and efficacy? 	

VI. Budgeting for equality:	Response to questions
<ol style="list-style-type: none"> 1. Has a sufficient budget been allotted for each of the components of the PPS? 2. Has the PPS budgeted for gender training? 3. Is the budget sufficiently disaggregated to ensure that gender concerns are adequately addressed? 4. Has the PPS budgeted for monitoring? 	
VII. Indicators for measuring outcomes and outputs:	
<ol style="list-style-type: none"> 1. What are the indicators for measuring progress on outcomes and outputs? Are they sex-disaggregated and gender-sensitive? 2. Are the indicators SMART-specific, measurable, accurate, relevant and time-bound? 3. Do the indicators measure progress in achieving strategic gender interests (SGNs) as well as practical gender needs (PGNs)? 	
VIII. Monitoring:	
<ol style="list-style-type: none"> 1. Has the PPS built-in a participatory on-going monitoring, involving women? What is the frequency? And are the monitoring tools (formats, visit timings etc.) women-friendly? 2. Does the monitoring strategy look at both content and process? Both are important. 	
IX. Evaluation:	
<ol style="list-style-type: none"> 1. Has the PPS provision for a mid-term (after 2 or 3 years) and an end-term (if the PPS is for a fixed duration) evaluation? This is essential. 2. Does the evaluation design allow for (a) the differential impact of the PPS on men and women to come out clearly; (b) women to be part of the evaluation team; and (c) perspectives and feedback from women beneficiaries to be obtained first-hand and not through male family members? 	

Source: Gender Budgeting Handbook for Government of India and Ministries. (2007). Ministry of Women and Child Development. Government of India. New Delhi.

SESSION 4

Empowering Women, Men, and Transgender in Disaster Risk Management Lesson 3: Guidelines for Gender Sensitive Disaster Risk Management

	OBJECTIVES	<ul style="list-style-type: none"> To summarize learnings of the training programme, and; To list out guidelines for Gender Sensitive Disaster Risk Management
	DURATION	90 minutes
	METHODOLOGY	1. Suggested Activity
	MATERIAL/ EQUIPMENT	1. Flip Charts 2. Board Markers
	HANDOUTS	Nil

SESSION 4

Empowering Women, Men, and Transgender in Disaster Risk Management Lesson 3: Guidelines for Gender Sensitive Disaster Risk Management

Rationale_____

The purpose of this unit is to culminate the learnings of the training programme so that participants can plan for the management of disasters through a gender lens.

Learning Outcomes_____

By the end of this unit, you should be able to:

- Summarize the learnings of the training programme, and;
- List out guidelines for Gender Sensitive Disaster Risk Management

Content_____

This unit includes the following:

Topic 1: Suggested Activity

Topic 1_____

Suggested Activity

Duration: 90 Minutes

Training Methodology: Group Discussion

Trainer's Note: The trainer can discuss the gender-sensitive, gender-specific (men, women, and transgender people), and gender-empowering guidelines for each issue one by one based on what is already taught to the participants earlier in Module 4.

The trainer should perform the following steps to carry out the suggested activity:

Step 1: Divide the participants into two/three groups.

Step 2: Ask Group No. 1 to plan and lay down gender-sensitive, gender-specific, and gender-empowering guidelines for dealing with the physical and mental health of the disaster survivors and planning for shelters.

Step 3: Ask Group No. 2 to plan and lay down gender-sensitive, gender-specific, and gender-empowering guidelines for relief management, livelihood generation after disasters, and dissemination of early warning for disasters

Step 4: Ask each group to choose a group leader who will come forward and make the final presentation.

Step 5: Give each group 45 minutes to discuss and another 10 minutes to collate the views of all the group members.

Step 6: The trainer can ask each group leader to come forward and put forward the guidelines in about 10 minutes per presentation.

Step 7: Each presentation can be followed by a discussion for about 5 minutes each.

Step 8: The trainer can write the main points on a flip chart. Participants as well as the trainer can also supplement by giving their views.

Guidelines for the Facilitator/Trainer

The group discussion can focus on the following key areas:

1. The main focus of this session is to enable the participants to focus and consolidate their learning from the entire training programme in the form of guidelines.
2. The trainer should divide the participants into groups and ask them to draw out gender-sensitive and more importantly gender-specific guidelines in specified areas that have already been covered in the training programme in previous sessions.
3. The participants should be encouraged to present the guidelines in a manner that would lead to the empowerment of women, men, and the transgender community in pre-as well as post-disaster scenarios as it will lead to an empowered community.
4. The training programme can end with the trainer asking the participants to implement the guidelines they have developed for and gender-sensitive, gender-specific and gender-empowering disaster risk reduction.

For Further Readings:

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About the Institute

National Institute of Disaster Management (NIDM) was constituted under an Act of Parliament with a vision to play the role of a premier institute for capacity development in India and the region. The efforts in this direction that began with the formation of the National Centre for Disaster Management (NCDM) in 1995 gained impetus with its redesignation as the National Institute of Disaster Management (NIDM) for training and capacity development. Under the Disaster Management Act 2005, NIDM has been assigned nodal responsibilities for human resource development, capacity building, training, research, documentation and policy advocacy in the field of disaster management.

NIDM is proud to have a multi-disciplinary core team of professionals working in various aspects of disaster management. In its endeavour to facilitate training and capacity development, the Institute has state-of-the-art facilities like class rooms, seminar hall and video-conferencing facilities etc. The Institute has a well-stocked library exclusively on the theme of disaster management and mitigation. The Institute provides training in face-to-face, on-line and self-learning mode as well as satellite based training. In-house and off-campus face-to-face training to the officials of the state governments is provided free of charge including modest boarding and lodging facilities.

NIDM provides Capacity Building support to various National and State level agencies in the field of Disaster Management & Disaster Risk Reduction. The Institute's vision is to create a Disaster Resilient India by building the capacity at all levels for disaster prevention and preparedness.



Resilient India - Disaster Free India

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