Impact of natural disasters on girls and women

Literature compilation of key facts and recommendations for relief practitioners with regard to the earthquakes in Nepal

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Why women and girls are at a particular risk after a natural disaster

25/4/2015 and 12/5/2015 – on both dates earthquakes struck on the Nepalese population as a whole. Despite this, women, men and children experience their impacts differently. Indeed, women, in particular single women, female-headed households, women with disabilities and older women, as well as girls are prone to face greater risks after a natural disaster. Exposed from the onset to entrenched discriminations and inequalities in their daily lives, they get even more vulnerable during and after emergency situations. But beyond solely their gender, there are other exclusion factors based on women’s marital status (if widowed, or as single mothers), their caste, their economic status, their religion – sometimes even dependent on their menstrual cycle - that tend to intensify discriminations encountered (UN Women, 2015).

Economic, cultural and legal status of women and men affect their resilience in a post-disaster situation (Trohanis, Svetlosakova, & Carlsson-Rex, 2011; PanAmerican Health Organization). These include the division of labor (and the allocation of responsibility attached to it, such as the caring of the most vulnerable and the impossibility to leave them behind during emergencies), human development factors, access to legal protection, survival skills, the access to and supply of information and resources, the level of education, and the limited decision-making powers.

Specific risks encountered by women and girls after a natural disaster include increased incidences of human trafficking, violence against women and sexual abuse, which in turn can lead to unwanted pregnancies, sexual diseases and other reproductive health issues, and psychological trauma. Additionally, the traditional division of roles tend to intensify even more the workload of women in a country – Nepal – where women already work up to 16 hours a day. Other vulnerabilities pertain to clearing rubbles or accessing aid in case of loss of documentation (The Gender Agency, 2015).

Yet, experiences with prior emergency situations show that the relief and reconstruction phases can also represent a window of opportunity for women to empower themselves. “As homes are destroyed in disasters, the lines between the private and public spheres shift and/or weaken, potentially politicising women’s domestic identities.” (Haiti Equality Collective, 2010, p. 302). The fundamental issue at stake is to assess disaster management in order to avoid the victimization women which further exacerbate their vulnerability, enabling them to overcome difficulties in a sustainable (and ideally independent) way. Indeed, women have knowledge, relationships and practical skills that are critical to every level of relief and recovery efforts.
Earthquake in Nepal and its impact on women and girls

Humanitarian aid organizations estimated a total of 2.8 million of people in need of assistance after the earthquake (OCHA, 2015). The Nepal Disaster Risk Reduction Portal of the Government of Nepal counted a total of 8,780 deaths as of 11th June 2015, out of which 55% are female victims (Government of Nepal, 2015). According to UN Women’s estimates, the 13 most affected districts (which include Dhading and Rasuwa – Norlha’s areas of work) are composed of approximately 318,000 female-headed households, 38,000 women with disabilities, 157,000 women over the age of 65 years, 738,000 girls aged 14 or under, and 765,000 women and girls who are illiterate (UN Women - OCHA, 2015). As for the death toll in Rasuwa, it seems that among the 251 cases revealed so far, 62% of deaths and 59% of injured were women (The Gender Agency, 2015).

Of the 5.6 million people affected by the earthquake, UNFPA estimates that about 1.4 million of them are women in reproductive age. Just four days after the first stroke, UNDP informed about 93,000 pregnant women affected by the disaster, indicating that 10,000 women will be giving birth monthly. 32% of the health facilities providing Emergency Obstetric Maternal and Neonatal Care services were destroyed and other 41% were damaged in the 14 most affected districts. UNFPA estimates that about 28,000 women in the most affected districts are in risk of sexual violence (UNFPA, 2015).

Worth noting as well is that according to the Central Bureau of Statistics both Rasuwa and Dhading were among the most vulnerable districts in Nepal prior to the earthquake. Indeed, the illiteracy rates of women were high (53% in Rasuwa and 41% in Dhading), most of them got married before the age of 20 (68% and 75%), and both districts had a high level of male out-migration. Finally, for both districts the main source of income was agriculture (90%). With the forthcoming monsoon season, the loss of agricultural production (which accounts for about 34% of the national GDP) and of food stocks and livestock, will thus deteriorate an already very vulnerable situation (Central Bureau of Statistics, 2012 and 2013).

Nonetheless, it seems that for relief aid programmes, the number of killed, injured and/or displaced is not suffeciently disaggregated by sex or age (IASC, 2015) and on the national level, disaster statistics are only disaggregated by sex for fatal victims and displaced people (Government of Nepal, 2015).

Regarding immediate relief efforts, as of 25th May 2015, 500,717 houses have been destroyed and almost 296,190 have been damaged (OCHA, 2015). Temporary camps have been built up, yet, not much about the conditions experienced by women and girls are being known (IASC, 2015).
Importance of gender sensitivity in post-disaster programs and ways to ensure it

According to the IASC Handbook, “[i]f humanitarian interventions are not planned with gender equality in mind, not only do the chances of doing greater harm [in terms of gender-based discriminations and rights violations] increase, but the opportunity to support and promote equality in livelihoods between women and men can be lost.” (IASC, 2006, p. 6).

Many documents account for the various strategies in applying a gender sensitive approach in the actions undertaken during and after the relief phase.

**The most common and general recommendations include¹:**

- Gather systematically sex-, caste- and age-disaggregated data prior and during activities performed
- Ensure that both women and men are consulted on priority needs (consultations should be conducted together and separately; it’s important that men and women are also consulted individually as issues raised might differ)
- Set-up gender balanced assessment teams
- Join existing gender support networks and coordination systems²
- Consider hiring a gender advisor to ensure that women, men, boys’ and girls’ differentiated needs are met in the field
- Ensure that staff engaged in relief and reconstruction support are aware of how to integrate a gender perspective into their actions
- Perform a gender needs assessment (if such an evaluation hasn’t been done by others)
- Identify and cooperate with women grassroots organizations
- Ensure equal representation and participation of women, men, girls and boys in all phases of the recovery process

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¹ Many of the recommendations on all topics were taken from the Inter-Agency Standing Committee (IASC), the Inter-Cluster Gender Task Force, the Gender and Disaster Network and UNFPA

² Get in touch:
  - with relevant [cluster coordinators](http://un.org.np/sites/default/files/cluster_contact_03_June.pdf)
  - with the [Gender Task Force](https://www.humanitarianresponse.info/en/system/files/documents/files/gender_task_force_note_of_meeting_28052015.pdf) in Nepal. The minutes of their meetings are accessible online (some Swiss NGOs such as Helvetas are taking part as well) under:
Overview by topic regarding women's needs and good practices

(1) Health

One of the most vulnerable population in the emergency phase are pregnant women or mothers of new born babies. In addition to the regular attention that these women require, during emergencies, additional difficulties have to be addressed, such as “adequate nutrition, sufficient medicine and antenatal care to deliver safely” (Burk, 2006). Most of the health care centres, village health posts and birthing-giving centres, and hospitals have either been destroyed or are overcrowded with injured people. This is an additional challenge in the aftermath of an earthquake because pregnant women and new mothers have a lower chance to find safe health facilities and adequate conditions for delivery and maternal care. Complications for deliveries, maternal mortality and miscarriages are prevalent risks after a disaster.

In the context of increased risk of sexual abuse, unwanted pregnancies can be prevented through reproductive health services. UNFPA for example has set up reproductive health kits, which incompasse different types of contraception methods (such as condoms, IUD and oral and injectable contraceptions), clinical delivery assistance with a vaccum extraction item for deliveries, and for hospitals Caesarian section and blood transfusion items (UNFPA, 2015). Besides this, awareness-raising activities on sexual and reproductive health and on safety measures can be included. This emergency situation can in turn be seen as a possibility of enhancing knowledge of safe sex and family planning (Burk, 2006).

When dealing with health care, cultral norms and practices have to be respected. It could be the case that some women might not feel comfortable to search out for health services if there are only men providing them. Therefore, female health providers must be made available.

Recommendations for action:

- Provide medical supplies for birth giving (antibiotics, bandages, sterilization items, etc.)
- Identify pregnant women in the area of concern and provide an access to skilled birth attendant
- Provide dignity supplies to women and girls\(^3\)
- Ensure sexual and reproductive health services (awareness-raising activities on sexual and reproductive health topics, provision of emergency contraception, etc.)
- Arrange the availability of both female and male health providers, and train them on the clinical management of rape
- Consult women, men, girls and boys of diverse backgrounds - together and

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\(^3\) UNFPA's dignity kit for Nepal encompasses a maxi, a sweater, a shawl, a petticoat, a toothbrush and toothpaste, a comb, underwear, a towel, a sari/dhoti, a reusable sanitary napkin, bath and cloth washing soap, a nail cutter and a flashlight with batteries
(2) WASH (Water, Sanitation and Hygiene)

As for sanitation, the lack of clean conditions and hygiene items lead to increased risk of infections as hygiene standards for daily life (such as menstrual hygiene) and the treatment of injuries and diseases cannot be properly met. Disposal of sewage can have been damaged by the disaster, so proper wastewater disposal must be ensured. Bearing in mind that many women will be living in precarious shelters, often with many other people, a proper waste disposal system, mostly for sanitary items, has to be developed. In the WASH planning process, it is key to take into account sex-segregated latrines and showering facilities. Even before the earthquake many girls do not go to school during their menstruating period because they have no access to clean, private and sex-separated latrines, so rebuilding these after the earthquake should be a priority.

Women are usually caretakers and responsible for the household functioning, thus they are often in charge of the provision of water for their families. Safe drinking water facilities should be ensured as many of these might have been damaged by the disaster. This is true not only for community water sources, but also for those that are set up near shelters. It is with female’s participation in designing water and sanitation services that the (appropriate) usage of these facilities can be assured. Water storage objects to avoid contamination and prevent health issues should be provided, and “water points and sanitary facilities should be as close as possible to shelters to reduce collection and waiting time and the risk of violence to women and children.” (IASC, 2006, p. 105).

Recommendations for action:

- Distribute culturally appropriate menstrual hygiene materials regularly
- Separate female and male facilities such as latrines and showers (and indicate clearly the division with pictograms for example), and ensure that they are universally accessible (caste and ethnicity)
- Ensure a safe and easy access to sanitation facilities though proper lightening, and privacy settings (e.g. locks or hooks), mitigating the risk of sexual violence
- Involve women and men in choosing the location and designing of water and sanitation facilities
- Organize focus group discussions with both women and men together and

separately - through focus group discussions on health needs, service/facility’s location and modalities (mobile clinic, community-based services, opening hours, etc.)

- Identify and work with community health volunteers (one network available is the Nepal’s Female Health Volunteers Program)
- Work together with local and national reproductive health offices to facilitate the coordination and implementation of such activities
(3) Food security

Food security must be addressed with a gender approach in terms of its “availability, access, utilization and stability” (IASC, 2006, p. 59). Immediate relief actions are to provide food, yet in terms of gender the distribution may imply discriminatory accessibility. Women and girls are sometimes unable to lift heavy packages and could have difficulties to transport these to their homes or shelters. For women and girls to access the food provision, consideration on how they will get and transport it (for example by packing food in bags with a carryable weight for women) (IASC, 2006), as well as the possibility of delivering to those who cannot attend the distribution must be thought through (UN Women, 2015).

At a family level, food provision should secure that there is no discrimination inside the households. This means that women and girls should have equal access to food, and that the reduction of their intake for the sake of their families should be avoided. This is a behaviour which can be seen as women tend to be the providers of food and caretakers in this area at the household level.

On the other hand, men would require special support as well in case they have lost their partner. Besides the psychological trauma caused by loss, they may not know how to fulfill female household tasks, such as cooking, which are key to ensuring nutrition for the family. Furthermore, the loss of non-food equipment such as cooking devices can raise female workload to ensure food intake, so culturally appropriate items should be provided.

Recommendations for action:

- Ensure transparent and equal food distribution between men, women, boys and girls (e.g. through distribution registers)
- Take into account more vulnerable groups in food distribution as well
- Widely communicate on distribution entitlements (in written, verbal and illustrative formats) ahead of planned distributions (of food, seeds, tools, etc.)
- Conceive the possibility of delivering food to those who are not able to get it (e.g. women at risk, disabled, old people and so forth)
- Take into account if and how women, girls and other groups at risk will be able to transport food to their shelters or homes (for example ensure that the bags are not too heavy, the roads are safe, the distribution is not done in the late evening so that it does not get dark on their way back, etc.)
- Conduct focus group discussions with men, women, boys and girls and separately on food needs, food packages (content), and distribution
- Use community volunteers to address community needs and address gendered access
- Provide nutrition counselling for men and women according to their needs (e.g. men learning to cook and new mothers awareness rising of natural breastfeeding, etc.)
- Provide non-food items to ensure adequate nutrition of all family members.

(4) Land and irrigation

After a disaster irrigation systems can be affected. These are key for agriculture and livestock care. For their rebuilding, it is crucial to integrate women in decision-making about water resources management. As they are often not landowners, they are traditionally not included in the participation of such discussions and decision-making groups. “The decision-making power on water use and management is linked to land ownership. This usually means that if people do not own land, they also have no or fewer rights to water and may be excluded from decision-making on water resources management.” (FAO, 2012, p. 19). This is the case for women because they suffer from drastic inequalities in land distribution and inheritance.

Notwithstanding, disasters have had interesting effects on land ownership shifting. One way of generating a more equal land titling system is through raising awareness of ownership rights in mixed-sex focus groups. After the loss and confusion over ownership of property, another approach is to create community-driven adjudication processes. These can entitle many women to legal and effective land ownership, which wouldn’t have been possible before the disaster.

Women who are in charge of or work on the parcels (in particular single or widowed mothers) should be taken into account if trainings on agricultural practices are to be held as part of a recovery program. Such trainings can not only increase their knowledge and but additionally empower them. Since they are responsible of the children, their caring has to be ensured.

Recommendation for action:
- Foster equal participation of women and men when rebuilding the irrigation systems and assess their specific needs (through focus groups for instance)
- Organize capacity building for women and awareness raising for both men and women on rights to land inheritance and ownership, and ensure equal training on irrigation systems
- Conduct focus group discussions with equal participation of women and men on needs, challenges, priorities related to agriculture and livestock activities
- Establish child care provisions for women to attend agriculture practices

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4 This methodology was implemented in Indonesia and India after tsunami stroke. For more information on this refer to the section “Challenges encountered after previous disasters”
programs pertaining to reconstruction

- Take into account women’s ownership if involved in (re)arranging land parcels, ensuring that they are not titled with lower-quality pieces of land
- Ensure that provided agricultural tools and techniques do not increase women’s workloads and are adequate for them (not too heavy, they know how to repair it, have enough money to maintain it, etc.)
- Track the migration patterns after the earthquake (who migrates, for how long, etc.)

(5) Infrastructure

Disasters such as earthquakes strike hard on private housing and public infrastructure, such as roads, schools, hospitals, etc. This increases vulnerability of women for several reasons. Firstly, because lack of transportation means taking long walks which in turn increases the risk of sexual assault for instance. Secondly, greater distances to health facilities increase the risks of complications for pregnant women. Thirdly, when schools are destroyed, school attendance is interrupted for a certain period of time. Before disasters, girls of a certain age are already more prone to leaving school because many families do not regard their education as essential. So after an earthquake they have higher risk of dropping out of schools.

Precarious housing of vulnerable groups make them more susceptible to losing their belongings and homes when a disaster occurs. Shelter provision or temporary camps are the immediate solution for this problem. Yet, as many are in the same situation, overcrowded settlements are not rare. Relief programs should assure that the spaces are safe and appropriate for everyone, but specially for the most vulnerable individuals and families. Examples are women, (teenaged) girls and boys, and female headed households. These have to be identified in order to address their special needs (UN Women, 2015).

Female participation and representation in the design and implementation phase of immediate and other medium-term relief and reconstruction programs will help to take into account the essential requirements for girls and women. First and foremost, segmented facilities in camps are to be established to reduce the risk of violence. As many studies have noted, it is in the surroundings of this facilities where most sexual assaults and gender based violent encounters happen. As noted before, WASH facilities must be private and safe for women to use and access. This means that they should not be far away from the main part of the settlement, that they should be properly lighted and an easy, secure and direct way should lead to them.

Workloads of women and men should not be increased. Facilities should therefore be built taking into account that washing spaces are near to the cooking sector to wash the used utensils for instance.
**Recommendations for action:**

- Organize trainings, meetings and other activities in such a way that women who have longer ways to get to the meeting point can participate and return to their homes by daylight
- Start temporary education programs as soon as possible in order to build resilience and avoid (female) school drop-outs
- Set up community networks to mutually help to rebuild local and private infrastructure with a special focus on those most in need, such as widows/widowers, single mothers, disabled, etc.
- Provide safe - and possibly some segregated - spaces for women in shelters and temporary camps
- Develop participation mechanisms for women and groups at risk in the management of the facilities and further program decision-making and implementation

(6) **Protection & safety**

Trafficking and forced labor are risks that increase during crises because women (and children) are more vulnerable in the aftermath of a disaster: “As with any humanitarian crisis, the risk of sexual abuse and exploitation by either civilian or military humanitarian personnel is high in Nepal.” (UN Women, 2015, p. 5). Safety must therefore be provided against those outside the community, such as traffickers, but also against those from the communities or working in them (such as aid deliverers).

In the first case, the geographical location of settlements is key because proximity to the border can increase the risk of trafficking and exploitation. All people, and particularly women, should be aware of the increased trafficking risk for prostitution or forced domestical work purposes, which is often hid behind deceitful promises.

But protection is also needed inside communities and against possible abuses of people within the community, and those who should be delivering help. As a result of overall pressure, frustration and tension, violence turns into a negative coping mechanism. Then, the risk of gendered based violence (GBV) increases. “Following a disaster, it is more likely that women will be victims of domestic and sexual violence; many even avoid using shelters for fear of being sexually assaulted” (UNDP. Bureau for Crisis Prevention and Recovery, 2010, p. 2). Even if the violence does not come from inside their families, being in a common facility where there is no privacy augments the risk of rape and sexual assault. Aid deliverers can also be a risk for women. During previous disasters, cases of sexual favors negotiation have been encounetered.
In order to tackle the GBV in emergencies, a multisectoral approach should be proposed with “empowerment, psychosocial counselling, referrals, legal assistance and counselling, awareness-raising and community training activities” (Bhuvanendra & Holmes, 2014).

**Recommendation for action:**

- Work in collaboration with the police and help strengthen the control at borders to avoid trafficking
- Raise awareness of trafficking risks and GBV through training with a gender advisor in different organizational settings, such as shelters, local police stations, schools, etc.
- Set up a network of reference individuals known to the community who would monitor and report potential GBV or sexual abuse situations. In order to develop a confidence relationship with the reference person, sex-disaggregated workshops for the community could be held
- Set-up a mechanism that enables the beneficiaries to provide feedback or raise a complaint
- Develop (in written, verbal and illustrative formats) and display a code of conduct on sexual exploitation and abuse and where and how people may make reports confidentially
- Provide counselling and legal assistance for (gender based) violence victims

(7) Psychological services

During natural disasters, material and practical provision of relief is imperative. Nevertheless, survivors of such situations need assistance also in psychosocial terms. As women are more impeded to flee in a disaster situation because of their role as caretakers of elderly and children, psychological support which would help them to cope with their loss requires special attention.

In the aftermath of a disaster, there are increased cases of GBV and sexual assaults. Psychological support can be direct: women who experience these harassments must be assisted by specialized counsellors who are trained in this field (IASC, 2006). But we should also reduce the risk of GBV acts to happen with prevention. Perpetrators, mostly men, could be earthquake victims who are not being able to cope with frustration and tension. In this sense, psychological aid can indirectly help prevent GBV actions. Therefore, this type of support should assess the different needs of women and men, and should take into account the needs of various social groups.

Even if women are not victims of violence, being surrounded by non-related men, for example in a temporary camp, could provoke much stress (Burk, 2006), so psychological assistance is key to overcoming the emergency situation when the living context is a different one.
An interesting example of mutual support from women themselves arose in Haiti after the earthquake. Women there acted in support of each other and organized local networks: “In its early phases women’s activism tends to centre on threats to survival and basic needs. Similar to other women in the region, Haitian leaders emphasize their roles as mothers and caretakers in the community more broadly as a key motivating factor. They express concern about the physical and mental well-being of children, and the need to ensure their security and education.” (Haiti Equality Collective, 2010, p. 304). The emergence of this type of organizations not only acted as psychological support systems, but also empowered the participating women.

**Recommendation for action:**
- Provide psychological support (individually and/or in groups) with the help of a gender advisor not only for victims of violence, but also as a strategy for men, women, boys and girls to better cope with trauma, anxiety, stress and frustration after the disaster. Consider doing this in age- and/or sex-segmented groups
- Set up support networks for and by local women
- Provide gender-sensitive parenting counselling for parent widowers/widows

**Management in cases of emergency**

Disaster management is a process that best begins with a good prevention. Before the disaster in regions prone to specific threats, an effective warning system with a gendered approach can have crucial effects on the preparedness of population. A good example of this was the early door-to-door information campaign against floods in Laos, which ran through women in 2005 (Trohanis, Svetlosakova, & Carlsson-Rex, 2011).

After the striking of a disaster, making every resource count is crucial to reduce its risk. Searching out for support of existing institutions, such as (female) grassroots organizations can help in many ways. First, they have a profound knowledge of the cultural, geographical and social context and therefore of local female needs. Secondly, they have already built up networks of local women to ensure a rapid communication. Thirdly, they can help develop strategies which foster female participation in decision making.

Participation in every step of the programming process is key to ensure that needs of all those involved are met in short-, middle- and long-terms. All decision-making groups for relief should be representative, democratically elected and all social (minority) groups, such as women, lower castes, elderly and religious minorities, should be included to participate in this step. Key issues to be monitored, like GBV, can be identified and a designated “topic” supervisor can undertake a proper monitoring in his/her area of concern. All this facilitates participation, transparency and accountability (IASC, 2006). In addition to this, a effective monitoring and controlling system will help to analyze gender issues and help to overcome any difficulties that might arise.
Recommendation for action:

- Develop a gender-based warning system with an early door-to-door information system (sysmic zones)
- Promote equal participation of women and minority groups in decision making throughout the different phases of program management
- Establish gendered monitoring and reporting systems for the control of disaster risk reduction management
- Disaggregate disaster gathered data by sex, age, marital status, number of children, caste and other relevant social and economic characteristics
- Enhance access to information (e.g. through local radio) on different gender relevant topics, such as GBV and female rights
- Mutually reinforce actions with different local, national and international organizations and cooperate together
Challenges and good practices after past disasters

Women as vulnerable population are even more exposed during disasters. Below we briefly mention just a few challenges faced by them during past disasters.

Housing and property

In Indonesia “tsunami disaster put women on the verge of losing livelihoods and assets, as women’s land and property rights were not acknowledged uniformly, and that affected women found it difficult to register and secure a title certificate for inherited claims.” (Trohanis, Svetlosakova, & Carlsson-Rex, 2011, p. 5). The way they tackled this issue was to develop “Community-Driven Adjudication process[es] to land titling, a community land mapping and community consensus on land parcel boundaries and inventory of land ownership.” (ibidem, p. 5).

Reminiscences of the earthquake in Haiti were reflected in housing prices, which increased after the disaster. Some women, not having the same income opportunities as men, remained therefore excluded from housing.

Child marriage

Vulnerability of families increases during the emergency context and negative coping mechanisms arise. Children’s marriage is a practice that grows when socio-economic tensions among the poorest increases and allows for a rapid financial gain, or is a coping mechanism for some widows overwhelmed with their new responsibilities. In Indonesia after the 2004 tsunami, the early marriage strategy was also used by some parents in order to avoid their daughters being raped in refugee camps (Singh, 2012). There have been information on this occurring in Nepal under the present crisis as well (UN Women, 2015).

Cooperation between organizations

Coordination between intervening actors is key to take advantage of the resources available in the field. In the aftermath of a disaster, this cooperation is very difficult to achieve as rapid and effective response is prioritized. For example, the Phillippe government has embedded the disaster risk reduction management in national policies. Yet, the coordination of financing reconstruction and recovery programs between national and international organizations has still been difficult after Typhoon in 2013 (Peters & Budimir, 2015).

On the grassroot level there are also some good practices. In Haiti, already complex bureaucratic procedures worsened during the post-disaster period. In spite of this, female organizations focused on developing governmental systems with a gender approach. They were convinced that the assistance to empower people and local organizations to meet governmental changes is also valuable when working towards reaching sustainable aid gender equality (Haiti Equality Collective, 2010). Similar good practices have been recorded after the earthquake in Pakistan in 2005 (Awan, 2006).

5 For a complete guide on good practices for Disaster Risk Reduction, see http://www.gdnonline.org/resources/UNISDR_gender-good-practices.pdf
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