

A feminist vision for transformative change to disaster risk reduction policies and practices

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Abstract

Gender has received increased attention in disaster risk reduction (DRR) policies and practices over the past three decades. However, a critical analysis raises a number of questions: has the attention to gender brought transformative change to the lives of people, especially women and sexual minorities in all their diversity? To what extent has the inclusion of a gender perspective in DRR challenged the root causes of vulnerability and marginalization? Do the current gender sensitive DRR policies and practices have transformative potential? In this paper, we explore some of these questions with particular reference to the recent Disaster Risk Reduction and Management (DRRM) Act 2017 and current DRR practices in Nepal in which gender has been included. We present findings from three research projects, undertaken between 2016 and 2019 in six locations in Nepal. These comprised 105 individual interviews, 11 group interviews and 3 focus group discussions (FGDs) with internally displaced women; pregnant and newly delivered women; health and community workers; policy makers, political leaders and organisations working on DRR. We argue that, despite increased attention to gender, current DRR policies and practices do little to challenge existing, unequal social and institutional structures; instead, they accommodate the gender status quo. We suggest that in order for transformative social change to occur, we require a transformative vision; one that allows us to see the biases and problems within the current DRR policies and practices and allows us to imagine our future differently. A feminist vision offers that possibility.

Keywords:

Gender and Disaster; Disaster Risk Reduction Policy and Practice; Women in Disaster; Feminist Vision for DRR; Nepal.

Introduction

Disaster affects women, men and sexual minorities differently due to socially constructed gender norms and unequal power relations (Neumayer & Plümper, 2007; Fordham, 2011; Bradshaw 2002). Gender inequality is exacerbated in crisis situations (Smyth, 2009). Exposure to disaster risk is facilitated by economic status, race/caste/ethnicity, age, religion, disability and a number of other possible categories (Enarson et al., 2007; Gaillard et al. 2017). Therefore, the same extreme event could have different impacts on different people due to pre-existing unequal structures. Women and sexual minorities are often more vulnerable and disproportionately affected by disasters (FAO, 2016) due to gender inequalities and social conditions exposing them to various forms of violence, including sexual violence, child marriage or trafficking (WHO, 2005, Ferris, 2013). Also, women's reproductive roles render them vulnerable, with particular, yet timebound, needs during pregnancy, childbirth and lactation.

There has been increasing global attention to gender equality through, for example, the adoption of various international policy frameworks such as the Hyogo Framework for Action 2005-2015 (HFA)¹, the Sendai Framework for Disaster Risk Reduction 2015-2030 (SFDRR)², and the Sustainable Development Goals 2015-2030 (SDGs)³. The emphasis on gender specific needs in these frameworks has created a degree of awareness among policy makers and implementers, from the national to the local level, in disaster contexts. However, a critical analysis raises a number of questions: has the attention brought transformative change to the lives of people, especially women and sexual minorities in all their diversity? Do the current gender sensitive disaster risk reduction (DRR) policies and practices have transformative potential? To what extent has the integration of a gender perspective in DRR challenged the root causes of vulnerability and marginalization? In this paper, we explore some of these questions by analysing the recent Disaster Risk Reduction and Management (DRRM) Act 2017 and current DRR practices in Nepal in which gender has been included (GoN, 2017). We argue that, despite increased attention to gender, current DRR policies and practices have made no real difference to the lives of people on the ground for three key reasons. Firstly, the current

¹ Hyogo Framework for Action 2005-2015 <https://www.unisdr.org/2005/wcdr/intergover/official-doc/L-docs/Hyogo-framework-for-action-english.pdf>

² Sendai Framework for Disaster Risk Reduction 2015-2030 <https://www.undrr.org/publication/sendai-framework-disaster-risk-reduction-2015-2030>

³ Sustainable Development Goals 2015-2030 <https://sdgs.un.org/goals>

DRR policies and practices do not challenge existing unequal gender relations and power structures; instead, they accommodate the gender status quo. The accommodative nature of the current DRR policies and practices in Nepal and elsewhere has made little difference to the lives of people on the ground (Bradshaw, 2018). Moreover, these policies have been applied to existing unequal institutional structures, which are not only male dominated but are constructed based on a masculine vision of the world (Bourdieu and Nice, 2001). Therefore, gender still operates largely as an add-on, as it typically comes at the very end of the thinking process or superficially in a checklist manner. Gender is relegated to the non-urgent; overruled by the ‘tyranny of the urgent’ (Walker, 1996) and considered a separate and lesser priority compared to ensuring food security, for example, instead of recognizing its constitutive nature across the spectrum of need. Secondly, in these policies and frameworks, gender is looked at as binary but often reducing it further to just women (in both its conceptualisation and implementation or at least in the implementation), ignoring other gender identities and the relational aspects. In similar reductive mode, women are seen as a homogeneous category and the intersectionality within gendered experiences (i.e. how the experience of a person is not only determined by their gender but also by other intersecting identities, such as their caste, age, race, religion, sexual orientation and so on)⁴ is largely ignored in current DRR policies and practices. Even if their relevance is acknowledged in theory, devising a programme that could capture all of these categories is perceived to be complex, time consuming and a barrier to implementation. Therefore, unless this perception is challenged, it is unlikely that any DRR policies and interventions will be truly gender responsive. Thirdly, the consideration of gender within DRR policies and practices is imagined within traditionally defined gender roles, which serve to promote and reinforce gender stereotypes, such as women as vulnerable victims. This can be seen to result from a lack of vision and political will for a truly inclusive and resilient society. In this paper, we suggest that in order for transformative social change to occur, we require a transformative vision; one that allows us to see the biases and problems within the current DRR policies and practices and allows us to imagine our future differently. We propose that a feminist vision offers that possibility. By feminist vision, we mean putting a gender equality approach at the heart of the DRR vision, planning and execution. In other words, making gender, in all its forms, from relational (i.e., interconnectedness) to performative (i.e.,

⁴ There are ongoing debates about the appropriate naming of people of non-normative genders and sexualities. Some version of LGBTQI+ identifiers has become common but problematic. We have used the terms LGBTQI+ and gender and sexual minorities but in the awareness that we may yet exclude some who identify in different ways.

expression or performance), a starting point when thinking about DRR, recognising different vulnerabilities and impacts for all genders, rather than mainstreaming or accommodating gender into already existing structures. In order to explore this challenge and discuss the way forward, we present findings from three research projects where we interviewed people in six locations in Nepal between 2016 and 2019, as detailed in the methodology section.

Methodology

The conceptualisation of this paper began with a UKRI-funded project, MANTRA (Maternal and Newborn Technology for Resilience in Rural Areas)⁵, which was a pilot project that ran during 2017 and aimed to make a contribution to increasing maternal and newborn health resilience before, during and after disaster, using mobile technology. The study examined the experience of pregnant, delivering and recently delivered women and newborns during and after the 2015 earthquake in Nepal. While the field work for this project was being carried out in June 2017, the new DRRM Act was being finalised in Nepal. Hence, we were curious to know whether the new DRRM Act, which had received significant attention from both the government and donor organisations, had addressed the issues we had identified in our research. Therefore, we conducted a follow up study in December 2018 and January 2019, with the aim of interviewing policy makers and stakeholders who were involved in the development and implementation of the DRRM Act 2017. We interviewed government officials from various ministries and departments who were involved in the writing of the Act, including cluster and thematic leads. We also interviewed political leaders from all three levels of government: the Federal, the Province and the Local governments. Additionally, we interviewed non-government organisations, including UN agencies, international donors and I/NGOs who were involved in the consultation, drafting and implementation of the Act.

In order to reflect on the lived experiences of people impacted by the earthquake, this paper also engages with a previous study carried out by the lead author between December 2016 and January 2017. In this research, the Internally Displaced Persons (IDPs) in Kathmandu, displaced by the 2015 earthquake, who were still living in tents since the earthquake, were interviewed. Hence, this paper is based on the analysis of a total of 105 individual interviews

⁵ See for details <https://www.ucl.ac.uk/risk-disaster-reduction/mantra-increasing-maternal-and-child-health-resilience-during-and-after-disasters-using-mobile>

and 11 group interviews and 3 focus group discussions. Three of the researchers are Nepalese citizens, whose own lived experiences ground the analysis and provide increased depth concerning local politics, knowledge and cultures. Our informal discussions with local people about their knowledge of the Act and experiences of the support they have received from the government and non-government organisations has also contributed to this analysis. In all three studies, our respondents were selected using purposive sampling through snowballing techniques. Ethical approvals were sought for all three studies prior to conducting the fieldwork. In order to maintain confidentiality, we have given pseudonyms, where applicable, to our research participants.

Table 1: Details of the three studies

Name of Study	Duration	Interviewees	Location
Disaster and Displacement: The resilience of women in Iraq and Nepal. ⁶	Dec 2016- Jan 2017	<ul style="list-style-type: none"> • 20 individual interviews with IDP women • 20 key informants, including government officials, UN agencies, I/NGOs 	Kathmandu valley
MANTRA	June 2017- July 2017 ⁷	<ul style="list-style-type: none"> • 15 In-depth interviews, and 11 group interviews and 3 Focus Group Discussions with: women who were pregnant (n=13), delivering or newly delivered (n=9) at the time of the earthquakes; their support persons (n=14); health workers (n=7) and FCHVs⁸ (n=9); and 	Kavrepalanchowk ⁹ (two VDCs: Chandanimandan and Chyamrangbesi)

⁶ The project on Disaster and Displacement: The resilience of women in Iraq and Nepal was funded by the Institute of Global affairs (IGA) at the London School of Economics and Political Science (LSE), as part of the research and impact seed funding supported by the Rockefeller Foundation in 2016 (September 2016 - April 2017). The aim of the project was to investigate the 'resilience' of displaced women in relation to disasters in Iraq and Nepal. This paper draws on interviews carried out in Nepal with the internationally displaced women.

⁷ This table does not include the additional series of photovoice stories, images and films carried out by Dinesh Deokota as part of this study. These can be viewed and downloaded at: <https://www.ucl.ac.uk/risk-disaster-reduction/mantra-increasing-maternal-and-child-health-resilience-during-and-after-disasters-using-mobile>.

⁸ FCHVs refer to Female Community Health Volunteers.

⁹ Kavre district was one of the most affected districts by the 2015 earthquake.

		community leaders (n=2). This comprised 29 data collection events overall.	
Implementation of the New DRRM Act 2017 ¹⁰	Dec 2018- Jan 2019	<ul style="list-style-type: none"> 50 interviews with government officials, political leaders and implementing organisations. 	Kathmandu, Janakpur, Siraha

Feminist vision for DRR

To build a better future, we must have a better image of the future.¹¹

What is a feminist vision? In order to understand feminism, we draw upon M. Kay Harris' (1987) definition of a feminist vision. She argues that "Feminism ... is a set of values, beliefs, and experiences, a consciousness, a way of looking at the world. Feminism should be seen not merely as a prescription for granting rights to women, but as a far broader vision" (Harris, 1987, p. 30). She argues, despite many strands within "feminist thought, ... there are some core values that transcend the differences", such as all human beings equal; peace and harmony over power and possession; and the personal is the political (Harris, 1987, p. 30). Equality is at the heart of a feminist vision, i.e., equality between people from all genders, castes, ethnicity, races, religions, regions and so forth. Therefore, feminism is not only about women but is inclusive of all human beings (Harris, 1987). It treats everyone equally but also recognises, respects and values differences and diversities. She further argues,

Feminism places great emphasis on the value of difference and diversity, holding that different people should receive not identical treatment, but identical consideration. Feminists are concerned not simply with equal opportunities or equal entitlements within existing social structures, but with creating a different set of structures and relations that are not only non-sexist, but also are non-racist and economically just (Harris, 1987, p. 30).

¹⁰ This research was funded by the Institute for Risk and Disaster Reduction, University College London

¹¹ Interview with Gita, a woman leader in the local government in Nepal, December 2018.

In addition, in this feminist vision, gender should be understood not only as socially constructed but also as relational and performative, which allows us to understand the vulnerability of not only women but also men and sexual minorities.

To understand the feminist vision in more concrete and operational terms, we bring in Elise Boulding's model of "futures imaging as social process" (Boulding, 1978 in Boulding 2017, p. 161). She argues that new images generate new behaviour possibilities (Boulding, 1978 in Boulding 2017). Boulding proposes a different approach to social development by discussing the notion of dissipative structures (Boulding 2017, p. 161). By dissipative structure, she means "a totally different ordering principle, order through fluctuation. In this view of social process, the most significant imaging and behaviour is always going on close to the boundaries of an existing system, and parameter change is inherent in the process of emergence of new social forms." (ibid, 161-162). She argues,

Planning tends to be locked into linear approaches to structure-oriented control hierarchies that become more rigid as they grow larger and more complex ... the approach to social change that optimizes the social imaging process is precisely one that makes the most of fluctuations (Boulding, 1978 in Boulding 2017, p. 162).

Although she argues that planning as a standalone act is not enough to build a positive image of the future with transformative capability, she suggests that the interaction between "the equilibrium model [planned structure] and the dissipative model as modes of thinking will produce a creative new approach to social structure" (Boulding, 1978 in Boulding 2017, p. 162). She also affirms the image of the future is "a nonlinear phenomenon" (Boulding 2017, p. 162).

In any culture epoch, only certain images of the future out of a much wider pool of images develop enough cultural resonance to affect process, and to move toward actualization. The same structural forces which determine which images of possible futures will surface publicly also determine which images of the "image time bombs" will explode into future actualization (Boulding, 1978 in Boulding 2017, 165).

She further argues, every society is different and has different social structures, cultural norms and cultural practices. Therefore, all these factors need to be considered while drawing the image of the future (Boulding, 1978 in Boulding 2017, p.165).

We use this framing for this article to argue that the current DRR policies and frameworks are derived from a masculinist, centrist, equilibrium vision, which does not serve a gender responsive and intersectional vision of the world which has been relegated to the margins. We argue that the current DRR policies and practices need a new image of the future, where thinking about gender responsive transformative change comes well before gender needs assessments and gender planning. By imaging the future through a feminist lens, we are able to move beyond the remedial and accommodative approach to DRR, leading to a more equitable future.

Gender and Disaster

Attention to gender in DRR policies and practices has increased over recent decades (Fothergill, 1995; Bradshaw et al., 2014, 2018; Enarson, Fothergill, & Peek, 2007; Fordham & Ketteridge, 1995; Jauhola, 2013; Gaillard et al., 2017)¹². In this section, we look at some of the theorisations of gender in disaster studies, within the framework of disasters as, not natural, but socially constructed (Wisner et al., 2004; Kelman, 2020; Wijkman and Timberlake 1984; O’Keefe et al., 1976); it is social conditions which increase people’s vulnerability to disaster risks; not simply their exposure to hazards.

The ever-growing body of literature on gender and disaster could broadly be divided into two categories: a) those that see gendered social conditions as causal to disaster vulnerability (thus, women and sexual minorities typically (but not always) being more vulnerable to disaster risks) (Gaillard et al., 2017, Enarson 1999: Bolin, et al., 1998) and b) those who see women as the more efficient choice to target interventions because their gendered experiences and prior (and better) knowledge of the environment make them better responders (Steady, 1993, Shiva 1999). In both of these ways of thinking, gender has tended to be understood within traditional

¹² Also see Gender and Disaster Bibliography & Reference Guide – Volume 1, IRDR Centre for Gender and Disaster (CGD) https://www.ucl.ac.uk/risk-disaster-reduction/sites/risk-disaster-reduction/files/gender_disaster_reference_guide_vol_1.pdf

understandings of gender roles, where women are either the victims or the responders (albeit with limited control or status). A similar trend could also be seen in disaster policies where women are viewed as passive victims who need special attention and therefore, the need for women's representation in policy making is justified because of both their victimhood on the one hand, and their ability to respond better because of their assumed knowledge of, and closer connection to, the environment on the other (Ortner, 1974). Although women's agency has been recognised to a degree, for example, that women can be powerful agents of change (Smyth, 2009), and the importance of having more women in decision making positions (Ferris, 2013), the limited interpretation of agency does not reveal the diversity within the category of 'women'. Not all women are weak, elderly, pregnant, lactating or menstruating; and are not so all of the time. Those women who do not fall within the 'vulnerable category' at any particular time may also have different gender specific needs. Likewise, the same woman could be a victim, a responder and an agent of change at the same time (Yadav, 2020; Ketola, 2020; Riley, 2019). Therefore, framing them as one or the other reduces the transformative potential of a gender responsive approach to disaster risk reduction.

Burgeoning scholarship on gender and disaster also points us to various challenges in current DRR policies and practices, where gender is often an afterthought (Bradshaw 2014; 2018). The UN (among others) has suggested (UN Women, IFRC and UNISDR, (no date); UNISDR, 2014) that a lack of gender progress on the Hyogo Framework for Action (HFA) was due, in part, to a lack of sex disaggregated data. Sex disaggregation is often recommended as a next step to improve gender and DRR policies and data collection. Bradshaw (2018) believes just because differences are highlighted, it does not mean this will necessarily help fix the issue. The data will show what some differences are, but gender identities are not binary and gender roles change over time and the life course (Bradshaw, 2018). Thus, the interpretations of 'gender' that accompany sex disaggregated data often fall into stereotypical and simplistic understandings of what gender relations are, and gender roles should be (Bradshaw, 2018). The policy choice of terminology referring to 'sex disaggregated data' rather than 'gender disaggregated data' also erects a barrier to moving beyond simple binary categories.

This all translates into DRR policies which are heteronormative globally. There is also a lack of access to services for people identifying as LGBTQI (for counselling, evacuation, relief) because of discrimination and harassment. The use of the sex binary represents a major barrier to addressing the gender dimensions of a disaster, as there are a multitude of gender minorities.

Non-binary gender groups have been shown to provide aid and improve conditions for people in the post-disaster period within some local communities (e.g. in the Philippines or Indonesia) (Gaillard et al., 2017), so aside from being a group/groups with particular needs, this does not define them and they are also resourceful, but invisible, responders in emergencies.

Intersectionality (Crenshaw 1991), by which we mean the way that gender interacts with caste, ethnicity, age, disability, poverty and other domains, is another area where there are gaps and needs. Multiple factors, in addition to gender, will determine one's vulnerability to disasters. Neumayer and Plumper (2007) find that the lower the socioeconomic status of the country, the greater the effect is on the gender gap. Neumayer and Plumper (2007) explain that natural [sic] disasters lower the life expectancy of women more than men. So, even if females normally live longer than men in most countries, disasters narrow the gender gap in life expectancy by the differential (higher) impact of mortality on females than males (Neumayer and Plumper, 2007). Neumayer and Plumper (2007) explore biological and physiological differences as well as social norms and role behaviours and find that the socioeconomic status of women matters most to their post-disaster mortality. Ryder (2017) states that people are impacted differently during emergencies due to a variety of factors, mainly gender, race and class. So, looking at multiple factors and how they inter-relate may help to reduce the possibility of ignoring the way some women are multiply burdened. Ryder (2017) believes that intersectionality can be used as a tool to achieve social justice. She notes that we cannot separate the physical environment from the cultural one. This is further supported by Perera-Mubarak (2010) who found that location, context, and ethnicity played a large role in the ability of women to respond positively post-tsunami in Sri Lanka. In Hurricane Katrina in Mississippi, health risks of the disadvantaged were increased due to power relationships at a macro-level (Weber & Messiar, 2012). Those most affected were women, people of colour and women of colour, and this highlights the way that social relations of power and control affect health and social inequalities (Weber & Messiar, 2012).

An intersectionality lens can help examine multiple intersecting identities of an individual which are associated with their structural oppression and inequality (Crenshaw, 1991). For instance, a Dalit (untouchable) woman from Nepal will experience the impacts of disaster differently to a Brahmin woman. Likewise, it is not just women. A Dalit man from a poor economic background may be more vulnerable than a rich woman from a higher caste family. Those identifying as LGBTQI will experience the impact of disaster differently depending on

the context they are in. Similar experiences could also be shared by people from different regions but with some other factor as the major influencing variable.

The Context

Nepal is considered a high-risk country, where each year thousands of people are impacted by extreme events, including environmental hazard-triggered incidents. While flooding, heat wave, cold wave and landslide are regular events, Nepal is also a country with high risk of earthquakes due to being situated in highly seismically active areas (Bothara et. al, 2018). Although the 2015 earthquake is the most recent, killing approximately 9,000 people and millions of people lost their homes and livelihoods (Bothara et al., 2018), there have been several earthquakes in the past with similar devastating effects.¹³ The 1934 earthquake, known as Nepal-Bihar earthquake and also locally known as *90 saal ko bukampa*, killed 8,519 people.¹⁴ The Eastern and the Central regions of the country were most affected in the 1934 earthquake. Almost all of the houses in the capital city, Kathmandu were destroyed. Likewise, the 1988 earthquake killed 1000 people. These are big earthquakes that are still in people's memory.

Nepal is also one of the countries in the world that is most vulnerable to climate-change (CBS, 2017). A survey carried out by the Central Bureau of Statistics (CBS) in 2016 suggests almost everyone in Nepal has been experiencing the impacts of climate change, such as increase in drought (86%), landslides (78%), heatwave (56%), new insects and diseases (66%). One of the most visible impacts of climate change is changing glaciers and glacial lake outbursts causing flash floods (CBS, 2017).

Despite the higher risks of environmental hazards, Nepal did not replace its 1982 Natural Calamity (Relief) Act¹⁵ 2039 B.S. until August 2017. The 1982 Act was response-focussed and had a narrow definition of disaster: "Natural Calamity" meant earthquake, fire, storm, flood, landslide, heavy rain, drought, famine, epidemic, and other similar natural hazards. The first

¹³ See <http://seismonepal.gov.np/historical-events>

¹⁴ See http://buildingresearch.com.np/news_events/1934_nepal_bihar_eq/news_events_1.php

¹⁵ See Natural Calamity (Relief) Act. 2039 B.S. (1982) <http://www.nrcs.org/sites/default/files/pro-doc/natural-calamity-relief-act.pdf>

amendment of this Act in 1986 expanded the definition to include industrial accident or accident caused by explosions or poisoning.

Although the 1988 earthquake triggered various initiatives and the government adopted several policies and Acts, such as the Building Act 1998; National Building Code 2004; National Reconstruction and Rehabilitation Policy 2015; Urban Planning and Building Construction 2016, they were all related to strengthening physical infrastructure but contained nothing on social or longer-term impacts of disaster on people's lives. In 2017, Nepal adopted a new Act, called the Disaster Risk Reduction and Management (DRRM) Act 2017 (GoN, 2017). Before analysing this new Act through a gender lens, below we will discuss selected examples from our research of the gendered impacts of the recent earthquake to illustrate the extent of the problem.

Gendered Impacts of the 2015 Gorka Earthquake

The 2015 earthquakes impacted 14 districts of Nepal affecting the lives of millions of people. According to the available statistics, nearly 9,000 people died, 22,000 were injured and over 8 million people affected.¹⁶ The growing scholarship on the 2015 Nepal earthquake shows that women and girls were disproportionately impacted. UN Women estimated that 55 % of the victims were women and girls.¹⁷ Although this is an indication that more women died in the 2015 earthquake than men, this does not give us a complete picture about why there was a higher casualty rate among women. For instance, was it simply because there was a higher female population in the affected areas due to male out-migration? Or was it related to their gender roles? Moreover, further breakdown of this data would also have showed us who these women were; were they local women, migrant women, working women, housewives, young girls, old women and so on? Other gendered impacts of the 2015 earthquake included, lack of health services and appropriate nutrition for pregnant women, lactating mothers and newborns; lack of water and sanitation; violence against women – especially rape and sexual violence in temporary shelters and increased risk of trafficking of women and girls (Sthapit, 2015).

¹⁶ See NRA newsletter of April 2017 <http://www.nra.gov.np/en/content/bulletins/0>

¹⁷ https://reliefweb.int/sites/reliefweb.int/files/resources/gender_equality_bulletin_no_1_-_21_may_2015.pdf

Fulmaya, who lives in Sankhu was originally from Sankhuwasava, shares how the 2015 earthquake impacted her life,

I ran away with my husband when I was very young. I fell in love with him, but my family wasn't happy about my relationship, so I had to run away with him. But the person I loved turned out to be an alcoholic. Only after few months, he started beating me up for every little thing. I also found out that he was already married to another woman, who was in another village ... I then decided to separate with him. I have a son with him, who lives with me, but we receive no support from him. I lost everything in the earthquake. However, I could not access any relief money because I do not have a citizenship certificate. I asked him [husband] for help, but he is refusing to cooperate. He says, he will support the child but not me. I am left with nothing and there is no one to help me.¹⁸

The issue of citizenship was raised by many of our research participants, mostly single women.¹⁹ The reason Fulmaya ended up in this situation is not as simple as it looks. There are inherent structural problems attached to women's experiences that precede disaster, such as their inability to access inheritance; the notion that daughters are someone else's property; and that the maintenance of family honour resides largely in the moral probity of the women. Fulmaya could only acquire citizenship through her father or her husband. She could not go back to her father because she eloped, and this hurts the family's honour as does the fact that her husband is refusing to support her. Hence, despite having lost everything, she is not in a position to prove her identity to the authorities, and DRR policies do not recognise such gendered impacts; hence, she was unable to receive any relief money.

Sarita, also from Sankhu said,

Earlier no one thought of the citizenship certificate, but the earthquake has made us realise the importance of it. While living together with husband, life goes on – no one

¹⁸ Interview December 2016.

¹⁹ In Nepal, single woman is a preferred term for widows, divorcee, separated women. Also see WHR report, <https://www.reuters.com/article/us-nepal-landrights-women-idUSKCN10L0G0>

requires any documentation - citizenship or marriage certificates. But in situations like this, it becomes difficult to prove the relationship and your identity.²⁰

Dil Kumari, a widow, illustrated this further by sharing her own example:

After few days of the earthquake, some people came to distribute relief materials for single women. I said I am a single woman, but they asked for my citizenship, which I did not have. Then they did not give me anything. I started crying but they scolded me.²¹

Another respondent, Meera, from the same village said,

In a joint family, property is usually on father in-law's name, who is already dead. Husband is not at home because he has gone abroad for work. The earthquake happens, the house collapses ... it becomes very difficult for women to access any relief. There are many cases like this.²²

Although the Constitution of Nepal guarantees equal rights to all its citizens, getting a citizenship certificate is not that easy for some. A study carried out by Forum for Women, Law and Development (FWLD) in 2013 suggested that 4.3 million people aged 16 and above do not have a citizenship certificate, i.e., nearly a quarter (23.65%) of the total population of Nepal. The same study also projected that by 2021 this will increase to 6.7 million, i.e., 26% of the total population (FWLD, 2015). Although there is no exact estimate as to how many women are without a citizenship certificate, based on the social structure and cultural practices, often institutionalised by gender discriminatory laws and policies, it could legitimately be claimed that there are more women without the citizenship certificates than men. The current citizenship provisions are discriminatory towards women. Although the Constitution says both father and mother could pass on the citizenship to their children, it is almost impossible for a woman to pass on their citizenship to their children without identifying their father (who must be a Nepali citizen). The gendered legal provisions coupled with socio-cultural practices mean a large number of women do not a citizenship certificate. The Citizenship certificate is the only identity

²⁰ Interview December 2016.

²¹ Interview December 2016.

²² Interview, December 2016.

document recognised by the law in Nepal. One cannot register their marriage or birth or even buy a mobile SIM card without a citizenship certificate. However, for women, the citizenship certificate is not seen as important (culturally), especially in rural areas, until there is a need for it (often only to purchase land or claim benefits). Thus, this is an everyday problem which is exacerbated in emergency situations and thus should have been addressed in the drafting of the new legislation.

An official from the National Reconstruction Authority (NRA)²³, which was established soon after the earthquake with the aim of post-earthquake reconstruction, said, “each affected household received Rs. 25,000 (approx. US\$ 210) government immediate support and again Rs. 300,000 (approx. US\$ 2,500) for reconstruction. Those women who did not have a proof of citizenship could not access this funding”. Here the household was taken as a unit, which meant that the relief money went to men who were the heads of the household, leaving women without any support in the majority of cases. If they did not fall within the identified vulnerable categories, such as pregnant, single women, elderly, and did not have proof of identity, they did not receive any support.

Moreover, post-disaster experiences are shaped by pre-disaster status. Sushila, who had been living in a temporary shelter as long as two years since the Gurkha earthquake 2015, said:

My life has been difficult from the beginning, my parents married me off at an early age, my mother-in-law would torture me, she would not give me a proper meal, nor did I have proper clothes for myself. I was not even allowed to work and earn a living. I lived in that condition for 8 years, but I couldn't handle it anymore so left with my son, leaving my 8-year-old daughter behind. I stayed with my family [parents] for a couple of years until I remarried my present husband ... we decided to move to Kathmandu. We rented a room in an old house, but the house collapsed during the earthquake so we got displaced. Now the landowner has built another house. However, we can't afford the rent of the new house. The landlord got the relief but as tenants, we did not get anything from the government.²⁴

²³ See <http://www.nra.gov.np/en/pages/view/fk2lRwucsHVwn9q-LAxpTW9mGJgIRz25rUWNDHdbkYk>

²⁴ Interview January 2017.

Many of the respondents who had been displaced in Kathmandu from their rented rooms and apartments said they relied on handouts from the charitable organisations. The charity stopped after a few months and most of them were finding it difficult to rebuild their lives. They suffered psychological trauma. Sushila added further:

For the first few days, we were given food by some charity organisations but later they stopped. I have developed a condition since the earthquake. I feel very scared. My son has been suffering from mental health issues. However, there is no support available for us.²⁵

Others resorted to jobs for survival that they would not have taken up if they were not in such a dire situation. Some took work in the entertainment sector, which are cabin restaurants and dance bars where female waitresses entertain their clients. This entertainment sector institutionalises sexual abuse at work²⁶ and had already boomed during the ten years of civil war (1996 to 2006) which preceded the 2015 earthquake. One of our respondents, Kamala, who was the head of an organisation which works with women working in cabin restaurants and dance bars in Nepal, said there was an influx of young girls into this business after the earthquake looking for alternative livelihoods. The women and girls who are forced to join these institutions as a result of conditions after the earthquake, are not even considered victims of the earthquake, instead they are labelled and denigrated as ‘bad women’.

Pregnant and newly delivered women and their newborns are seen as a highly vulnerable group. Hence, every organisation working in the disaster context categorises them as a vulnerable group. In the MANTRA project, some of our respondents were pregnant or newly delivered women and female community health volunteers (FCHVs) during the time of the 2015 earthquake (see Table 1). We asked for their experiences of disaster and the support they received or needed after the earthquake. Most of them reported there was no preparation for such events and so the targeted responses were delayed. We shed light on two such difficulties mentioned by the respondents; a) the cascading effects of disaster and b) the lack of a contingency plan.

²⁵ Interview January 2017.

²⁶ The New Humanitarian 2005 <http://www.thenewhumanitarian.org/news/2005/02/01/cabin-restaurants-promote-sexual-exploitation>

The cascading effects of disaster, include the landslides and debris which had blocked or damaged the roads. This made it difficult to reach the health care facilities. Moreover, the collapse of birthing centres resulted in pregnant and delivering mothers having to travel further and with great difficulty or opting for higher risk home-delivery. The Female Community Health Volunteers (FCHVs) were unable to get to some areas, partly because of the road conditions, but also because they were dealing with their own damaged houses and family injuries and deaths at the same time. For example, one of our respondents had lost her 4-year-old granddaughter in the earthquake, so she was not able to go and help others.

Our respondents told their stories of struggling, while in labour, to walk long distances on steep slopes to reach hospital during the tremors because it was not possible to use the roads; they told of giving birth on the floor in damaged hospitals without beds; of living outside for days without food and little water which led to their breast milk drying up and their newborn babies suffering; of having no clothes for themselves or their babies to change into; having no sanitary supplies; of constant anxiety about themselves and their newborns as well as about children left behind at home when they went to give birth at a health facility or stay in a shelter; of needing to risk their own or other family members' lives to take their babies out of falling or damaged buildings; and of desperately needed services that arrived only days or even weeks later.

One of the respondents, Priya, said, “the “hospital” was also damaged, and all the glass had fallen on ground. All the delivery was conducted on the floor ... Mat was used on the floor and all the postnatal women were made to sleep on there” (Postpartum women and their support person).²⁷

Others said, they were worried about the delivery and if they would reach the services on time. Maya said, “at that time ... [for] pregnant women who had labour pain ... it was very difficult ... thinking “What will happen to mother and baby and whether they can [deliver] at the health post here or not?” If they could not, the road facility was not good... because the road was not cleared immediately on the day of earthquake! On the road across [hill] and from our village, landslides were occurring frequently, so it was risky.”²⁸

²⁷ Interview July 2017.

²⁸ Interview July 2017.

Another respondent said, “because of remaining hungry there was no breast milk supply for baby for many days ... We stayed for one month under a tarpaulin ... It was hot and I did not have appetite for eating. Insects used to come and there was fear of snakes thinking “Whether it might bite children outside.” It was also frightening to defecate.”²⁹ Others said, the temporary shelters built by the international organisations were limited and far from their house. All pregnant and lactating mothers were put into the one large tent where they were provided with relatively comfortable camp beds and meals. While this separation gave women some time to recover from the earthquake, from the birth and for those who had delivered to bond with their babies, the separation also made difficulties back in the home and the women missed their families. Some women were not allowed to stay away from their homes for lengthy periods and had to return to husbands, families and household duties. One woman, under such family pressures, went back with her newborn baby and was killed in the second earthquake.³⁰

These stories of people’s experiences suggest that the support received was limited, very much response-oriented and relief focussed. There was a lack of vision and planning for support that pregnant and newly delivered mothers would need in such disasters, in addition to shelter and food. Likewise, the long-term impacts were not considered; neither for cisgender women³¹ nor gender minorities, especially the long-term psychosocial impacts. Moreover, as Sthapit (2015) argues, most of the gender issues raised after the earthquake in Nepal were associated with women’s reproductive and caretaking roles, which left out many other issues, such as access to general health care, food, shelter, livelihood opportunities, citizenships and so on. Thapa and Pathranarakul (2019) in their recent article note that the current DRR practice in Nepal only focuses on immediate impacts and overlooks the long-term impacts. Moreover, what is still missing from this debate is the recognition that vulnerability to disaster risks is associated with the pre-existing gendered social structures and unequal power relations (Sthapit, 2015); it cannot just be blamed on the disaster.

²⁹ Interview July 2017.

³⁰ Interview January 2019.

³¹ Cisgender refers to those whose gender identity matches the sex that they were assigned at birth.

The Disaster Risk Reduction and Management (DRRM) Act 2017

The 2015 earthquake changed many aspects of disaster management in Nepal. The government adopted a new Act, called the Disaster Risk Reduction and Management (DRRM) Act 2017 (GoN, 2017), which has been seen as a paradigm shift in its a move away from a response-centric approach to a more comprehensive approach to DRR. Therefore, many believe that the new Act is a welcome shift from a reactive to a proactive approach to DRR, including the claim it is more gender responsive. The development partners, including bilateral organisations, UN agencies and I/NGOs, played a significant role in developing the new Act. While some provided technical support, others took the lead in carrying out consultations with stakeholders, organised thematic groups and worked closely with the government. They ensured that the new Act was compliant with the Sendai Framework and that all aspects of DRR were covered, which is evident even in the name of the new Act.

It is, however, important to note, despite heavy involvement of the development partners, who ensured compliance with the international frameworks, the new Act divides disasters into two broad categories: “natural disaster” and “unnatural disaster”. All environment related hazards are called natural disaster and unnatural disaster is defined as epidemic, fire, pandemic flu, snake bite, poisons, deforestation, toxic gas and food poisoning. Nepal could best be categorised as a post-conflict country. However, if we are to consider major events of the recent past, the impacts of conflict should not be separated from the impacts of disaster as, in practice, they are closely intertwined. Yet, the conflict is almost absent from the new DRR policy, even though some of our respondents believed that conflict was seen as ‘unnatural disaster’ within the new Act.³²

For the implementation, the Act has envisioned a new DRR governance structure. At the highest level is the National Council for Disaster Risk Reduction and Management (NCDRRM) under the Chairmanship of the Prime Minister and the Executive Committee (EC) and led by the Home Minister. The Council comprises twelve members, including three experts in the field of DRR. The EC has thirteen members. A new institution has also been envisioned to oversee the functions of these two high level committees – the National Disaster Risk

³² Those who took part in the research carried out between December 2018- January 2019.

Reduction and Management Authority (NDRRMA). In addition, there are DRRM Council and Disaster Management committees in seven Provinces under the leadership of the Chief Minister, and DRR committees at the local level are led by the Mayor. There is also provision for a District Emergency Operation Centres (DEOC) chaired by the Chief District Officer.

There are two additional institutions, the NEOC (National Emergency Operations Centre) which existed before and the National Reconstruction Authority (NRA) which was formed after the 2015 earthquake still exists. Until the writing of this paper, the NRA was still working on post-earthquake reconstruction. The 11 ‘clusters’ which are led by the government with co-leadership from the UN agencies and non-governmental organisations, take action on different issues such as water, health, shelter, nutrition, protection, logistics and so on, still exist. However, it is unclear what roles they will play in the devolved administration. We received different views in our interviews with representatives from the government and non-government and UN organisations about how the cluster system will fit with the new governance structure. There is also a lack of clarity on the division of roles and responsibilities between the federal, provincial and local governments.

Despite the constitutional provision for a 33% quota for women in all governance institutions, the new Act has little to say about quotas for women or gender minorities in DRR planning and implementation, apart from one mention of a mandatory representation, i.e., out of the three experts in the National Council, one must be a woman.

A year after the launch of the new Act, the DRRM Policy was adopted in 2018 (GoN, 2018b). Gender has not been mentioned even once in the vision, mission, goals or objective of this policy.

Vision statement: The long-term vision of this policy is to contribute to sustainable development by making the nation safer, climate adaptive and resilient from disaster risk.

Mission statement: The mission of this policy is to substantially reduce the disaster risk and losses in lives, livelihoods and health as well as in the economic, social and physical infrastructure and cultural and environmental assets of persons, communities and nation

and to increase their resiliency by implementing disaster risk reduction and management activities in a balanced way

Gender only appears three times in the Policy – in two places concerning representation and participation, and in one place about making the public infrastructure gender friendly:

As per the disaster risk governance principle, to pursue the involvement and partnership of all stakeholders of the society, and gender and social inclusion by embracing the principle of participation, accountability and transparency.

Public physical infrastructure (government offices, educational institutions, health institutions, community buildings and shelters etc.) will be made senior citizen, gender, people with disability and children friendly.

Moreover, the DRR regulation, which was adopted in 2018, has no mention of gender. The DRR strategic action plan 2017-2018 details the DRR plans and priorities of the country (GoN, 2018a).³³ However, gender falls within the cross-cutting theme which includes, social inclusion, governance, disability, children, and senior citizens. For political reasons more broadly, the Thematic lead for the cross-cutting theme is the Nepal Planning Commission (which does not necessarily have the expertise on gender) and the co-lead is the Ministry of Women, Children and Senior Citizens, however, with no clear roles or responsibilities in DRR planning and implementation. Even though women's participation has been mentioned, women are portrayed as passive victims in these policy and strategy documents. The DRR strategic action plan was devised using 13 principles, including prevention. It talks about promoting women's leadership at all levels in DRRM but in the absence of a defined structure, process and approach, its intention remains non-operational.

Despite gender mainstreaming being in practice for many years in Nepal, and the high level of awareness and advocacy for gender matters, the new Act still envisages gender in a very narrow way. Gender and social inclusion are merged together; in popular understanding, gender equals

³³ See the Government of Nepal National Position Paper 2019 prepared for 2019 Global Platform for the details about various new acts and regulations related to DRRM in Nepal: <http://drrportal.gov.np/uploads/document/1514.pdf>

women and the Act further sees women as a homogeneous category, which assumes all women will face similar problems in times of crisis. The new Act talks about special provision for women, children, Dalits, elderly, marginalised group and people with disability. However, it lacks sufficient detail to enable further analysis. Moreover, none of these structures promise any transformative potential, as they provide more or less the same structure that existed before, with only some additional layers of governance. The Act is silent about structural inequalities that exist prior to disaster, which affect people's ability to respond to disaster and their lives in post-disaster contexts. When asked, a government official (male) who was a lead person for gender and social inclusion, said, "there is a lot to do. How much can we cover? And up to what level? It is not possible to consider all aspects of gender in everything".³⁴ Hence, despite good intentions amongst those drafting the DRR strategic action plans, gender appears to be an add on and any mention of it tokenistic.³⁵

Although the new Act emphasizes prevention and preparedness, the current understanding around prevention and preparedness has meant preparing for response, such as construction of warehouses, paying attention to immediate needs, including the needs of pregnant, menstruating women, elderly and people with disability, but not looking at the underlying structural problems. A senior government officer, who is pushing the gender agenda forward, said, "the response culture has a long history. It will take a long time to change this".³⁶

Another challenge for implementation of this Act is the lack of coordination between ministries (a siloed approach), such as that DRR, climate change and conflict are dealt with by different ministries, despite their strong links and their frequent temporal overlap; the lack of awareness, not only among the general public but also among government officials, policy makers and implementors, posed problems at different levels. For example, from the province to the ward level, as a prevention measure in winter, blankets (one per family) and firewood were distributed to the poor households, including single women and people living with disability to

³⁴ Interview December 2018.

³⁵ For example, the DRRM National council provisions at least 1 woman representative among three nominated experts...Likewise DRR National Policy 2018 provisions equal access, representation and meaningful participation of women, children, senior citizens, people with disabilities, people from economically and socially marginalised communities be ensured in all steps and structures of DRRM. However, practices do not align with stated provisions due to lack of awareness and locally tailored approaches.

³⁶ Interview December 2018.

protect them from a cold wave, without considering any gender specific needs or the impact on their health and it offers no solution to the root causes of the problem.

The 2015 earthquake was the trigger to fast track the adoption of the new Act; it also raised awareness about earthquake risks, the need for better response, and resilience building. However, none of these have made a real breakthrough in thinking about gender in DRR. Despite a push towards gender sensitivity in DRR, due to the lack of vision about a gender responsive resilient society, gender is still an add-on. Gender responsiveness is not amenable to a simple technical solution.

Reflection and Conclusion

While scholarly work on gender and disaster has made significant progress, from seeing women in disaster contexts as simply victims to now better understanding the nuanced experiences of disaster caused by gender hierarchies, disaster policies have not made equal progress in their visions about gender. First of all, ‘gender’ still largely equates to ‘women’ which leaves out other gender categories. Gender vulnerability is still considered within traditional gender roles, recognising the vulnerability of pregnant women, newly delivered mothers, single and disabled women which leaves out, not only the needs of other women in disaster contexts who do not fall under these categories, but also a recognition of the existing agency of these social groups; what many already do (managing homes, communities and businesses) and could do in the future. Moreover, women are seen as a homogeneous category. The diversity within women’s needs, interests and capacities is not recognised. Transformative gender relations in changing contexts has received little or no attention in disaster policies. Although some policies have valorised women’s role in response, this is built largely on an efficiency argument which does little to benefit women directly or strategically. Their representation in decision making remains tokenistic.

Most DRR policies do not challenge the existing, male dominated, unequal social and institutional structures, but rather seek to accommodate gender through gender mainstreaming, which has not been effective (Gaillard et al., 2017). Moreover, the current DRR policies are often derived from identification of available ‘best practices’. However, we argue that best practices that have successfully addressed gender concerns in the transformative ways to which we allude *do not exist*. Hence, imagining the future through a feminist lens, where gender

becomes the starting point for thinking about DRR, will give us a vision for a resilient society where gender is an integral part of any problem analysis, not just an add on or a side effect. The feminist vision allows us to look at the interaction between subjective structures (social conditions) and objective structures (material conditions) (Bourdieu, 1977).

Certainly, the discourse around gender has advanced recently in Nepal and the sensitivity towards the immediate needs of women, especially so-called vulnerable groups, has increased, especially in relief and response. However, this is a limited vision which has failed to incorporate gender responsiveness into a comprehensive approach to DRR. One of the reasons for this is that DRR is still a male dominated field where women's representation is minimal, and this has impacted on how DRR is viewed and visualised. Hence, DRR needs a new vision to address pre-existing restrictive structures and the inclusion of gender responsive planning. Boulding (2017) argues that "because of the nature of the amplification process, a very small investment in imaging can produce very large changes in society" (p. 162). A feminist vision is a promising way forward to achieve a sustainable, gender responsive society. Imaging a future where gender is the starting point. We argue that there is a vacuum where a new image of the future could be built, where the needs and interests of everyone could be incorporated. Therefore, we recommend the Government of Nepal and its development partners, and indeed governments around the world, to build a new image of DRR that addresses structural inequalities. Strategic engagement of women, minorities who identify as LGBTQI, disabled groups and others who are, or have been, marginalised, need to move beyond tokenistic involvement in committees where they may have no real voice or power, to real engagement in shaping DRR policies and plans. We also recommend the government of Nepal to undertake review of current DRR policies, structures and roles in line with Nepal's recent political change and federalization, which provides an opportunity for structural reforms for DRR and its management.

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