Integration of GESI in DCA’s Recovery Program

FINAL EVALUATION

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Acknowledgement
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<td>CHS</td>
<td>Core Humanitarian Standards</td>
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<td>DCA</td>
<td>Dan Church Aid</td>
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<td>DCC</td>
<td>District Coordination Committee</td>
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<td>DDRC</td>
<td>District Disaster Relief Committee</td>
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<td>DRR</td>
<td>Disaster Risk Reduction</td>
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Executive Summary

Introduction: The vulnerable groups, including single women, widows, unmarried women, young girls and boys, elderly and women with disabilities were disproportionately impacted by the devastating earthquake of April and May 2015. Access to services, programme and information has varied between different population groups including along lines of gender, ethnicity, physical ability, age and sexual orientation – women, for example, have been starkly challenged due to limited access to disaster relief interventions, less access to or benefits from livelihood interventions, risks of sexual exploitation, increased work hours, less time to rest as well higher levels of domestic violence. The impact of the earthquakes recognised that women and girls suffer disproportionately in natural disasters and their aftermath. In this context, Dan Church Aid (DCA) is implementing number of recovery projects out of which some are either conducted in collaboration with DCA or its alliance with the mandate to plan and coordinate implementation of mainstreaming Gender Equality and Social Inclusion (GESI) within its recovery and strategic approaches. The evaluation, therefore, focused on assessing the integration of GESI in all processes of DCA Disaster Risk Reduction (DRR) programmes and how it has affected the lives of women, vulnerable and excluded groups of people.

Objective: The overall objective of the study was to assess the integration of gender, equality and social inclusion status in the recovery programmes. The specific objectives were as follows:

- Assess the effectiveness the programme implementation on GESI with regard to access to and control over resources, meaningful participation, and increased ability to participate in decision making.
- Assess if the issues concerning different vulnerable groups such as Dalits, marginalised groups, disabled, senior citizen and women were addressed.
- Assess the relevance of the programme for vulnerable groups.
- Assess the impact of the programme interventions and the expected and unexpected effects the intervention had on different vulnerable groups.
- Document the lessons learnt and good practices and provide a way forward for improved GESI responsiveness for future interventions.

Methodology: The evaluation was qualitative in nature with administration of tools like Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and case stories. Thematic analysis and narratives were presented using major components identified for GESI in the different programmes.

Key Findings: DCA’s initiative in mainstreaming GESI component in its recovery activities was realised through two broad aspects:

1. By addressing GESI concerns in developing, planning and implementation of all earthquake recovery programmes;

Commented [KMK1]: The evaluation is focusing on DCA’s earthquake recovery programme not only disaster risk reduction programme. DRR is a component of recovery programme.
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II. In supporting the empowerment of women through gender specific targeted activities.

In addressing the GESI concerns, DCA has a commitment in promoting and mainstreaming GESI in its programme activities. DCA puts a lot of emphasis on GESI responsive policies in line with country strategy 2017-2021. In all the recovery projects, DCA has encouraged participation of women and people of various social groups especially from poor and vulnerable groups in decision-making bodies to ensure their voices are heard in the formulation of plans for the programmes.

- In coherence with the differing needs of the women and children, DCA, in its recovery projects has prioritised WASH as its major sector of concern. The support in WASH has proved to have a positive impact in the lives of women by lessening their work load as it is the female in the household who is responsible in carrying out WASH related activities, like cleaning, washing etc. **The most commendable support was in terms of building water schemes that had lessened their time to travel and wait in the queue to collect water.**
- Support in terms of livelihood restoration has also been directed directly towards the most vulnerable segment of the community. The distribution of cash grants to the vulnerable communities of ethnic groups and support in Healthy Garden Health Homes (HGHH) had enhanced the sustenance capacity of the beneficiaries.

As recipient of programme activities, DCA has ensured representation of women and other vulnerable groups. The selected interventions catered to the vulnerable and marginalised communities comprising of more than 90% Dalits and other minor ethnic groups. The presence of marginalised groups in all the supported communities has been effective in integrating social inclusion in the development initiatives.

- Support in repair and reconstruction of water scheme projects had directly impacted the women members of the communities by improving their access to water and lessening their workload.
- The households toilets were built close to the homes so that women and disabled do not have to travel far to relieve themselves and has also ensured their privacy and security. Moreover, the toilet support had helped them to conduct themselves in dignified manner during menstruation.

The recovery programme has also encouraged local level community volunteers to support social inclusion and women’s participation to develop cadres of women campaigners and volunteers.

- The creation of women volunteers as hygiene promoters has had an effective role in spreading awareness and sensitizing the community about good hygiene and sanitation.
- DCA’s supported community mediators have set exemplary precedents in resolving cases of conflicts in the community.

On the hind side, national statistics show that only 5% of the permanent houses has been constructed. Although DCA was not able to provide direct support in shelter, it has helped communities build their capacities in building disaster resilient shelters through mason training. It is however to be noted that no women could benefit from this non-traditional training for women.

Commented [KMK2]: From the SEACON Project area in Dhola and Maidi in Dhading, we have constructed toilet with bathing space which is highly benefitting by women and young girls. It would be good to mention somewhere in the report.

Commented [DMS3]: Patently not correct. I don't understand how they could say this. Or is it …….true?

Commented [BMB4]: What are the main reason behind it What was the DCA’s strategy to establish them as a mason?

Commented [KMK5]: We need to discuss in the team. Cecial, Pabitra, Lalit, Ishwor and including myself (Krishna) need to discuss in this issue. We have provided mason training where women also participated. There were some activities such as support the community for improving living condition was mainly focused on women.
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DCA programme has promoted active participation of women and socially excluded groups in the programme activities as decision-makers.

- The programme has ensured participation and representation of women and marginalised in the recovery activities, however, representation alone did not assure their power to make decisions.
- The livelihood restoration support presents a mixed case of empowered decision-making among the women members. Support in terms of cash grants were provided to the communities. DCA played a facilitating role in opening an account of all the community beneficiaries. In regard to decision-making about the use of grants received, it was stressed that the accounts were opened in the name of household head, hence most of the accounts were opened in the name of men members. [This is a misnomer as the definition of a household head is one who manages the household and it is the women who manage the household.]
- Another major impact of the programme has been linking the communities with financial institutions, specifically cooperatives. Introduction to cooperatives did not only help them in obtaining cash grant, but also acquainted them with the concept of formal savings and credit.
- DCA also facilitated in the formation of these user and maintenance committees for WASH under the government directive in almost all communities. DCA facilitated representation of women and marginalised groups in decision-making positions in the committee. Despite securing positions in the user committees, the power to make decision was not assured for the women members.

DCA programmes have needs to further strengthen GESI friendly communication about service entitlements, including complaint mechanisms.

- Participation of women and other socially marginalised groups in the community orientation shows not so encouraging results. It was highlighted in the FGDs that community’s memory on the orientation was poor enough to recall on what the orientation entailed. In discussions with women’s group, it was deduced that majority of them (almost 80%) did not remember the orientation that had taken place in the community.
- There was a formal complaint mechanism accessible for all groups. Complaint boxes were placed in ward offices, and information boards had a phone number disclosed in case of any grievances. However, people often opted for informal means of complaining, i.e. through face-to-face conversation with the staff of partner organisation and social mobilisers.

**Key Recommendations**: Based on the findings from the evaluation, the following key recommendations are proposed.

At institutional level, GESI mainstreaming should be a core responsibility of all DCA staff, a GESI institutional framework by establishing a dedicated GESI Unit in DCA Nepal would bring in rich dividends to ensure:

Commented [DMS6]: Ok that this is an issue. However, did it actually affect the economic and social empowerment of the women or not? Not clear.

Commented [KMK7]: We have to check the definition of household head. In the context of Nepal, household head is the person who takes decision and manage the family. The main issue is whether women had access and control over the resource or not. Need to dig more information from the community.

Commented [DMS8]: the main decision making person of the house. In the Gender perspective Why not?

Commented [KMK9]: As per my observation, there is balance of women and men in the key positions of users committee. Pabitra Ji, please provide your feedback on this.

Commented [BMB10]: What are the other reasons?

Commented [DMS11]: No resources available for this. Not realistic.

Commented [KMK12R11]: I agree with Dave, it is not possible for dedicated GESI Unit, however, we need one dedicated person to ensure GESI mainstreaming in the programme and projects. RPO-AC???
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➢ GESI cuts across the organisational and programmatic architecture of [DCA].
➢ GESI analysis is undertaken to inform programme design.
➢ Periodic reviews of programme implementation, evaluation, reporting and learning though knowledge management are undertaken.
➢ GESI sensitive HR policies and performance assessments of staff on GESI issues are developed and implemented.
➢ Gender responsive budgets (GRB) applying the OECD-DAC gender marker for equitable budget allocation and monitoring expenditures is a common practice throughout the organisation.
➢ Capacities of staff, partner organisations and local governments on GESI approach to achieve the sustainable development goals (SDGs).

In designing and implementation of the project,

- The mainstreaming initiative would be more effective by carrying out a separate need assessment for different projects. The use of Vulnerabilities and Capabilities Assessment (VCA) Framework to assess the differential capacities of women and men would facilitate better designing of relief programmes and entail strategic preparedness when disaster/humanitarian crises strike. Moreover, DCA can use a social vulnerability scorecard (prepared under facilitation of DCA and participation of community members) to ensure a targeted selection of people from vulnerable communities including single women with children, differently-abled persons, senior citizens, single female-headed households etc. are project beneficiaries.

- All the recovery programmes needs to direct their attention that the efforts might have left some earthquake-affected people behind, including very vulnerable ones such as squatters, undocumented citizens or owners without a formal land title. Shelter advocacy is imperative for the HHs that lack land ownership or house papers.

- To secure participation of women in all programme activities, it is important that DCA contributes in transforming the gender stereotypes that define “women’s work’ and “men’s work”. In this context, eliminating the criteria for selection of beneficiaries such as being semi-skilled for qualifying for masonry and carpentry training would provide opportunities for women to opt in non-traditional work. Engaging boys, men and decision-makers (majority of whom are men) in gender role reversals should be an integral component of all DCA recovery programmes.

- Formation of women groups and capacitating them by raising awareness on their rights on equality should be mainstreamed under any project activities, so that the women feel dignified, confident and empowered in partaking in all programme stages. Establishing networks of women’s groups at the community level can strengthen their voice and agency in the preparation of disaster preparedness plans, participation in implementation of those plans as well as monitoring and evaluating progress of such plans and follow-up for knowledge management.
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• Orientation/training on Complaint Handling Mechanism (CHMs) to all staff and beneficiaries would institutionalise substantive recovery responses and ensure effectiveness and transparency of actions/activities of DCA.

Chapter 1: Introduction

Gender Equality and Social Inclusion (GESI) is a concept that addresses unequal power relations between women and men on grounds of sex, class, caste/ethnicity, age, location, language or religion. GESI, therefore, focuses on the need for formulation of transformative strategies and corresponding actions to redress these power relations, by reducing disparities and ensuring equal rights, entitlements, opportunities and respect for all individuals regardless of their social identity. The devastating earthquakes April and May 2015 had a debilitating impact on the lives of millions of people. The vulnerable groups, including single women, widows, unmarried women, young girls and boys, elderly and women with disabilities were disproportionately impacted by the disaster. Access to services, programme and information has varied between different population groups including along lines of gender, ethnicity, physical ability, age and sexual orientation – women, for example, have been starkly challenged due to limited access to disaster relief interventions, less access to or benefits from livelihood interventions, risks of sexual exploitation, increased work hours, less time to rest as well higher levels of domestic violence.

The impact of the earthquakes recognised that women and girls suffer disproportionately in natural disasters and their aftermath. Such vulnerability stems from the social, political, legal and economic circumstances of women that exist before the disaster. Their needs are often overlooked in responses to disasters, in the need to restore lost livelihoods and reduce burden of work, which often increases due to disaster emergencies as a result of the reproductive roles prescribed to them. The Post Disaster Needs Assessment (PDNA) findings recognised that the poverty, inequalities, exclusion and discrimination not only shape vulnerabilities of people to disasters but also have a direct bearing on how survivors respond to disasters. It requires sustained support and monitoring of protection issues, accompanied by provision of alternative livelihoods, which are crucial for recovery and developing resilience of vulnerable people. In addition to this, the concerns of the vulnerable population (representation, leadership, budget allocation in programmes and utilization etc.) requires to be addressed in the recovery, reconstruction and ongoing other development processes. According to the Protection Thematic Report, women’s representation was lacking in relief coordination and decision-making committees at the community and site level. The report elaborates that in six districts major earthquake affected districts consistently revealed an absence of women from relief coordination and decision-making mechanisms. This has resulted in their exclusion for disaster preparedness and recovery programmes impacting on their abilities to get on with life.

In this context, DCA is implementing number of recovery projects out of which some are either conducted in collaboration with DCA or its alliance with the mandate to plan and coordinate implementation of mainstreaming GESI within its recovery and strategic approaches. The evaluation

2 Operational Guidelines for Gender Equality and Social Inclusion GON, 2013
3 UN Disaster Report, 2015
4 Nepal Gender Profile, UN Office for the Coordination of Humanitarian Affairs, UN Women
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will be guided by principles of GESI aimed at improving quality and impact of recovery and promoting Disaster Risk Reduction (DRR) as well as sustainable development interventions. The evaluation, therefore, focused on assessing the integration of GESI in all processes of DCA DRR programmes and how it has affected the lives of women, vulnerable and excluded groups of people. The strategic vision of the cross-cutting GESI sector of DCA is to contribute to the closing of development gaps related to gender equality, social groups and geographical locations through mainstreaming of GESI strategies throughout the recovery and development process. The study was carried out in four districts (Gorkha, Dhading, Bhaktapur, and Lalitpur).

Objective of the Study

The overall objective of the study was to assess the integration of gender, equality and social inclusion status in the recovery programmes.

The specific objectives were as follows:

- Assess the effectiveness the programme implementation on GESI with regard to access to and control over resources, meaningful participation, and increased ability to participate in decision making.
- Assess if the issues concerning different vulnerable groups such as Dalits, marginalised groups, disabled, senior citizen and women were addressed.
- Assess the relevance of the programme for vulnerable groups.
- Assess the impact of the programme interventions and the expected and unexpected effects the intervention had on different vulnerable groups.
- Document the lessons learnt and good practices and provide a way forward for improved GESI responsiveness for future interventions.
Chapter 2: Methodology

Process
The study was conducted using a qualitative approach for data collection. The overall evaluation was divided into three phases: preparatory phase, field work and data analysis and report writing.

i) Preparatory phase:
In the preparatory phase of the assignment, the following activities took place.

Desk Review: The team reviewed the existing and secondary data for better understanding of the project and moreover, for tool development. The list of project documents reviewed are included in the annex section.

Development and Finalisation of Tools: The desk review facilitated in designing the tools for the evaluation. The development and finalisation of the tools were carried out in close coordination with DCA. The GESI perspective questionnaires were integrated within the core evaluation with focus on DAC evaluation criteria.

Orientation to Researchers: After finalisation of the tools, the team leader oriented the field researchers to carry out data gathering in the field. The researchers were oriented on the data collection methods and techniques and on the ethical consideration for the project, including consent, privacy and confidentiality of respondents.

The orientation was concluded with a debriefing session and question and answer session related to data collection tools.

ii) Field Work
Data collection commenced soon after the orientation to the researchers. Data was collected simultaneously in Dhading and Gorkha whereas in Bhaktapur and Lalitpur, it was conducted after completion of the other two districts.

The evaluation was carried out through a representative sample of the total project VDCs. In Bhaktapur, both the municipalities, Changunarayan and Nagarkot were selected, whereas in Dhading, three rural municipalities (Jogimara, Salang and Nalang) were selected. In Lalitpur, Mahalaxmi municipality was selected and in Gorkha, two rural municipalities (Makaisingh and Tanglichok) were sampled. The rationale behind selecting the aforementioned municipalities was to assure coverage of all the activities that DCA had implemented in these sites.

The following tools and techniques were employed in the field to gather primary data:

Key Informant Interview (KII): KII were conducted with DCA staff, which included the Gender department, implementing/partner organisations, government officials, ward officers, teachers, school leaders, community mediators, Female Community Health Volunteers (FCHVs), Hygiene Promoters, Training recipient and other community sector-wise beneficiaries. These stakeholders were identified and selected in close coordination with the partner organisations. In-depth
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Questionnaires were administered to the aforementioned individuals regarding all aspects of GESI covered in each of the programmes and the lack thereof.

Focus Group Discussions (FGDs): Similar to KII, FGDs were conducted to assess aspects of learning implications, challenges and recommendations regarding integration of GESI in the programmes. The discussions were conducted in an attempt to garner perception from different stakeholders and groups within a forum where they shared the same space. Discussions were carried out with the community people which included water user committee, Cash Grant beneficiaries, Healthy Garden Healthy Home beneficiaries, teachers, women and vulnerable groups. The FGDs would validate and supplement information gleaned from KII and vice versa. The focus in the group was to include different women groups as well as mixed group to capture integration of GESI aspects in various programmes and sectors.

Beneficiaries stories: Exemplary cases from beneficiaries lives were collected in the form of case stories. These case stories of the vulnerable groups and individuals were designed to capture both the successes and gaps in GESI mainstreaming in the different sectors. These case stories were used to provide the means of justification for some of the major findings.

iii) Data analysis and report writing

The data and information gathered from the field were analysed and compiled by the study team. Thematic analysis and narratives were presented using major components identified for GESI in the different programmes.
Chapter 3: Findings and Discussion

DCA’s initiative in mainstreaming GESI component in its recovery activities was realised through two broad aspects:

I. By addressing GESI concerns in developing, planning and implementation of all programmes;

II. In supporting the empowerment of women through gender specific targeted activities.

This section of the report will explore on these two core aspects of integrating GESI.

I. Addressing GESI Concerns in Programme Activities

DCA has a commitment in promoting and mainstreaming GESI in its programme activities. DCA puts a lot of emphasis on GESI responsive policies in line with country strategy 2017-2021. Accordingly it has encouraged participation of women and people of various social groups especially from poor and vulnerable groups in decision-making bodies to ensure their voices are heard in the formulation of plans for the programmes.

The programme activities were designed mostly based on the post disaster needs assessment carried out by the government. In some recovery programmes like that of Shelter Support to the Earthquake Affected Communities in Nepal (SEACON) and DFID Rapid Community WASH Recovery Project a separate needs assessment was carried out by external independent consultants commissioned by DCA. WASH was the priority sector as per the assessment result. Taking this into account, DCA, in its recovery projects has prioritised WASH as its major sector of concern.

In the FGDs with the women groups, support activities concerning WASH was considered as a commendable initiative in addressing the differing needs of women. The support in WASH has proved to have a positive impact in the lives of women by lessening their work load as it is the female in the household who is responsible in carrying out WASH related activities, like cleaning, washing etc. The support in terms of building water schemes had lessened their time to travel and wait in the queue to collect water.

If we had to choose any kind of support, it would always be building water schemes. Access to water was dire after earthquake. The source had either dried up or shifted to a farther location. This had caused so much problem among us women, to fetch it from a distant source. We had to wait for long hours to get water. —Women members during FGD, Gorkha

Support in gender and differently-abled friendly toilets can be another effort by DCA that catered to the differing needs of women and disabled. Furthermore, support in terms of livelihood restoration has also been directed directly towards the most vulnerable segment of the community. The distribution of cash grants to the vulnerable communities of ethnic groups and support in Healthy Garden Health Homes (HGHH) had enhanced the sustenance capacity of the beneficiaries.
Since the design of the programme was based on the results from PDNA, the programme design missed out on the important aspect of participatory engagement of community groups, including vulnerable groups in the planning and designing phase. The specific concerns of women and other vulnerable groups could have been explored, had a multi-sectoral participatory need assessment been carried out.

**Integrated Support in Chepang Community**

One of the integrated approach offered by DCA in its recovery initiatives is supporting Chepang community in Gorkha district. All the core components of recovery have been supported in this marginalised community. Communities’ access to water have been improved through restoration and repair of water schemes. Supplementary to the support in water schemes, the communities were supported with livelihood restoration through a novel initiative of Healthy Garden Healthy Home (HGHH). The objective of HGHH was to promote intake of nutritional food habits along with support in livelihood restoration through commercial farming.

Moreover, schools were supported through construction of by gender-friendly latrines. The communities were also supported to build household latrines. The support of water scheme has made it possible for good sanitation practices in the community. Hygiene promoters were trained to disseminate the key messages of hygiene and sanitation. To improve psychosocial well-being of the students, schools were supported with stress management trainings.

This integrated support by DCA in a marginalised Chepang community exemplifies an effort to promote socially excluded communities as recipient of the services.

In a community of Bhaktapur (Pariyar Gaun), people were living as squatters without any ownership papers. The community was not entitled to receive any state grant since they lacked land ownership papers. The community people felt that the government should have been more sympathetic towards landless people and should have enlisted them as beneficiaries to land distribution list on the basis of other documents and methods.

The community was supported by DCA in other WASH and livelihood rehabilitation activities. The squatters felt that they should have been entitled to shelter grants. However, there was no advocacy for shelter grants taken up by DCA.

**II. Support in GESI Specific Activities**

DCA has been working in the four most affected districts (Lalitpur, Bhaktapur, Dhading and Gorkha) immediately after the earthquake. The interventions address multiple needs of the communities with the objective of bringing communities back to the situation they were in before the earthquake and also providing a resilient footing to allow the most vulnerable earthquake affected communities to
recover their lives and livelihoods. Integrating GESI in the programme activities has been the core strategy of DCA.

Based on this commitment of integrating GESI, the programme activities were designed taking account of the differential needs of women and men to mainstream GESI. The evaluation has seen some commendable results in integrating GESI in the recovery programme, however, there are some areas that needs to be improved to make the programme more inclusive and participatory. The findings are discussed below:

a. GESI and Recipient of Programme Activities

DCA programme has promoted active participation of women and socially excluded groups as recipients of the programme services

Site selection: Concerning the selection of sites, the authority and decision had been fully given to the District Disaster Relief Committee (DDRC). Applying the strategy of avoiding duplication, the selected VDCs for the recovery support has proven to be relevant and effective. There was no duplication of the project activities. Moreover, the selected interventions catered to the vulnerable and marginalised communities comprising of more than 90% dalits and other minor ethnic groups. The presence of marginalised groups in all the supported communities has been effective in integrating social inclusion in the development initiatives. Communities of Chepangs, Gurungs, Magars, and Dalits across all four districts are included in the recovery support activities, which demonstrates the commitment of integrating GESI.

The development of infrastructure, such as water schemes and latrines, supported by DCA has addressed the need of women and girls including the differently-abled members of the households. These toilets are built close to the homes so that they do not have to travel far to relieve themselves and has also ensured their privacy and security. There were proper facilities of door, latch and lighting.

As stressed by the young girls in FGDs, the toilet support had helped them to conduct themselves in dignified manner during menstruation. Prior to the support, they had to use temporary toilets without proper enclosure infringing on their privacy and security.

Various schools were supported to construct school latrines. DCA, in all its projects, has ensured that the construction of toilets was done in a gender-friendly manner with separate toilets for females and males. In some areas, disabled-friendly toilets were also constructed in households having differently-challenged members of the family.

In an informal conversation with the adolescent girls from Prajabasti School, it was stressed that the support for constructing permanent toilets had made it convenient for them as they did not have to travel distances to relieve themselves in privacy. The placement of water pipes inside the school latrines has made it more accessible and convenient for girl students to adopt hygienic habits. Teachers also highlighted in the interview the difficulties faced by the differently-challenged students in accessing water when there was no tap inside the toilets. The availability of water taps inside the toilets have had a positive impact not only among the girl students, but also for the differently-challenged students.
Support in toilet construction had an impact in terms of convenience and privacy. In those schools with proper access to water facility, the support had promoted better toilet habits among the students, especially among the girl students during their menstruation. Interestingly, in none of the observed schools across all four districts, having to use temporary toilets by female students posed any issue to regularity of attendance. It was mentioned that there was no change in the percentage of students being absent attributing to the temporary toilets that they had to rely on.

Support for Differently-Challenged Friendly Toilets

In Changunarayan High School of Bhaktapur, differently-challenged friendly toilet has been built. Although, there were no differently-challenged students in the school, there was one differently teacher. This support has contributed in promoting inclusive education for all. It is not only a symbolic gesture but also represents a significant intervention in empowering differently-challenged women to pursue their career beyond economic empowerment and one that resonates with the achievement of Sustainable Development Goals so that no one is left behind!

“The students were using temporary toilets before the support. We have one teacher with leg impairment. It was very difficult for her to use temporary toilet, thanks to DCA, access to toilet has been convenient for her now.” – Principal

Support in repair and reconstruction of water scheme projects had directly impacted the women members of the communities by improving their access to water and lessening their workload. Women in FGDs stressed that they had to travel up to 2 hours to collect water after the earthquake since the sources had dried up in the nearest centre or had been shifted farther. In Gorkha and Dhading, some women mentioned that the entire day was spent in collecting water for the household (HH) chores. Construction of water schemes had made the lives of the women beneficiaries easier and healthier. Women during FGDs stressed that they had started hygienic and sanitary practices after having easy access to water. The toilets in their homes had become cleaner, since they had water to clean it every day. The children had started to bathe more frequently than before, thereby making them more healthy and hygienic.

One major impact of support in water scheme projects has been on the menstrual health of female members. During the time of menstruation, lack of water would often posed challenges for women to clean themselves as much as required. After the restoration of water sources, the cleaning practices have tremendously changed as women and girls practiced good menstrual hygiene.

Participation of women in implementation of projects lacking

In implementation of the project activities, especially building infrastructure (water schemes and toilets), there was negligible participation from the women members. It was highlighted in the FGDs with the community that most of the men members partook in construction work, limiting the participation of women members. The women in the community perceived that construction works would be efficiently carried out by men members than women members, hence they showed reluctance in participating in the activity. However, they did work as substitutes when the men members of their family would be busy elsewhere.

Commented [KMK27]: How about the village where most of the men are out of the village? In different places, I found women were working as unskilled labour but not skilled labour work.
**Integration of GESI in Recovery Activities**

**b. Leadership Development**

The recovery programme has encouraged local level community volunteers to support social inclusion and women’s participation to develop cadres of women campaigners and volunteers.

DCA’s activities like training on **first aid, hygiene promotion and community mediation**, specifically targeting women are important steps in enhancing the capacities of women and promoting them as leaders and change agents.

These activities have shown encouraging results in achieving its objectives in promoting women as change agents. The creation of women volunteers as hygiene promoters has had an effective role in spreading awareness and sensitizing the community about good hygiene and sanitation. These hygiene promoters were informally, increasing the base of volunteers/promoters by communicating the message in the community, especially to the female members.

*Sabitri Pariyar received training as a hygiene promoter. She mentioned how she has seen a change within the community in terms of practicing hygiene and sanitation. Soon after she received the training, she got involved in door-to-door campaigning in her community. She believes that as a result of her initiative, the HHs had started keeping their toilets clean, with adequate water inside it and separate slippers for use in the toilets. Moreover, she mentioned that the community had started washing their hands with soap and water. She mentioned that the community was not new to the idea of soap and water, but now they didn’t miss washing their hands with it especially after visiting the toilets.*

*Yam Kumari Shrestha is a first-aid trainee. She mentioned that the community benefitted from her learnings of the first-aid training. The concept of first-aid was novel to the community, but after the training, the community has learnt about treating small cuts and bruises to avoid further health complications. She is confident that she can serve the community in terms of any hazards by offering first-aid services to the people. In her spare time, she spreads awareness about first-aid to other women of the community, with the belief that increasing the knowledge base of first-aid will be beneficial not only during normal circumstances, but during the disaster to protect the people from further harm to their health and livelihood.*

DCA’s supported community mediators have set exemplary precedents in resolving cases of conflicts in the community. Both men and women participants from the mediation trainings were selected as community mediators. These mediators now play the role of the change agents in the community where the disputes are resolved. The mediators are also spreading awareness regarding cohesion, unity and cooperation in the communities contributing to harmony and peace within their communities.
Integration of GESI in Recovery Activities

In case of Makaisingh, Gorkha, and Nagarkot, Bhaktapur there were opposing scenarios of community mediation. As explained by the community mediators in these two places, the training had a short-term impact, without any sustainable and effective results. The tenure of appointed mediators was of six months and in the current day, none of the mediators in Makaisingh, Bhumlichowk and Nagarkot were practicing mediation, voluntarily. Their concern was regarding the monetary incentive that was lacking in doing the voluntary work. It was further stressed that community people did not believe and have trust in mediation services provided by a woman, primarily because of her age and gender perceptions.

Belimaya Chepang from Makaisingh is an 18 years old girl. She was provided with a three-day training on community mediation. The training acquainted her with the concept of conflict and resolution. It was for the first time that she received training of such a kind. She stressed that the training helped her to be familiar with different types of conflict and the measures to resolve the conflict. After the training she was appointed as a community mediator in the ward office for a tenure of six months. She was given a salary of NPR. 500. She was very enthusiastic to practice her learnings in helping the community to overcome conflict related issues. She asserted, “We live in a Chepang Community; the most prominent conflict is that of domestic violence. Other than that there are many cases related to land and trespassing.” In her tenure as a community mediator, cases mostly related to land issues and trespassing by the livestock were registered at the mediation centre. She proudly highlighted that she was able to solve three such cases. After her tenure ended she is no longer functioning as a community mediator. She is not as enthusiastic to practice mediation as there are no monetary benefit. She explained, “I have a family to look after. I need to earn bread and butter so I cannot do voluntary work. I am looking for some job” stated Belimaya. She further mentioned that the community does not entrust her with resolving conflict attributing it to her age. “The community feels I am too young to solve the case. Additionally, the cases of violence does not come out in public; it is mostly resolved internally since it is considered a domestic issue.”

One noteworthy impact that is experienced by these change agents is increase in their self-confidence. All the training participants (first-aid, community mediation, and hygiene promotion) stressed that they had shed their inhibition in talking to people and expressing their concerns as now they feel they have improved their communication skills.

National statistics show that only 5% of the permanent houses has been constructed. Shelter was of the prioritised areas of intervention. Although DCA was not able to provide direct support in shelter, it has helped communities build their capacities in building disaster resilient shelters through mason training. In the interview with the DUBDC, it was reflected that there is a huge gap in the number of masons still required as one of the pre-requisites for qualifying as a participant for training on masonry and carpentry was being semi-skilled in masonry. As a result, no women could benefit from this non-traditional training for women. Women are overwhelmed with household work depriving them of the...
opportunity to venture into masonry as this is seen primarily as “men’s work” results show that there was no participation of women members.

Representatives from partner organisation shared the learning from other organisations that included training women as masons. It was highlighted that the turn-over of female participants in practicing masonry was high. In the same context, the partner organisations’ representatives in the KIIIs mentioned that sustainability of the learning is a challenge among women masons. It had been observed in many instances, across all intervention communities, that women would be mere participants in the training and would not apply their learned skills in the real life. This made it difficult for selecting the women beneficiaries for the same. Women showed reluctance in partaking in construction work. They had a set mindset that men members would be engaged in mason work, since masonry was “men’s work”, while they would only be involved in gender-specific roles of household chores. All they would do is to help their male members in carrying load in masonry.

c. GESI and Decision-Making

DCA programme has promoted active participation of women and socially excluded groups in the programme activities as decision-makers.

The programme has ensured participation and representation of women and marginalised in the recovery activities, however, representation alone did not assure their power to make-decisions. Despite commitment to promote participation of women and socially excluded groups in decision-making, in the real scenario, it is still the men members and the influential groups of people whose voices are heard.

One of the core support areas of DCA is livelihood restoration support. The livelihood restoration support presents a mixed case of empowered decision-making among the women members. Support in terms of cash grants were provided to the communities. The grants were dispersed through local level cooperatives; hence it was mandatory for all the beneficiaries to have an account with the cooperative. DCA played a facilitating role in opening an account of all the community beneficiaries. In regard to decision-making about the use of grants received, it was stressed that the accounts were opened in the name of household head, hence most of the accounts were opened in the name of men members. This is a misnomer as the definition of a household head is one who manages the household and it is the women who manage the household. Decision-making of women members in the utilisation of money is an issue worth attention.

In Khatri Soda, a Gurung community in Gorkha the women claimed to have no decision-making in mobilisation of cash received as grant for livelihood support activities. The men members would mobilise the money and the women would only support in activities. While in Pariyar Gaun, Bhaktapur, things were different. Although the men members had accounts with the cooperatives, the women had full discretion to use the money. It was highlighted by the women members in the FGDs that they were in full charge of making decisions how the money was allocated spent. The support of the husband and in-laws in empowering women in decision making was cited as the core reason for this authoritative role. The profit they received from the goat or pig farming would also be deposited in the cooperative, and again the women members had total discretion in reinvesting the profit. They
highlighted that the decisions would be shared and the men members would always support female in their decision.

**Introduction to savings as a part of livelihood restoration**

One exemplary impact of the programme has been linking the communities with financial institutions, specifically cooperatives. The cash grant support of NPR 15000 was provided to the affected communities. The cash was deposited in the co-operative. Many of the members who did not have accounts in any of the financial organisation, had to open an account to receive the money. This ensure that all the vulnerable members had an account with the cooperative. The concept of savings was new to many beneficiaries. Introduction to cooperatives did not only help them in obtaining cash grant, but also acquainted them with the concept of formal savings and credit.

It was highlighted by the women group in Pariyar gaun, Bhaktapur that the women members had started practicing saving in formal institutions. Although the support in cash grant was directly directed towards supporting in livelihood support activities, the introduction to the financial institutions aided the community in practicing habit of savings and increased their access to credit.

Under the WASH support, water schemes were restored and repaired. To ensure sustainability of the infrastructure, Water User Committees were formed. DCA facilitated in the formation of these user and maintenance committees under the government directive in almost all communities. As per the amendment of the 1992 Irrigation Policy in 2003 providing for a minimum of 33% women members in water users association committees, DCA has facilitated representation of women and marginalised groups in decision-making positions in the committee. Despite securing positions in the user committees, the power to make decision was not assured for the women members. The position of the Secretary was held by women in only few of the committees, while in most of them, the representation of women was only to adhere to the mandate of having women representative. The decisions were made by the men members of the committee.

Similarly, Disaster Risk Reduction (DRR) component was mainstreamed in the recovery programme of DCA. As an effort to mainstream DRR, the Vulnerability and Capability Assessment (VCA) exercises were carried out in the communities. The exercises aided the communities in recognising and identifying different vulnerabilities, including hazards and vulnerable populations that would be affected the most. The exercises had ensured that there was an inclusion of women participants, along with other vulnerable population, including marginalised groups, differently-abled and senior citizens.

It could be deduced from interviews with the vulnerable groups as well as local government bodies that the participation was only limited to being present in the exercise. Despite the presence of women and other vulnerable groups, their specific issues and concerns were not highlighted. Specific issues related to women and other vulnerable were not discussed in the VCA exercise, rather the exercise was centred towards vulnerabilities that ascends with natural calamities.
d. GESI Friendly Communication

DCA programmes need to strengthen GESI friendly communication about service entitlements, including complaint mechanisms.

Equal access to information of the programme activities is provisioned by DCA in its recovery strategy. However, the evaluation showed differing results. The recovery programme initiated with the orientation to the communities about the different activities that were being supported by DCA. The local government body, preferably, Ward Citizen Forum (WCF), was given the responsibility to facilitate community orientation, where information about the programme activities were communicated prior to commencement. Participation of women and other socially marginalised groups in the community orientation shows not so encouraging results. It was highlighted in the FGDs that community’s memory on the orientation was poor enough to recall on what the orientation entailed. In discussions with women’s group, it was deduced that majority of them (almost 80%) did not remember the orientation that had taken place in the community. Moreover, it was highlighted that WCF had informed the influential members of the community in the orientation, leaving behind the vulnerable ones, including women, differently-abled and senior citizens.

In terms of access to information about the project and the accountability towards the women and marginalised groups, evaluation showed that there were some gaps that needed attention. As mentioned earlier, information about the project was communicated in the community orientation, where the participation of women, senior citizens, and differently-abled was nominal. An information notice board was placed in most of the supported infrastructures, however, it was noted that women members were illiterate, hence the means of disseminating information was not effective for all categories of people.

There was a formal complaint mechanism accessible for all groups. Complaint boxes were placed in ward offices, and information boards had a phone number disclosed in case of any grievances. However, people often opted for informal means of complaining, i.e. through face-to-face conversation with the staff of partner organisation and social mobilisers. It was revealed in the KII with partner organisation and corroborated with the community members that both men and women were comfortable in putting forth their grievances in front of the designated staff. However, all members, especially women were not comfortable to access formal means of making complaints through complaint boxes or phone calls.
Integration of GESI in Recovery Activities

**DCA’s stand on GESI**

- DCA follows the good practice in ensuring that gender issues are mainstreamed in all of its programme documents through the vetting of all of its programme documents by the gender expert located in its headquarters. In the current context, DCA has attempted to incorporate GESI to cut across the organisational and programmatic (Governance, Humanitarian/DRR and Resilient Livelihoods) architecture of DCA, however, there is a single GESI focal person designated for the same.

- Positively, in all the projects of DCA, there is **GESI indicator** as an output. On the hind side, there is no provision of GESI responsive budgets with gender markups. Value for money for each project beneficiary is calculated based on which the amount allocated for GESI can be calculated. However, it was highlighted by the GESI focal person that decisions are not based or activities are not assessed based on the budgeting.

- Employees are assessed every year via Employee Development Review. There is no indicator that measures the output for achievements related to **GESI**.

- In the current context, there is no indicator on **GESI**. In the organizational Human Resource itself, GBV has zero-tolerance. While selecting the partners DCA has zero tolerance for organizations with GBV.
Chapter 4: Way Forward

Based on the current GESI standpoint of DCA, the following recommendations are at institutional level.

- DCA follows the good practice in ensuring that gender issues are mainstreamed in all of its programme documents through the vetting of all of its programme documents by the gender expert located in its headquarters. Nevertheless, as is common to many organisations gender issues get evaporated during implementation of programmes without a proper technical oversight to guide gender mainstreaming throughout the programme cycle. While GESI mainstreaming should be a core responsibility of all DCA staff, a GESI institutional framework by establishing a dedicated GESI Unit (without added–on responsibilities) in DCA Nepal would bring in rich dividends to ensure:
  - GESI cuts across the organisational and programmatic (Governance, Humanitarian/DRR and Resilient Livelihoods) architecture of DCA so that GESI becomes one of the core objectives of all DCA programmes.
  - GESI analysis is undertaken to inform programme design. **DONE ALREADY**
  - Periodic reviews of programme implementation, evaluation, reporting and learning though knowledge management are undertaken. **GENERAL COMMENT**
  - Technical backstopping and support to recovery programmes on GESI issues to achieve GESI objectives are provided on a regular basis.
  - GESI sensitive HR policies and performance assessments of staff on GESI issues are developed and implemented. **WE HAVE GESI POLICIES! NOT CLEAR.**
  - Gender responsive budgets (GRB) applying the OECD-DAC gender marker for equitable budget allocation and monitoring expenditures is a common practice thoughout the organisation. **WHAT IS THIS? IS IT PRACTICAL?**
  - Capacities of staff, partner organisations and local governments on GESI approach to achieve the sustainable development goals (SDGs) are developed for diffusion of GESI mainstreaming responsibilities so that GESI mainstreaming does not become the sole responsibility of the designated GESI staff. **HOW?**
  - The GESI agenda features in senior management meetings and appropriate actions are taken as a demonstration of the commitment towards GESI by the leadership of DCA Nepal. **GENERAL COMMENT. WE HAVE DONE GESI AUDIT, THIS GESI REVIEW. NOT ENOUGH I GUESS.**

Recommendations on Programme Design and Implementation

Prioritizing needs and identifying right beneficiaries

- The mainstreaming initiative would be more effective by carrying out a separate need assessment for different projects. The assessment should be participatory with focus on highlighting concerns of women and marginalised in multi-sector. By deploying participatory methods of assessment, more women centric concerns would be explored, which could further be integrated within the core project activities.
The use of Vulnerabilities and Capabilities Assessment (VCA) Framework to assess the differential capacities of women and men would facilitate better designing of relief programmes and entail strategic preparedness when disaster/humanitarian crises strike. Such a practice would enable DCA and local governments to quickly respond to the specific emerging needs of disaster affected communities and help them in their rehabilitation efforts by taking into account the lessons learned from the 2015 mega earthquakes. The government was ill-prepared to quickly respond to the multiple needs of the earthquake affected survivors and by adopting a blanket approach the needs of pregnant women, menstruating girls and women, households headed by single women, differently-abled persons, senior citizens including safety and security were overlooked causing myriad hardships to them as they could not access the relief materials.

DCA can use a social vulnerability scorecard (prepared under facilitation of DCA and participation of community members) to ensure a targeted selection of people from vulnerable communities including single women with children, differently-abled persons, senior citizens, single female-headed households etc. are project beneficiaries. Local women’s groups and women’s networks can be mobilized effectively in setting the criteria for scorecard to help identify those particularly affected by disaster and to ensure that nobody is left behind. A good practice for identifying the poor has been the use of the “Underlying Causes of Poverty Analysis” (UCPA) tool developed by CARE. This tool has also been adopted by the Local Governance Community Development Programme (LGCPD) of the government for reaching out to the poorest of the poor. The use of this tool could facilitate in identifying the real poor who are most vulnerable during times of disaster/humanitarian crisis.

All the recovery programmes needs to direct their attention that the efforts might have left some earthquake-affected people behind, including very vulnerable ones such as squatters, undocumented citizens or owners without a formal land title. Shelter advocacy is imperative for the HHs that lack land ownership or house papers. More than the direct support in shelter construction through grants, it was revealed that in the current context, the INGOs need to support affected communities in advocating with the government to expedite the process of receiving grants and also speeding up the approval process to the HHs that have already initiated construction.

Ensuring participation of GESI in implementation

In consistency with DCA’s commitment to secure participation of women in all programme activities, it is important that DCA contributes in transforming the gender stereotypes that define “women’s work” and “men’s work”. In this context, eliminating the criteria for selection of beneficiaries such as being semi-skilled for qualifying for masonry and carpentry training would provide opportunities for women to opt in non-traditional work.

Engaging boys, men and decision-makers (majority of whom are men) in gender role reversals should be an integral component of all DCA recovery programmes. Although gender role
Integration of GESI in Recovery Activities

Reversals perforce take place when disaster strikes because reality dictates the necessity to survive, after rehabilitation traditional gender roles and responsibilities again become the norm. In order to ensure gender equality, gender orientations should be made mandatory for all partners and beneficiaries to tackle the increased work-load of women, trafficking in girls and women and other forms of violence, ensuring reproductive health rights of women and adolescent girls, when disasters strike and to facilitate smooth recovery processes that are gender equal. This demands urgent measures as boys emulate their fathers’ behaviour, which are internalised through the gender socialisation process. Men who have seen their own fathers engage in domestic work are themselves more likely to be involved in household-work and caregiving as adults.1

**GESI in decision making**

- In many of the development initiatives, including formation of committees, the programme has succeeded to secure positions for women. However, empowering women to voice their concerns in the public forum and taking decisions amongst the diverse community is still a challenge that needs to be addressed. Formation of women community groups have shown positive results in voicing the concerns of women. In the mixed group, the opinions and concerns of the male members always dominate. All women committees give women a platform to voice their concerns and put forth their issues, publicly. Formation of women groups and capacitating them by raising awareness on their rights on equality should be mainstreamed under any project activities, so that the women feel dignified, confident and empowered in partaking in all programme stages. Establishing networks of women’s groups at the community level can strengthen their voice and agency in the preparation of disaster preparedness plans, participation in implementation of those plans as well as monitoring and evaluating progress of such plans and follow-up for knowledge management.

**Ensuring GESI friendly communication**

- Orientation/training on Complaint Handling Mechanism (CHMs) to all staff and beneficiaries would institutionalise substantive recovery responses and ensure effectiveness and transparency of actions/activities of DCA. This would generate trust among the beneficiaries especially women who are hesitant to use formal channels such as complaint boxes or phone calls for registering their grievances. At the same, it would help to elevate the image of DCA as a responsible and accountable organisation and as a trusted partner of the community in resolving many GESI problems particularly related to VAW/GBV, untouchability, no access to information, resources and services, corruption etc and assure quality services to those most in need.

- Equal access to information of the programme activities is provisioned by DCA in its recovery strategy. However, the evaluation showed differing results. Women and marginalised need to

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1. 2015 State of the World Father’s Report
be targeted specifically in information sharing and dissemination. Although DCA was not directly involved in facilitating the orientation, and the responsibility was given to WCF, it is imperative that DCA, or the local partner organisation assures participation of women and other vulnerable groups and not rely on the discretion of WCF or other local governance bodies.