



REPORT

GENDER ANALYSIS OF OUTBREAK AND EPIDEMICS (O&E) AND DISASTER MANAGEMENT SECTOR IN SIERRA LEONE



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Content Contents

1. Executive Summary.....	3
2. Introduction	12
2.1 General Background.....	12
2.2 Sierra Leone Context	13
2.0 Purpose/ Objectives.....	16
3.0 Methodology	16
4.0 Presentation and Analysis of Data.....	17
4.1 Legislative and Policy Environment.....	17
4.2 Gender awareness and Sensitivity	24
4.2.1 Institutional/ Organizational Perspective.....	24
4.2.2 Community / field perspective.....	27
4.3 Budgeting and Financing DRM.....	29
5.0 Key Findings	31
6.0 Best practices/ Opportunities, Gaps / Challenges and Recommendations.....	35
6.1 Best Practices and Opportunities	35
6.2 Gaps and Challenges	38
6.3 Recommendations.....	39
7.0 Conclusion.....	42
8.0 Annexes	43
8.1: Proposed Acton Plan.....	45
8.2: List of Participants: KIIs and FGDs.....	47
8.3 Data Collection Tools: Questionnaire and Guidelines for FGDs.....	49

Executive Summary

Sierra Leone's tropical climate and geography leaves the population exposed to both natural hazards such as floods, landslides, tropical storms, as well as infectious disease outbreaks such as Ebola Virus Disease (EVD), Meningitis and Dengue Fever. From 2010 to 2019, natural disasters affected roughly 43.7 thousand people and claimed over 1,150 lives in Sierra Leone (EM-DAT, 2020). Recent major disasters are linked to episodes of heavy rain, including the 2019 flash floods in Freetown and the 2017 flood and Sugar Loaf landslide in the Western Area.

Climate-induced hazards such as floods, storms, droughts, and earthquakes are seemingly gender-neutral; however, the gendered impact of such hazards is more far-reaching. Natural disasters affect men, women, boys, and girls differently, even when they belong to the same household. This means that men, women, boys, and girls experience differential impacts of disasters and consequently have different needs.

It is also important to note that while investments have been made in country preparedness including the setting up of Emergency Operations Centers (EOC) and response planning, there is often no dedicated funding for countries for early response to outbreaks when they occur. Slow and unpredictable funding amplifies both the risk and impact of outbreaks. Moreover, countries with early warning and response systems for reporting and responding to outbreaks and epidemics rarely adequately consider gender differences in their interventions. Gender disparities, including access to resources and decision-making power, continue exacerbating the disease burden on women.

To better understand the context of Disaster Risk Management & Financing (DRM&F) and Outbreak and Epidemics (O&E) preparedness and response, the African Risk Capacity commissioned an in-depth gender analysis of the health sector from the O&E perspective and DRM&F to identify gaps & challenges and propose recommendations in policies, strategies and activities to ensure a gender-responsive and transformational DRM and public health sectors.

Through a mixed gender audit methodology that included desk review of existing literature, Key Informant Interviews and Focus Group Discussions in selected affected

communities, the analysis indicates the following key findings, gaps/ challenges and recommendations:

Key Findings

Outbreaks and disasters are not gender neutral.

The analysis established that women and men experienced disasters and outbreaks differently in the following ways:

- More women than men were affected by EVD with a sex differential incidence status of 56.7%for females and 43.3%for males respectively. This differentiated impact was attributed to socially prescribed gender norms and behavior that perpetuate gender inequality; the gendered division of labour between men and women; and gender-related differences in access to and control over productive resources including access to information on EVD prevention¹
- Moreover, as shared by EVD affected female participants, women's dignity and privacy often compromised during outbreaks as women, men., boys and girls patients were all put in the same ward without segregation and with no due regard that some were in their menstrual cycle; exposed and naked².
- Sharp decline in maternal health indicators during outbreaks. For instance, it was reported that during EVD outbreak, medical facilities were overwhelmed and the prevailing mistrust on health services and the fear of contracting EVD affected delivery of maternal health services. Expectant mothers sought help from mostly untrained Traditional Birth Attendants or even opted to deliver unattended thus risking their lives and that of the newborns³.
- Increased vulnerability to Gender based violence – disasters and disease outbreaks often aggravates pre-existing structural, social and economic vulnerabilities resulting in spike in GBV incidences. Public health emergency measures including closure of schools and 'lock downs' often disrupts existing GBV prevention and response programmes and leave women and girls exposed

¹ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

² FGD participant in Pate Bana

³ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

to heightened risk of GBV and pregnancy. Girls who were in school before outbreaks are particularly at a risk of losing out from continuing with their education when schools re-open as a result of pregnancy. Women and girls in quarantined homes had to negotiate with guards who were uniformed military or police stationed to guard their homes to get out of their homes to go fetch water or firewood with which to prepare food which was supplied to quarantined homes. The negotiation included paying the guards with money or in kind by returning favour for letting the women and girls in quarantined homes out of the homes. The in-kind return of favour included sexual favours or giving food or other valuables to the guards⁴

- Economic livelihoods – women mostly dominate in the informal sector as petty traders and small scale farmers. Disasters and outbreaks affect women's agricultural productivity and businesses. For instance, when there are lock downs and travelling restrictions, the impact of women's businesses is huge. Moreover, during disasters such as flooding, women's businesses are completely ruined / destroyed leaving them with little or no capital to continue their businesses or even repay loans taken to start up their businesses.

Gender Sensitivity and Awareness

Within the DRM and health (public health) sectors, there is appreciable knowledge and understanding of gender and the importance of integrating a gender perspective into Public Health Emergency and DRM programmes and activities. It was generally acknowledged that women are the most vulnerable and most affected by disease outbreaks and natural disasters. Also, women do not always share the same needs and interest and bringing a gender perspective into public health emergency and disaster response is crucial in addressing the needs and interest of all affected categories.

Support/ No resistance to gender equality

Generally, there is broad support and no internal resistance to gender equality vis-à-vis organizational culture, policies and procedures. As a demonstration of support and

⁴ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

commitment to gender equality, the NDMA and MOH/ National Public Health Agency have established Gender Units and /or assigned focal persons. The Units/ focal persons are charged with the responsibilities of promoting gender awareness / sensitivity and ensure full integration of gender perspectives into the policies, programmes and operations of the agencies.

Support for gender equality is also evident in the significant representation of women especially at leadership/ management levels. At the NDMA, 40% of employees at Senior Management levels are females and 50% managerial and programme staff at National Public Health Agency are females

Existing Institutional Policy and legislative frameworks on DRM and O&E are not gender responsive

Sierra Leone is state party to a number of global and regional policy frameworks on DRM and health including the Sendai Framework; 2030 Agenda for Sustainable Development Goals; African Union Programme of Action for Disaster Risk Reduction; and Africa Health Strategy (AHS) – 2016- 2030 among others.

Consequently, a number of legislative and policy frameworks established at national level such as National Disaster Management Agency Act, 2020; Public Health Act, 2022; National Disaster Risk Management Policy (NDRMP); and National Disaster Management Agency Strategic Plan (2020-2024). A gender analysis of the legislative and policy frameworks reveals lack of gender specific provisions.

It is however worthwhile to note that the expressed commitment (including assignment of gender focal persons in DRM and health sectors) and existing national legislative, policy and strategic frameworks for gender equality and women's empowerment such as the Gender Equality and Women's Empowerment Policy and Medium-Term National Development Plan (2023-2029) provides opportunities for integrating a gender perspective into DRM and Health emergencies. There are also promising gender mainstreaming initiatives from previous experiences in managing and responding to outbreaks such as the establishment of a Psycho-social, Gender and Child Protection Pillar during EVD; and assignment of a Gender Expert to the Strategic Planning and

Quality Assurance Unit of NaCOVERC to provide support to the COVID-19 response and ensure integration of gender into COVID-19 response.

Capacity for effective integration of gender in DRM and O&E.

There is reasonable level of capacity within the health (including Public Health Agency) and DRM sectors. With technical support from the Ministry of Gender and Children's Affairs, all Staff of the NDMA at Headquarter and the Regional offices have benefitted from a basic gender sensitivity training workshop. The workshop introduced staff of the Agency to basic concepts, legislative and policy frameworks relating to gender equality and women's empowerment. The Agency is further exploring opportunities for more in-depth capacity building training and technical support in developing gender responsive sector policies and plans.

In the health sector generally, focal persons at the Gender Unit within the Ministry of Health have also benefitted from an in-depth gender mainstreaming capacity building training that focused on building capacity for effective gender mainstreaming including gender analysis, planning and gender responsive budgeting.

Specific to the newly established Public Health Agency, whilst the focal person has reasonable knowledge of gender and the importance of integrating a gender perspective into public health emergency programmes, generally staff capacity within the organization requires upgrade.

DRM and Public Health financing/ Budgeting is Adhoc, Limited and not Gender – responsive

The National Disaster Management Act, 2020 and Public Health Act, 2022 respectively provide for the setting up of Disaster Management Fund and Public Health Emergency Trust Fund to address DRM and Public Health emergencies. Whilst the Government of Sierra Leone is yet to establish Disaster Management Fund, however there is commitment by the government of Sierra Leone to create an Emergency Trust Fund (ETF) to ring-fence up to \$10 million to be used solely in response to public health emergencies. Moreover, the Ministry of Finance is drafting a Disaster Risk Financing Strategy. The strategy would be the first of its kind for SL to provide finances for the

prevention and management of disasters and similar emergencies throughout Sierra Leone.

In spite of the aforementioned commitments especially through statutory provisions, DRM and Public health financing remains relatively low and at best adhoc. Major sources of funding for DRM and public health emergency programmes are the Government of Sierra Leone, UNDP, Goal, UNICEF and the World Bank.

There is no evidence of gender responsive budgeting in the DRM and public health emergency sector as gender responsive budgeting is a fairly new initiative that the government is gradually rolling out through the mandatory establishment of gender units in MDAs in line with the GEWE Act. The establishment of well-resourced and functional gender units in the DRM and Public health sectors will significantly improve the capacities to integrate gender perspective into DRM and public health preparedness and response through gender sensitive budgeting among others.

Gaps and Challenges

The following are major gaps identified in the analysis.

- Gender perspective not fully integrated into O&E and DRM legislative, policy and institutional frameworks. Apart from the GWE Act and Policy, existing legislative and policy frameworks within the O&E and DRM sectors do not have gender specific provisions. It is therefore necessary to review/ and formulate gender specific policies with clear gender mainstreaming actions. Moreover, although there are assigned gender focal persons within the DRM and health sectors, there is need to formalize and establish gender units as provided in the GEWE Act.
- Limited capacity to mainstream gender within the O&E and DRM sectors. Although few personnel (including gender focal persons) have benefitted from some basic gender training, capacity for effective mainstreaming of gender requires more comprehensive training for staff at all levels.

- No gender parity in relation to women's participation and representation especially at field levels. Although there are promising efforts in terms of women's representation at leadership levels and programme levels in the health and DRM sectors, generally women participation at community / field levels is low.
- Existence of social norms and practices that restricts women's role to predominantly reproductive (caring for household members) and limits participation and representation in public decision-making bodies. This is particularly evident in the FGD communities of Pate bana and Makeni where societal norms do not permit women to hold certain leadership positions including paramount chieftaincy. Whilst there is no overt denial of women's participation and leadership role in urban settings and other regions, women's overwhelming workload gives them little or no time to participate effectively in public/ community decision making bodies and mechanisms.
- In-effective mechanisms to prevent, mitigate and respond to gender-based violence especially sexual, exploitation and abuse during emergencies. Although laws exist and protection mechanisms established to prevent, mitigate and respond to GBV during emergencies, enforcement of the laws and effective functioning of the protection mechanisms was challenging as evident in previous outbreaks.

Key Recommendations

In view of the challenges aforementioned and consistent with existing gender mainstreaming guidelines prescribed in the GEWE Policy, the following actions are recommended:

Government of Sierra Leone:

Ministry of Finance

- Establish and operationalize the Disaster Management Fund and Public Health Emergency Trust Fund.

- Explore funding opportunity provided through ARC's Insurance Schem.to improve on funding capacity for the government can
- Effective roll-out Gender Responsive Budgeting in all sectors including Health and DRM sectors.

NDMA and Public Health Agency

- Review / formulate institutional policies with clear guidelines on integrating gender perspective into DRM and public health emergencies
- Formalize/ establish gender focal persons/ units at national and sub-national levels with clear terms of reference
- Build internal capacity for gender mainstreaming through staff training
- Promote community awareness / sensitization on the gendered impacts of disasters and disease outbreaks
- Promote women's participation and leadership at programme and operational / field levels

Ministry of Gender and Children's Affairs and Ministry of Social Welfare

- Provide capacity building / technical support to NDMA and Public Health agency – training workshops and advise on policy review / formulation
- Support NDMA and Public Health Agency in formalizing/ establishing Gender Focal Persons/ Units
- Promote community sensitization/ awareness on the gender impacts of disasters and outbreaks
- Strengthen effort to prevent and respond to SGBV in humanitarian and emergency contexts
- Promote women's participation and representation at all levels (including community-based structures and field staff) in line with the statutory minimum 30% guaranteed in the GEWE Act, 2022.

Civil Society Organizations/ Non- Government Organizations

- Sensitize and advocate for the full integration of gender perspective into DRM and public health emergency preparedness and response
- Provide capacity building / technical support to NDMA and Public Health agency – training workshops and advise on policy review / formulation

- Mobilize resources for addressing women's practical and strategic needs during emergencies
- Sensitize / train women on how to prevent, mitigate and respond to disasters and outbreaks
- Promote women's participation and representation at all levels (including community-based structures and field staff) in line with the statutory minimum 30% guaranteed in the GEWE Act, 2022.

Development Partners

- Mobilize and provide resources for the full integration of gender into DRM and public health emergency preparedness and response
- Provide technical and financing support to DRM and Public Health sector in respect of capacity building and review/ formulation of gender responsive policies.

1.0 Introduction

1.1 General Background

Climate-induced hazards such as floods, storms, droughts, and earthquakes are seemingly gender-neutral; however, the gendered impact of such hazards is more far-reaching. Natural disasters affect men, women, boys, and girls differently, even when they belong to the same household. This means that men, women, boys, and girls experience differential impacts of disasters and consequently have different needs. This situation has posed challenges to disaster management practitioners since information on the affected populations is often limited to consolidated numbers which seldom exceed the number of households. A better understanding of the drivers behind the differentiated impact of disasters between men, women, boys, and girls will help inform policy development and improvement and tailor interventions for strengthening resilience.

Climate change, economic uncertainties, new epidemics and food shortages are coming together in a way that evokes considerable concern. In addition, there are gender-based vulnerabilities to disasters which do not emanate from a single factor but reflect historical and culturally specific patterns of social institutions, culture, and personal lives. Gender equality is pivotal in building resilience and adaptation pathways in disaster risk management. Trends across the Global South show that disaster management and response, including management of disease outbreaks, is traditionally viewed as ‘men’s business’ – planned by men for men (World Bank 2011). Consequently, women’s needs are often not understood or addressed.

Africa’s inability to adequately respond to disease outbreaks is compounded by the continent’s existing gender inequalities, usually defined by roles and responsibilities assigned to men and women. These manifest as: discriminatory traditional and social norms, and power relations; disproportionate access to and control over resources, services, and technology; limited women’s decision-making and leadership; and unequal literacy and education levels. These inequalities amplify the impact of disease outbreaks

on girls and women, and deepen existing vulnerabilities, affecting the provision of other healthcare services such as immunizing children and women.

It is worthy to note that while investments have been made in country preparedness including the setting up of Emergency Operations Centers (EOC) and response planning, there is often no dedicated funding for countries for early response to outbreaks when they occur. Slow and unpredictable funding amplifies both the risk and impact of outbreaks. Moreover, countries with early warning and response systems for reporting and responding to outbreaks and epidemics rarely adequately consider gender differences in their interventions. Gender disparities, including access to resources and decision-making power, continue exacerbating the disease burden on women.

1.2 Sierra Leone Context

Sierra Leone is a small but densely populated country in West Africa with a population of approximately 7 million and a land area of 72,325 Km². The country is divided into five main geographical regions: the coastline, interior lowland plains, interior plateau, the mountains, and the Freetown Peninsula.

Sierra Leone has a tropical climate, alternating between dry and dusty periods (December to April) and rainy season (May to November) monsoons with torrential rains and flooding. The climate and geography of Sierra Leone leave the population exposed to both natural hazards such as floods, landslides, tropical storms, as well as infectious disease outbreaks such as Ebola Virus Disease (EVD), Meningitis and Dengue Fever. From 2010 to 2019, natural disasters affected roughly 43.7 thousand people and claimed over 1,150 lives in Sierra Leone (EM-DAT, 2020). Recent major disasters are linked to episodes of heavy rain, including the 2019 flash floods in Freetown and the 2017 flood and Sugar Loaf landslide in the Western Area. These disasters have caused severe economic damage and loss of lives with disproportionate effects on the poorest and most vulnerable particularly women and children.

The multi –sectoral impact assessment of the gender dimensions of the EVD in Sierra Leone (2014) established that women have been more infected by EVD than men reflecting a sex differential incidence status of 56.7% for females and 43.3% for males

respectively. This differentiated impact is traced to socially prescribed gender norms and behavior that perpetuate gender inequality; the gendered division of labour between men and women; and gender-related differences in access to and control over productive resources including access to information on EVD prevention⁵

Natural disasters and infectious disease outbreaks exacerbate women's existing socio-economic vulnerabilities such as a lack of education opportunities, lack of income generation or diversification for farming households, as well as food insecurity.

As a consequence of the socio-economic impact of natural disasters and disease outbreaks, Government has shown considerable desire to improve its disaster management structure through effective collaboration with international disaster management partners and adoption of internationally recognized standards and practices (notably the Sendai Framework). Consequently, legislative, policy and institutional frameworks and mechanisms have been established to effectively prevent, mitigate, and respond to epidemics and recover from their aftermath. The adoption of National Disaster Risk Management Policy (NDRMP) in 2018 was a major breakthrough in efforts to comprehensively prevent, mitigate and respond to disasters in Sierra Leone. The Policy inter alia establishes an institutional and operational framework for disaster prevention and response. It recognizes the multidisciplinary and multi-dimensional nature of DRM and urges development and humanitarian partners to cooperate with Government in building national and community resilience to disasters within the context of sustainable development.

To further strengthen national disaster prevention and response systems, the National Disaster Management Act was passed by the Parliament in 2020. The Act inter alia provides for the establishment of National Disaster Management Agency as the institutional architecture for the management of disasters and emergencies from the national to the chiefdom level. Beyond the establishment of the Agency, the Act establishes a multi- sectoral body called the National Platform for Disaster Risk

⁵ Multi-sectoral impact assessment of gender dimensions of EVD in Sierra Leone, 2014

Reduction, chaired by the Vice President and comprising of 33 representatives from Ministries, Departments, Agencies, and civil society. It is this Platform that has the primary responsibility for the coordination and management of national disasters.

The responsibility to prepare, prevent and manage infectious disease outbreaks sits with the Ministry of Health (MoH) in particular the Public Health National Emergency Operations Center (PHNEOC). The PHNEOC was established in January 2016 as a response to the 2014-2016 Ebola Outbreak with a mandate to lead all public health emergencies as well as coordination in conjunction with the Office of National Security. In 2023, the Government of Sierra Leone has through a Public Health Act, transformed the Public Health National Emergency Operations Center into an independent National Public Health Agency with clearly distinct governance structure and budget.

Although financing for DRM and disease outbreak remains a challenge, there is commitment by the government of Sierra Leone to create an Emergency Trust Fund (ETF) to ring-fence up to \$10 million to be used solely in response to public health emergencies. The Government is also exploring innovative ways to use corporate tax instruments to mobilize resources for this fund. Moreover, the Ministry of Finance is drafting a Disaster Risk Financing Strategy. The strategy would be the first of its kind for SL, as thus far, disaster risk financing has been ad hoc. The Ministry identified the World Bank and IMF as its key partners and, beyond financing, identified capacity building as a critical area of interest.

The formulation of the Gender Equality and Women's Empowerment (GEWE) Policy in 2020 and subsequent passage of the GEWE Act in 2022 represent significant milestones in efforts to integrate a gender perspective in DRM and O&E prevention and response. The GEWE Policy provides for the review and/or implementation of guidelines for increasing women's active and effective participation in environmental and disaster management initiatives; and effective mainstreaming of gender perspectives into humanitarian disaster interventions. The GEWE Act inter alia provides for the establishment of Gender Units within the Planning Directorates of Ministries, Department

and Agencies (MDAs). The establishment of gender units in MDAs will ensure effective gender mainstreaming across all sectors.

2.0 Purpose / Objectives

The general objectives are:

- I. To conduct an in-depth gender analysis of the health sector from the Outbreak and Epidemics (O&E) perspective with a view to identify gaps & challenges and propose recommendations for gender integration in O&E towards gender transformation of the sector.
- II. To carry out an in-depth gender analysis on Disaster Risk Management & Financing (DRM&F) to identify gaps & challenges and propose recommendations in policies, strategies and activities to ensure a gender-responsive and transformational DRM sector

2.0 Methodology

A participatory gender audit approach that involves the active participation of stakeholders in the Gender, DRM and O&E sectors and affected communities at national and sub-national levels was employed. To generate both primary and secondary data the following data collection approaches were utilized:

1. **Review and desk research** of relevant documents to generate baseline/ secondary data and background information. This involves in-depth gender analysis of legislative, policy, institutional frameworks and mechanisms established for prevention, management and response to O&E and Disasters within the Sierra Leone Context.
2. **Key informant Interviews (KIIs)** with key national level stakeholders in the Gender, DRM, O&E sectors. Apart from generating primary data, the KIIs further created opportunity to validate secondary data generated through desk/ literature review of policy documents and reports. Sector specific questionnaire/ interview guides were developed and administered.
3. **Focus Group Discussions (FGDs)** with community members/leaders; women's groups and health practitioners at the sub-national level (district/community level).

The FGDs generated baseline data on men and women's experiences and perspectives in respect of O&E and Disasters. The FGDs involved field work in Bombali District (Pate Bana and Makeni) and 2 communities in the Western Area Urban (Culvert and Kroo Bay communities). The choice of communities reflects their vulnerability and experience of Disease outbreaks (EVD) and disasters (flooding).

For instance, the Pate Bana community in Bombali District was severely ravaged by the 2014-2016 EVD outbreak with approximately 70% of residents infected and /or affected. Culvert and Kroo Bay communities in the western area urban are disaster prone communities with recurring incidences of flooding. A total of 4 FGDs were held (1 in each community) targeting 40 participants (10 per session). Participants were drawn mainly from the following categories: community leaders, women's groups, health practitioners, disaster preparedness and response officials, related CSOs/ NGOs; EVD Survivors.

4.0 Presentation and Analysis of Data

The study examines the capacity of the health (Public Health) and Disaster Management sectors to effectively integrate gender perspective into public health emergency and disaster risk management programmes. A gender audit of institutional policies, programmes, personnel, knowledge and sensitivity to gender issues indicates as follows:

4.1 Legislative, Policy and Institutional Frameworks

4.1.1 Global and Regional Frameworks

Sierra Leone's national legislative and policy frameworks are aligned with global and regional frameworks that the country has acceded to. The following are some of the major global and regional policy frameworks on DRM, Health and Gender Equality.

Sendai Framework for Disaster Risk Reduction

The Sendai Framework is the successor instrument to the Hyogo Framework for Action (HFA) 2005-2015: Building the Resilience of Nations and Communities to Disasters. It was endorsed by the UN General Assembly following the 2015 Third UN World

Conference on Disaster Risk Reduction (WCDRR). Unlike Hyogo framework, the Sendai Framework is a significant shift from disaster management to disaster risk management. It aims to achieve the substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries over the next 15 years.

The Framework outlines seven clear targets and four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction.

The Framework recognizes that the State has the primary role to reduce disaster risk but that responsibility should be shared with other stakeholders including local government, the private sector and other stakeholders. It also requires empowerment and inclusive, accessible and nondiscriminatory participation with special attention to people disproportionately affected by disasters, especially the poorest. A gender, age, disability and cultural perspective should be integrated in all policies and practices, and women and youth leadership should be promoted⁶.

2030 Agenda for Sustainable Development Goals

Adopted by all United Nations Member States in 2015, provides a shared blueprint for peace and prosperity for people and the planet, now and into the future. At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries in a global partnership. It recognizes that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality, and spur economic growth while tackling climate change and working to preserve our oceans and forests.

⁶ Sendai Framework for Disaster Risk Reduction

The 2030 Agenda for Sustainable Development further recognizes and reaffirms the urgent need to reduce the risk of disasters and considers Disaster Risk Reduction (DRR) as an integral part of social and economic development and is essential to ensure the sustainability of future development. Whilst there is a specific commitment to gender equality and women's empowerment (SDG 5), gender is mainstreamed across all the SDGs.

African Union Programme of Action for Disaster Risk Reduction

Following the adoption of Sendai framework, the African Union Commission led the continent in development of the Programme of Action (PoA) for implementation of Sendai Framework for Disaster Risk Reduction 2015-2030 in Africa.

The PoA is the strategic plan for the implementation of the Sendai Framework in Africa and provides guidance and direction for actions by all at the continental, regional, national and sub-national/local levels in Africa to prevent and reduce the risk of disasters for resilience in line with the Sendai Framework.

At the level of States, the PoA provides elements of and guidance for national DRR programmes, which countries can benefit from. It is not a replacement of regional and national initiatives and plans but seeks to support them by identifying continental, regional, national and sub-national/local priorities needed to strengthen those actions. Civil Society Organizations (CSOs), including Non-Governmental Organizations (NGOs), women-led community-based organizations (CBOs), children and youth, and the private sector, other partners and stakeholders, are encouraged to align their DRR strategies and programmes to the PoA to ensure coherence of DRR in Africa⁷.

The PoA provides greater opportunity for Africa to strengthen its resilience to multiple hazards to realize Agenda 2063's aspiration of a prosperous Africa based on inclusive growth and sustainable development and to substantially reduce disaster losses in Africa

⁷ AU Programme of Action for Disaster Risk Reduction

by 2030. In addition to the Sendai Framework's targets, the PoA has 5 additional Africa-specified targets.

Africa Health Strategy (AHS) – 2016- 2030

The first Africa Health Strategy (AHS) -2007- 2015 was developed in 2007 and adopted by the 11th Session of the Ordinary Executive Council in 2008. At the 1st African Union Specialized Technical Committee on Health, Population and Drug Control (STC-HPDC) in 2015, it was recommended that a revised Africa Health Strategy be developed for the period 2016 -2030 based on an assessment of the previous strategy, the relevant AU health policy instruments and integrating research and innovation for health.

The AHS is an over-riding document intended to further enhance commitments to global and continental instruments and offers a cohesive and consolidative platform encompassing all such commitments and strategies in the health sector. The overall objective is to strengthen health systems performance, increase investments in health, improve equity and address social determinants of health to reduce priority diseases burden by 2030⁸.

The AHS 2016 - 2030 provides strategic direction to Africa's Member States in their efforts in creating better performing health sectors, recognizes existing continental commitments and addresses key challenges facing efforts to reduce the continent's burden of disease mainly by drawing on lessons learned and taking advantage of the existing opportunities.

As the primary consolidative document for all African commitments in the health sector, the added value of AHS 2016 - 2030 is its ability to inspire, guide and highlight strategic directions relevant to all Member States.

Gender Equality and Women's Empowerment Frameworks

⁸ Africa Health Strategy

Sierra Leone has acceded to a number of global and regional policy frameworks on gender equality and women's empowerment including the following:

- United Nations Convention on the Elimination of all forms of Discrimination against women (CEDAW) adopted by the UN General Assembly in 1979.
- Beijing Declaration and Platform for Action adopted at the Fourth World Conference of Women in 1985
- Sustainable Development Goals – Goal 5: Gender Equality and Women's Empowerment.
- United Nations Security Council Resolutions 1325 on Women Peace and Security (UNSCR 1325) adopted in 2002 and its subsequent resolutions
- The Protocol to the African Charter on Human and Peoples Rights on the Rights of Women in Africa (Maputo Protocol) adopted in 2003
- The AU Heads of States Solemn Declaration on Gender Equality, 2005

4.1.2 National Legislative, Policy and Strategic Frameworks.

National legislative, policy and institutional frameworks include the following:

National Disaster Management Agency Act, 2020 – the Act importantly provides for the establishment of the National Disaster Management Agency to manage disasters and similar emergencies throughout Sierra Leone and establish a National Disaster Management Fund to provide finances for the prevention and management of disasters and similar emergencies throughout Sierra Leone,

The Public Health Act, 2022 repealed and replaced the Public Health Act, 1960 and provides inter alia for the promotion, protection and improvement of public health and wellbeing in Sierra Leone; and prevention and control of the spread of infectious disease. The Act provide for the establishment of National Public Health Agency by transforming the then Directorate of Health Securities and Emergency into an autonomous Agency responsible for management of all public health emergencies.

Additionally, the Act provides for the setting up of the Public Health Emergency Trust Fund ring-fenced for public health emergency response.

Gender Equality and Women's Empowerment Act, 2022

The Act essentially provides for a minimum 30% female representation in all public and political decision-making offices; gender equality in employment; equal access to finance and gender mainstreaming across Ministries, Departments and Agencies of government.

Other existing gender responsive laws include:

- Sexual Offences Act, 2012 as amended in 2019;
- Domestic Violence Act, 2007,
- Devolution of Estates Act, 2007,
- Registration of Customary Marriages and Divorce Act, 2009
- Customary Land Rights Act, 2022

National Disaster Risk Management Policy (NDRMP) adopted in 2018. The Policy inter alia establishes an institutional and operational framework for disaster prevention and response. It recognizes the multidisciplinary and multi-dimensional nature of DRM and urge development and humanitarian partners to cooperate with Government in building national and community resilience to disasters within the context of sustainable development.

Gender Equality and Women's Empowerment (GEWE) Policy, 2020

The GEWE Policy defines Government's overarching priorities for gender equality and women's empowerment. The Policy articulated 13 strategic objectives/ priority areas covering all sectors. Priority areas linked with the subject matter are:

- Gender, the environment and disaster Management (**Priority 6**); and
- Building women's capacity, leadership and resilience to cope with humanitarian disasters (**Priority 13**).

The priority areas among other things provide for the review and/or implementation of guidelines for increasing women's active and effective participation in environmental and

disaster management initiatives; and effective mainstreaming of gender perspectives into humanitarian disaster interventions.

Sierra Leone's Medium Term National Development Plan (2024-2030)

The successor Medium Term National Development Plan encapsulates the 5 Big Changers:

- Feed Sierra Leone
- Human Capital Development
- Youth Employment Scheme
- Infrastructure, technology and innovation
- Transforming the Public Service Architecture

Advancing Climate resilience and environment action is articulated as enabler 4 with specific focus on building national environment resilience and disaster management and governance. Gender mainstreaming is also articulated as an enabler with focus on mainstreaming gender across the 5 big changers.

National District Management Agency Strategic Plan (2020-2024).

The objective is to optimize DRM coordination and commitment through clearly defined and coordination framework and operational mechanism by ensuring that stakeholders are prepared to prevent and respond to disasters that are beyond the capacity of central, local and decentralized systems. The Plan elaborate 7 key priority areas:

- I. Development of institutional framework and structures capable of preventing, preparing for and responding to disasters at national, regional and local levels.
- II. Integration of DRR into sustainable policies and plans.
- III. Creation of a body of knowledge that is useful to support government, humanitarian organizations and other partners; to anticipate, plan for and manage disasters effectively. Interventions in this area will aim at developing and improving on effective early warning systems, development of a comprehensive data-base, system development, conduct surveys and develop communication channels.

- IV. Create broad and effective partnership among government, humanitarian organizations and other partners, to engage in disaster risk reduction activities and addressing the underlying factors in disasters.
- V. Develop an efficient response mechanism to disaster management and make available the necessary resources interventions with the aim of building capacities at all levels; develop strategies for resource mobilization and for monitoring and evaluation
- VI. Strengthen national capacity in the timely detection, prevention, control, investigation and reporting of diseases within animal and human populations.
- VII.** Introduction of regional and international best practices in disaster and risk reduction management.

4.2 Gender Sensitivity and Awareness

Gender sensitivity was examined from both organizational / institutional and field / operational perspectives. At institutional levels, the study examines institutional culture vis-à-vis internal support/commitment or resistance to gender issues and capacity for integrating gender into Public Health Emergency and DRM programmes and activities. At operational/ field levels, the analyses draw on the perspective and experiences of communities affected by recent disease and disaster outbreaks.

4.2.1 Organizational/ Institutional Perspective

4.2.1.1 Understanding of Gender

Key informants from the National Disaster Management Agency, Ministry of Health/ National Public Health Agency expressed appreciable knowledge and understanding of gender and the importance of integrating a gender perspective into Public Health Emergency and DRM programmes and activities. Respondents noted inter alia that women are the most vulnerable and most affected by disease outbreaks and natural disasters. Women's vulnerability attributed largely to the gendered division of labour where women are tasked predominantly with care-giving responsibilities at household and community levels. Respondents furthered that women and men do not always share the same needs and interest and bringing a gender perspective into public health

emergency and disaster response is crucial in addressing the needs and interest of all affected categories.

4.2.1.2 Existence of Gender Responsive Legislative and Policy Frameworks

Existing legislations and policies in the public health and DRM sectors do not have specific gender provisions. However, the GEWE Policy (2020) and the GEWE Act (2020) provides broad –based national guidelines for gender mainstreaming across all sectors including the DRM and Public Health sectors. Priority 6 and 13 of the GEWE Policy respectively focus on Gender, the environment and disaster Management; and Building women's capacity, leadership and resilience to cope with humanitarian disasters. The priority areas among other things provide for the review and/or implementation of guidelines for increasing women's active and effective participation in environmental and disaster management initiatives; and effective mainstreaming of gender perspectives into humanitarian disaster interventions.

4.2.1.3 Support / No Resistance to Gender

Key Informants from the National Disaster Management Agency, Ministry of Health/ National Public Health Agency expressed strong and sincere commitments to gender equality. Gender is perceived as a core priority within the broader framework of public health emergency response and disaster Risk Management (DRM).

In particular, Key Informants from NDMA informed that the Agency's mandate and operations aligns with the Sendai Framework for Action (2015-2030) which inter alia calls for gender mainstreaming into all Disaster Risk Management (DRM) activities.

Generally, there is broad support and no internal resistance to gender equality vis-à-vis organizational culture, policies and procedures. As a demonstration of support and commitment to gender equality, the NDMA and MOH/ National Public Health Agency have established Gender Units and /or assigned focal persons. The Units/ focal persons are charged with the responsibilities of promoting gender awareness / sensitivity and

ensure full integration of gender perspectives into the policies, programmes and operations of the agencies.

Support for gender equality is also evident in the significant representation of women especially at leadership/ management levels. At the NDMA, it was noted that the Agency support and gives opportunity to women to be part of the decision-making process and access to senior positions and handle critical assignment with females constituting 40% of employees at Senior Management levels. Gender parity is also evident in the newly established National Public Health Agency with reportedly 4 out of 8 Managers being females and approximately 50% of staff at programme level also being females.

Whilst acknowledging institutional support for gender equality and mainstreaming, it is important to note that existing policies and legislative frameworks within the DRM and health sectors are not gender responsive with no gender specific provision in any of the policy and legislative frameworks. However, the establishment/ assignment of gender units/ or focal persons' present opportunity for review/ alignment of sector-specific frameworks with national gender equality frameworks. Already, there are ongoing engagements with the Ministry of Gender and Children's Affairs for technical support and guidance in the development and/or review of gender responsive policies in the DRM and Public Health sectors.

4.2.1.4 Capacity for Integrating Gender perspective

There is reasonable level of capacity within the health (including Public Health Agency) and DRM sectors. With technical support from the Ministry of Gender and Children's Affairs, all Staff of the NDMA at Headquarter and the Regional offices have benefitted from a basic gender sensitivity training workshop. The workshop introduced staff of the Agency to basic concepts, legislative and policy frameworks relating to gender equality and women's empowerment. The Agency is further exploring opportunities for more in-depth capacity building training and technical support in developing gender responsive sector policies and plans.

In the health sector generally, focal persons at the Gender Unit within the Ministry of Health have also benefitted from an in-depth gender mainstreaming capacity building

training that focused on building capacity for effective gender mainstreaming including gender analysis, planning and gender responsive budgeting.

Specific to the newly established Public Health Agency, whilst the focal person has reasonable knowledge of gender and the importance of integrating a gender perspective into public health emergency programmes, generally staff capacity within the organization requires upgrade.

4.2.1.5 Gender Perspective in O&E Response and DRM

From the perspective of the health (Public Health) and DRM sectors, response to disease outbreaks and disasters have often been informed by considerations of the differential impacts and needs of affected persons resulting from their gender/ sex among other factors. Examples of gender responsive mechanisms included: the establishment of a Gender, Psycho-social Pillar as part of the National Ebola Response and assignment of a Gender Specialist to the National CoVID 19 Response team; collection of sex disaggregated data for all affected persons ; addressing specific needs of pregnant and lactating mothers and provision of dignity kits (sanitary pads) to affected females; establishment of protection desk to prevent and respond to issues of SGBV in facilities established for temporary placement of disaster affected persons; inclusion /participation of women in Disaster Management Communities established at national and sub-national levels (including disaster prone communities).

4.2.2 Community / Field Perspective

Community / field perspective generated from the focus group discussions held in 4 communities (2 rural and 2 urban-slum communities). The FGDs essentially sought to understand communities' perception about gender and social norms in the context of disease outbreak and disasters; and disaster response from a gender perspective.

4.2.2.1: Gender and social norms

The general perception among FGD participants was that gender (social norms) is among the factors that determines vulnerability to disease outbreak and disasters. Reflecting on the experiences of Ebola Viral Disease outbreak in 2015-2016, participants at the FGDs

in Pate Bana community and Makeni acknowledged that women were mostly affected by disease outbreaks as a result of social norms and expected gender roles which includes taking care of family (including attending to the sick). Sharing their experience of the EVD outbreak, female respondents recalled how women, men., boys' and girls' patients were all put in the same ward without segregation and some women were naked and in their menstrual cycle. Moreover, as indicated in the Multi-Sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD), women and girls in quarantined homes had to negotiate with guards who were uniformed military or police stationed to guard their homes to get out of their homes to go fetch water or firewood with which to prepare food which was supplied to quarantined homes. The negotiation included paying the guards with money or in kind by returning favour for letting the women and girls in quarantined homes out of the homes. The in-kind return of favour included sexual favour or giving food or other valuables to the guards⁹ The assessment further established that EVD brought about sharp decline in maternal and child health indicators. With medical facilities overwhelmed and the prevailing mistrust on health services and the fear of contracting EVD, the health seeking behavior of affected communities generally, and of women in particular and especially expectant mothers, were negatively impacted. Expectant mothers opted to seek help from Traditional Birth Attendants (TBAs) some of whom are untrained. A considerable number even opted to deliver unattended thus risking their lives and that of the newborns. ¹⁰

Similar experience was shared by participants at the disaster-prone slum communities at Culvert and Kroo Bay who also expressed that during the 2015 and 2017 devastating floods, most of the affected persons were women and gender (social norms) was a major determinant. In those communities' women are the mostly defacto breadwinners and engaged mostly in small scale businesses which were completely ruined during outbreaks. According to a female FGD participant "*Some husbands were with their other wives outside the community when the flooding occurred leaving only the wives to secure the lives and properties in the household*".

⁹ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

¹⁰ *ibid*

Participants further acknowledged that women and men affected by disasters and disease outbreaks mostly have different needs resulting from sex/ gender differences. For instance, whilst all affected persons (irrespective of sex / gender) may require clothing, food, medical supplies and where necessary relocation/ placement to temporary shelters, women who are pregnant, lactating or have started experiencing monthly menstrual cycle, have special needs. Moreover, in temporary settlements, women will require protection or security from abuse and violence including sexual, gender-based violence.

4.2.2.2 Assessment of O&E and DRM programmes from a gender perspective

Communities generally acknowledged some efforts at integrating gender perspective into O&E response and DRM at operational levels through multi-sectoral approach coordinated by the relevant government agencies and included UN Agencies and NGOs. Such efforts include sex-disaggregation of data for affected persons; provision of psycho-social support taking into account special needs of pregnant and lactating women; dignity kits (including sanitary pads) for women, water and sanitation facilities with separate toilets for males and females in temporary settlements; inclusion/ participation of women in disaster management communities at community levels although there is no gender parity in terms of representation.

On SGBV prevention and response, it was observed that women are more vulnerable during outbreaks and disasters. Disasters and disease outbreaks often aggravate pre-existing structural, social and economic vulnerabilities resulting in spike in GBV incidences. Public health emergency measures including closure of schools, travelling restrictions and confinement/lockdowns often disrupts existing GBV prevention and response programmes and leave women and girls exposed to heightened risk of GBV and pregnancy. Girls who were in school before outbreaks are particularly at a risk of losing out from continuing with their education when schools re-open as a result of pregnancy.

4.3: Budgeting / Financing O&E and DRM

The National Disaster Management Act, 2020 and Public Health Act, 2022 respectively provide for the setting up of Disaster Management Fund to provide finances for the prevention and management of disasters and similar emergencies throughout Sierra Leone; and Public Health Emergency Trust Fund ring-fenced for public health emergency response.

Whilst the Government of Sierra Leone is yet to establish Disaster Management Fund, however there is commitment by the government of Sierra Leone to create an Emergency Trust Fund (ETF) to ring-fence up to \$10 million to be used solely in response to public health emergencies. Moreover, the Ministry of Finance is drafting a Disaster Risk Financing Strategy. The strategy would be the first of its kind for SL, as thus far, disaster risk financing has been ad hoc.

Major sources of funding for DRM and public health emergency programmes are the Government of Sierra Leone, UNDP, Goal, UNICEF and the World Bank.

It was also acknowledged that funding is grossly inadequate and there is no evidence of the application of gender responsive budgeting in the DRM and public health emergency responsive programmes.

Gender responsive budgeting is a fairly new initiative that is government is gradually rolling out through the mandatory establishment of gender units in MDAs in line with the GEWE Act. The establishment of well-resourced and functional gender units in the DRM and Public health sectors will significantly improve the capacities to integrate gender perspective into DRM and public health preparedness and response through gender sensitive budgeting among others.

5.0 Key Findings

5.1 Outbreaks and disasters are not gender neutral.

The analysis established that women and men experienced disasters and outbreaks differently in the following ways:

More women than men affected as evident in the EVD outbreak with a sex differential incidence status of 56.7% for females and 43.3% for males respectively. This differentiated impact was attributed to socially prescribed gender norms and behavior that perpetuate gender inequality; the gendered division of labour between men and women; and gender-related differences in access to and control over productive resources including access to information on EVD prevention¹¹

Moreover, as shared by EVD affected female participants, women's dignity and privacy often compromised during outbreaks as women, men, boys and girls' patients were all put in the same ward without segregation and with no due regard that some were in their menstrual cycle; exposed and naked¹².

Sharp decline in maternal health indicators during outbreaks. For instance, it was reported that during EVD outbreak, medical facilities were overwhelmed and the prevailing mistrust on health services and the fear of contracting EVD affected delivery of maternal health services. Expectant mothers sought help from mostly untrained Traditional Birth Attendants or even opted to deliver unattended thus risking their lives and that of the newborns¹³.

¹¹ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

¹² FGD participants in Pate Bana

¹³ Multi-sector Impact Assessment of Gender Dimensions of the Ebola Virus Disease (EVD)

Increased vulnerability to Gender based violence – Disasters and disease outbreaks often aggravates pre-existing structural, social and economic vulnerabilities resulting in spike in GBV incidences. Public health emergency measures including closure of schools and ‘lock downs’ often disrupts existing GBV prevention and response programmes and leave women and girls exposed to heightened risk of GBV and pregnancy. Girls who were in school before outbreaks are particularly at a risk of losing out from continuing with their education when schools re-open as a result of pregnancy. Women and girls in quarantined homes had to negotiate with guards who were uniformed military or police stationed to guard their homes to get out of their homes to go fetch water or firewood with which to prepare food which was supplied to quarantined homes. The negotiation included paying the guards with money or in kind by returning favour for letting the women and girls in quarantined homes out of the homes. The in-kind return of favour included sexual favours or giving food or other valuables to the guards¹⁴

Effect on Economic livelihoods – women mostly dominate in the informal sector as petty traders and small-scale farmers. Disasters and outbreaks affect women’s agricultural productivity and businesses. For instance, when are lock downs and travelling restrictions, the impact of women’s businesses is huge. Moreover, during disasters such as flooding, women’s businesses are completely ruined / destroyed leaving them with little or no capital to continue their businesses or even repay loans taken to start up their businesses.

5.2 Gender Sensitivity and Awareness

Within the DRM and health (public health) sectors, there is appreciable knowledge and understanding of gender and the importance of integrating a gender perspective into Public Health Emergency and DRM programmes and activities. It was generally acknowledged that women are the most vulnerable and most affected by disease outbreaks and natural disasters. Also, women do not always share the same needs and interest and bringing a gender perspective into public health emergency and disaster response is crucial in addressing the needs and interest of all affected categories.

6.3 Support/ No Resistance to gender

¹⁴ ibid

Generally, there is broad support and no internal resistance to gender equality vis-à-vis organizational culture, policies and procedures. As a demonstration of support and commitment to gender equality, the NDMA and MOH/ National Public Health Agency have established Gender Units and /or assigned focal persons. The Units/ focal persons are charged with the responsibilities of promoting gender awareness / sensitivity and ensure full integration of gender perspectives into the policies, programmes and operations of the agencies.

Support for gender equality is also evident in the significant representation of women especially at leadership/ management levels. At the NDMA, 40% of employees at Senior Management levels are females and 50% managerial and programme staff at National Public Health Agency are females.

5.4 Existing Institutional Policy and legislative frameworks on DRM and O&E not gender responsive

Sierra Leone is state party to a number of global and regional policy frameworks on DRM and health including the Sendai Framework, 2030 Agenda for Sustainable Development Goals; African Union Programme of Action for Disaster Risk Reduction; and Africa Health Strategy (AHS) – 2016- 2030 among others.

Consequently, a number of legislative and policy frameworks established at national levels such as National Disaster Management Agency Act, 2020; Public Health Act, 2022; National Disaster Risk Management Policy (NDRMP); and National District Management Agency Strategic Plan (2020-2024). A gender analysis of the legislative and policy frameworks reveals lack of gender specific provisions.

It is however worthwhile to note that the expressed commitment (including assignment of gender focal persons in DRM and health sectors) and existing national legislative, policy and strategic frameworks for gender equality and women's empowerment such as the Gender Equality and Women's Empowerment Policy and Medium-Term National Development Plan (2023-2029) provides opportunities for integrating a gender perspective into DRM and Health emergencies. There are also promising gender mainstreaming initiatives from previous experiences in managing and responding to

outbreaks such as the establishment of Psycho-social, Gender and Child Protection Pillar during EVD; and assignment of a Gender Expert to the Strategic Planning and Quality Assurance Unit of NaCOVERC to provide support to the COVID-19 response and ensure integration of gender into COVID-19 response.

5.5 Capacity for effective integration of gender in DRM and O& E.

There is reasonable level of capacity within the health (including Public Health Agency) and DRM sectors. With technical support from the Ministry of Gender and Children's Affairs, all Staff of the NDMA at Headquarter and the Regional offices have benefitted from a basic gender sensitivity training workshop. The workshop introduced staff of the Agency to basic concepts, legislative and policy frameworks relating to gender equality and women's empowerment. The Agency is further exploring opportunities for more in-depth capacity building training and technical support in developing gender responsive sector policies and plans.

In the health sector generally, focal persons at the Gender Unit within the Ministry of Health have also benefitted from an in-depth gender mainstreaming capacity building training that focused on building capacity for effective gender mainstreaming including gender analysis, planning and gender responsive budgeting.

Specific to the newly established Public Health Agency, whilst the focal person has reasonable knowledge of gender and the importance of integrating a gender perspective into public health emergency programmes, generally staff capacity within the organization requires upgrade.

5.6 DRM and Public Health financing/ Budgeting is Adhoc, Limited and not Gender – responsive

The National Disaster Management Act, 2020 and Public Health Act, 2022 respectively provide for the setting up of Disaster Management Fund and Public Health Emergency Trust Fund to address DRM and Public Health emergencies. Whilst the Government of Sierra Leone is yet to establish Disaster Management Fund, however there is commitment by the government of Sierra Leone to create an Emergency Trust Fund

(ETF) to ring-fence up to \$10 million to be used solely in response to public health emergencies. Moreover, the Ministry of Finance is drafting a Disaster Risk Financing Strategy. The strategy would be the first of its kind for SL to provide finances for the prevention and management of disasters and similar emergencies throughout Sierra Leone.

In spite of the aforementioned commitments especially through statutory provisions, DRM and Public health financing remains relatively low and at best adhoc. Major sources of funding for DRM and public health emergency programmes are the Government of Sierra Leone, UNDP, Goal, UNICEF and the World Bank. There is no evidence of gender responsive budgeting in the DRM and public health emergency sector as gender responsive budgeting is a fairly new initiative that the government is gradually rolling out through the mandatory establishment of gender units in MDAs in line with the GEWE Act. The establishment of well-resourced and functional gender units in the DRM and Public health sectors will significantly improve the capacities to integrate gender perspective into DRM and public health preparedness and response through gender sensitive budgeting among others

6.0 Best practices/ Opportunities, Gaps / Challenges and Recommendations

6.1 Best Practices and Opportunities

This section explores best practices and existing opportunities for integrating a gender perspective in O&E and DRM. It details existing legislative and policy frameworks and promising experiences from recent disease outbreaks.

6.1.1 Best Practices

Assignment of Gender Expert to the Strategic Planning and Quality Assurance Unit of NaCOVERC.

With support from UNWOMEN, the Ministry of Gender and Children's Affairs assigned a Gender Expert to the Strategic Planning and Quality Assurance Unit of NaCOVERC to provide support to the COVID-19 response and ensure integration of gender into COVID-19 response in the following ways:

- collect, analyze and disaggregate data in order to respond to gender-specific needs of women and girls, boys and men.
- Develop and avail programming tools to the EOC and the Response Pillars to be used in gender mainstreaming into the response
- Develop programmatic indicators for each Covid-19 Pillar and ensure these are implemented and monitored throughout the response mechanisms and processes
- Collect, analyze, synthesize relevant information/data emanating from each Pillar and with guidance on key actions to be taken with each Pillar and in liaison with the EOC

Although there was no standalone / specific pillar on gender, gender mainstreaming was ensured across the Case Management, Psychosocial, Risk Communications and Quarantine pillars as detailed above.

COVID-19 Emergency Cash Transfer Programme

The COVID- 19 Emergency Cash Transfer Programme was introduced in June 2020 following the declaration of National Health Emergency. The programme was managed by the National Commission for Social Action (NaCSA) with World Bank and UNICEF's support. It was designed to reach out to the extremely poor population with cash disbursements during the time of the pandemic. Under this programme, 29,000 heads of households of informal workers in urban areas received a one off Le1,309,000 (USD\$ 135) disbursement.

A scoring matrix based on ten assessment areas of potential vulnerability, was used to consider whether a person is eligible. A score of more than seven vulnerabilities means an individual is eligible for support. Women heads of households constituted approximately 65% of the beneficiaries of Emergency Cash Transfer. The Emergency Cash Transfer has been fully integrated into NaCSA's Social Protection Programme to cater for vulnerable households especially during emergencies and outbreaks.

Three (3) months Moratorium on micro-credit repayment - as part of efforts to mitigate the impact of COVID -19 especially on entrepreneurs, the Government of Sierra Leone through the Central Bank imposed a 3 months' moratorium on the repayment of micro-credits whose beneficiaries are mostly women. That action eased the burden of

repayment of loans and micro-credit for businesses that were largely affected by the pandemic and its attendant impacts including travelling restrictions and temporary closure of business.

6.1.2 Opportunities

GEWE Act, 2022

In addition to providing for minimum 30% in political and public offices, the GEWE Act establish mechanisms for mainstreaming gender across Ministries, Departments and Agencies of government. In particular, the Act provides for the establishment of Gender Units within the Planning Directorates of all MDAs. Consequently, all Ministries including the MoH have established gender units. The Gender Units are tasked with mainstreaming gender within sectoral policies, programmes and plans including gender responsive budgeting. As agencies of government, the NDMA and Public Health Agency are expected to establish gender units or assign gender focal persons.

GEWE Policy, 2020

The GEWE Policy defines Government's overarching priorities for gender equality and women's empowerment. The Policy articulated 13 strategic objectives/ priority areas covering all sectors. Priority areas linked with the subject matter are:

- Gender, the environment and disaster Management (Priority 6);
- Building women's capacity, leadership and resilience to cope with humanitarian disasters (Priority 13).

The priority areas among other things provide for the review and/or implementation of guidelines for increasing women's active and effective participation in environmental and disaster management initiatives; and effective mainstreaming of gender perspectives into humanitarian disaster interventions. Strategic actions proposed in the GEWE Policy include:

- Address root causes and structural barriers limiting women's participation in disaster risk reduction decision-making and humanitarian response, including the burden of unpaid care work;
- Invest in capacities, systems and tools for the collection and use of sex, age and disability disaggregated data across the humanitarian-peace-development nexus, including disaster loss and damage;
- Adopt specific quotas for women's participation in humanitarian and disaster risk reduction platforms at community, national and international levels;
- Ensure that policies are harmonized and explicitly reference the leadership and participation of women.
- Ensure women are targeted especially and benefit from all socio-economic and livelihood opportunities which includes skills training and second chance education as a basis of their empowerment;

Medium Term National Development Plan (2024-2030)

The successor Medium Term Successor Medium Term National Development Plan encapsulates the 5 Big Changers:

- Feed Sierra Leone
- Human Capital Development
- Youth Employment Scheme
- Infrastructure, technology and innovation
- Transforming the Public Service Architecture

Apart from addressing issues of gender equality and women's empowerment as a standalone in the Human Capital Development Big Changer, gender mainstreaming is articulated as an Enabler. As a standalone, government seeks to consolidate and promote gains from state's investment in advancing the empowerment of women in the political, social, economic, and cultural spheres. Moreover, as an enabler, government ensures effective mainstreaming of gender into national, sectoral and local policies, plans, budgets and programmes in order to significantly narrow gender inequality by effectively implementing the GEWE Policy and GEWE Act.

Establishment of One Stop Centres for SGBV Service Provision and Toll – Free Help Line for Rape (116).

Seven (7) One Stop Centres have been established across the country to provide free and comprehensive services for survivors of SGBV. Additionally, a Toll-Free Help Line set up to facilitate reporting and referral for SGBV response services. The OSCs and Help Line operate on a 24 hours and 7 days a week. The existence of OSCs and Free Help Line ensure timely and prompt response to services at all times including in emergency situations.

6.2 Gaps and Challenges

The following are major gaps identified in the analysis.

- Gender perspective not fully integrated into O&E and DRM legislative, policy and institutional frameworks. Apart from the GWE Act and Policy, existing legislative and policy frameworks within the O&E and DRM sectors do not have gender specific provisions. It is therefore necessary to review/ and formulate gender specific policies with clear gender mainstreaming actions. Moreover, although there are assigned gender focal persons within the DRM and health sectors, there is need to formalize and establish gender units as provided in the GEWE Act.
- Limited capacity to mainstream gender within the O&E and DRM sectors. Although few personnel (including gender focal persons) have benefitted from some basic gender training, capacity for effective mainstreaming of gender requires more comprehensive training for staff at all levels.
- No gender parity in relation to women's participation and representation especially at field levels. Although there are promising efforts in terms of women's representation at leadership levels and programme levels in the health and DRM sectors, generally women participation at community / field levels is low.
- Existence of social norms and practices that restricts women's role to predominantly reproductive (caring for household members) and limits participation and representation in public decision-making bodies. This is particularly evident in the FGD communities of Pate bana and Makeni where societal norms do not permit women to hold certain leadership positions including

paramount chieftaincy. Whilst there is no overt denial of women's participation and leadership role in urban settings and other regions, women's overwhelming workload gives them little or no time to participate effectively in public/ community decision making bodies and mechanisms.

- In-effective mechanisms to prevent, mitigate and respond to gender-based violence especially sexual, exploitation and abuse during emergencies. Although laws exist and protection mechanisms established to prevent, mitigate and respond to GBV during emergencies, enforcement of the laws and effective functioning of the protection mechanisms was challenging as evident in previous outbreaks.

6.3 Key Recommendations

In view of the challenges aforementioned and consistent with existing gender mainstreaming guidelines prescribed in the GEWE Policy, the following actions are recommended:

6.3.1 Government of Sierra Leone:

Ministry of Finance

- Establish and operationalize the Disaster Management Fund and Public Health Emergency Trust Fund.
- Explore funding opportunity provided through ARC's Insurance Schem.to improve on funding capacity for the government can
- Effective roll-out Gender Responsive Budgeting in all sectors including Health and DRM sectors.

NDMA and Public Health Agency

- Review / formulate institutional policies with clear guidelines on integrating gender perspective into DRM and public health emergencies
- Formalize/ establish gender focal persons/ units at national and sub-national levels with clear terms of reference

- Build internal capacity for gender mainstreaming through staff training
- Promote community awareness / sensitization on the gendered impacts of disasters and disease outbreaks
- Promote women's participation and leadership at programme and operational / field levels

Ministry of Gender and Children's Affairs

- Provide capacity building / technical support to NDMA and Public Health agency – training workshops and advise on policy review / formulation
- Support NDMA and Public Health Agency in formalizing/ establishing Gender Focal Persons/ Units
- Promote community sensitization/ awareness on the gender impacts of disasters and outbreaks
- Strengthen effort to prevent and respond to SGBV in humanitarian and emergency contexts
- Promote women's participation and representation at all levels (including community-based structures and field staff) in line with the statutory minimum 30% guaranteed in the GEWE Act, 2022.

Civil Society Organizations/ Non- Government Organizations

- Sensitize and advocate for the full integration of gender perspective into DRM and public health emergency preparedness and response
- Provide capacity building / technical support to NDMA and Public Health agency – training workshops and advise on policy review / formulation
- Mobilize resources for addressing women's practical and strategic needs during emergencies
- Sensitize / train women on how to prevent, mitigate and respond to disasters and outbreaks
- Promote women's participation and representation at all levels (including community-based structures and field staff) in line with the statutory minimum 30% guaranteed in the GEWE Act, 2022.

Development Partners

- Mobilize and provide resources for the full integration of gender into DRM and public health emergency preparedness and response
- Provide technical and financing support to DRM and Public Health sector in respect of capacity building and review/ formulation of gender responsive policies.

Conclusion

The gender analysis seeks to understand Sierra Leone's experience in managing and responding to disasters from a gender perspective. Through a participatory audit methodology that included literature review, KIIs and focus group discussions at national and sub-national levels, the analysis established inter alia that outbreaks and disasters impact men and women differently. Drawing from previous experience of diseases outbreak (EVD and COVID-19) and disasters (flooding) there are strong indications that women were more vulnerable and mostly impacted socially and economically. It is also evident from the analysis that Sierra Leone has shown considerable commitment to integrate gender in DRM and public health emergency preparedness and response. However, these efforts are yet to translate into institutional policy and strategic frameworks that will provide clear guidelines with defined actions for integrating a gender perspective into DRM and public health emergency.

Notwithstanding, best practices from previous experiences in responding to disasters and outbreaks and existing opportunities provide optimism for gender transformative DRM and public health emergency preparedness and response. The key findings, gaps and actions recommended in this report will serve as a blue print for transformation of the DRM and public health sectors into gender –responsive sectors.

ANNEX 1: ACTION PLAN

Strategic Objective	Actions	Indicators	Time frame	Responsible Institution (s)	Partners/ Stakeholders
Integrate gender perspective into institutional policies and strategic frameworks	Formulate gender specific institutional policies for DRM and public health sectors	Number of gender specific policies formulated	TBD	NDMA, MOH/ Public Health Agency	MoGCA, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children
	Review existing policies and Strategic Plans: National Disaster Management Policy (2018) and NDMA Strategic Plan (2020-2024)	Number of Policies and Strategic Plans reviewed	TBD	NDMA	MoGCA, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children
	Conduct UN Women's Barbershop for policy makers and others at ministries and national institutions and agencies.	Number of barbershops successfully conducted.	To be completed by start of rainy season 2025.	MoGCA, NDMA, Public Health Agency.	MoGCA, UN Women, WFP, UNICEF, UNDP, UNFPA, WHO, civil society, NDMA, Public Health Agency, Ministry of Environment, Ministry of Lands, Ministry of Water Resources, Ministry of Health
Strengthen capacity for effective mainstreaming of gender across O&E and DRM sectors.	Formalize/ establish gender units in NDMA and Public Health Agency	Number of Gender Units established	TBD	NDMA and Public Health Agency	MoGCA, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children.
	Conduct gender mainstreaming training for NDMA and Public Health sector staff	Number of training sessions conducted	TBD	NDMA and Public Health Agency	MoGCA, MoSW UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children.
	Train health care providers on gender –sensitive care practices	Number of training sessions conducted	TBD	NDMA, MOH/ Public Health Agency	MoGCA, MoSW, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children.
	Empower women to participate in decision making processes related to health and outbreak response .	Number of women empowered to participate in decision making	TBD	NDMA, MOH/ Public Health Agency	MoGCA, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children. Community

		processes related to health and outbreak response			
Improve funding capacity for O&E response and DRM	Establish and operationalize the Disaster Management Fund and Public Health Emergency Trust Fund.	Number of Special Funds established for DRM and Public Health financing	TBD	Ministry of Finance, NDMA, NPHA	Development/ Donor partners
	Facilitate policy dialogues/ donor forums to mobilize resources for DRM and Public Health financing	Number of Policy Dialogues held with donor partners	April- May 2024	Ministry of Finance, NDMA, NPHA	Development/ Donor partners
	Explore funding opportunity provided through ARC's Insurance Scheme.to improve on funding capacity for the government	Signed MoU with ARC on the Insurance Scheme	TBD	Ministry of Finance, NDMA, MoH/ National Public Health Agency	ARC, Development/ Donor partners
	Roll-out Gender Responsive Budgeting in all sectors including Health and DRM sectors	Implementation of gender responsive budgeting in the DRM and Public Health sector	TBD	Ministry of Finance, NDMA, MoH/ National Public Health Agency	MoGCA, CSOs/ NGO partners

Increase community awareness and knowledge of the interlinkages between O&E, Disasters and Gender	Hold community Radio panel discussions to sensitize communities on the gendered impacts of disasters and disease outbreaks	Number of community sensitization meetings held	TBD	NDMA, MoH/ National Public Health Agency	MoGCA, MoSW, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children, Community and Faith Based Organizations
	Develop and disseminate risk communication messages to address the specific needs and concerns of different genders and engagement with diverse community groups				MoGCA, MoSW, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children, Community and Faith Based Organizations
	Delegate religious/interfaith leaders and local council members as gender champions (advocates/spokespersons of gender equality). Provide them with training and material for their advocacy.	Number of pledged gender champions, number of trainings conducted, and information packages distributed for sensitization and advocacy.	To be completed by start of rainy season 2025.	MoGCA, local councils and district authorities.	MoGCA, UN Women, WFP, UNICEF, UNDP, UNFPA, WHO, civil society.
	Conduct UN Women's HeForShe campaign nationwide and conduct Barbershop workshops.	HeForShe campaign conducted, number of barbershops conducted, number of signed HeForShe members.		MoGCA, local councils and district authorities.	MoGCA, UN Women, development/donor partners.

Strengthen Coordination of gender –sensitive DRM and Public Health Emergency	Convene multi-stakeholder Coordination Meetings	Number of Coordination Meetings held	TBD	NDMA, MOH/ NPHA	MoGCA, MoSW, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children.
Gender Responsive Monitoring and Evaluation	Integrate Gender sensitive indicators into national DRM and public health emergency M&E frameworks and Tools	Gender sensitive indicators for DRM and public health emergency response	TBD	NDMA, MOH/ NPHA	MoGCA, MoSW, Statistics – Sierra Leone, NaMED, UN Agencies, World Vision, CRS, Red Cross, GOAL/SL, ICCAP, Save the Children

Annex 2: List of Participants – KIs and Focus Group Discussions

Key Informant Interview Participants

No	Name	Designation	Organization
1	Mr. Sinnah Mansaray	Director	National Disaster Management Agency
2	Agnes Farma	Gender Focal Person	National Disaster Management Agency
3	Dr. Mustapha Jalloh	Gender Focal Person	National Public Health Agency
4	Ms. Emmanuella Anderson	Gender Officer	Ministry of Health
5	Mr. Francis Kabia	Deputy Chief Director	Ministry of Social Welfare
6	Mr. Sunday Sinnah	Chief Director of Protection	Ministry of Gender and Children's Affairs
7	Mrs. Mariama Jusu	Women, Peace and Security Specialist	UNWOMEN

Focus Group Discussion Participants

No	Name	Position/Title	Sex	Community
1	Musa Koroma	Youth Chairman	M	KrooBay Community
2	Chief Alimamy Kargbo	Chief	M	KrooBay Community
		District Management Committee (DMC)		
3	Mohamed T. Koroma	Coordinator	M	KrooBay Community
4	Murray Conteh	CBO	M	KrooBay Community
5	Aruna Koroma	Community Member	M	KrooBay Community
		Child Welfare Committee (CWC)		
6	Chief Mary Kamara	Committee (CWC)	F	KrooBay Community
7	Kadiatu Sesay	Trader	F	KrooBay Community
8	Hawa C. Conteh	Chairlady	F	KrooBay Community
9	Santigie Morlai Kanu	Community Elder	M	KrooBay Community

10	Marie Bangura	Community Member	F	KrooBay Community
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11	Gassimu Sesay	Assistant Director- Ministry of Gender and Children's Affairs	M	Bombali - Makeni
12	Mamakor Lansana	Public Health Sister	F	Bombali=Makeni
13	Suad H. Koroma	Women Leader	F	Bombali=Makeni
14	Lansana Marrah Kondeh	Regional Coordinator- National Disaster Management	M	Bombali=Makeni
15	Robert Bakarr	NGO Rep	M	Bombali=Makeni
16	Mbalu Koroma	Traditional Women	F	Bombali=Makeni
17	Raymond B. Senesie	CSO Rep	M	Bombali=Makeni
18	Veronica Sellu	Ebola Survivor	F	Bombali=Makeni
19	Joseph Turay	Regional Director- Ministry of Social Welfare	M	Bombali=Makeni
20	Sheku Koroma	Ebola Survivor	M	Bombali=Makeni

21	Kassim Conteh	Disaster Committee Member	M	Culvert Race Cross
22	Adama Thoronka	Disaster Committee Member	F	Culvert Race Cross
23	Alimatu Thoronka	CBO	F	Culvert Race Cross
24	Ishmael Kargbo	Community Member	M	Culvert Race Cross
25	Chief Alimamy Thoronka	Chief	F	Culvert Race Cross
26	Mohamed Conteh	Community Member	M	Culvert Race Cross
27	Florence P. Tucker	Community Member	F	Culvert Race Cross
28	Isha Kanu	Nurse	F	Culvert Race Cross
29	Mohamed M. Turay	Coordinator Disaster Management	M	Culvert Race Cross
30	Foday Sesay	Community Member	F	Culvert Race Cross

31	Catherine Kamara	Chair Lady	F	Pate Bana
32	John Dixon Bangura	CBO Chairman	M	Pate Bana
33	Memunatu Kamara	Ebola Survivor	F	Pate Bana
34	Idrissa Kargbo	Ebola Survivor	M	Pate Bana
35	Abdulai Koroma	Town Head Man	M	Pate Bana
36	Alfred R. Koroma	Ebola Survivor	M	Pate Bana
37	Sarah Mansaray	Nurse	F	Pate Bana
38	Amie Kanu	Ebola Survivor	F	Pate Bana
39	Sheku Koroma	Ebola Survivor	M	Pate Bana
40	Sallay Bangura	Ebola Survivor	F	Pate Bana

Annex 3: Questionnaire/ Guiding Questions KIs and FGDs

GENDER ANALYSIS OF DISEASE OUTBREAKS AND EPIDEMICS IN SIERRA LEONE QUESTIONNAIRE/ GUIDING QUESTIONS FOR KEY INFORMANT INTERVIEW – NPHA AND NDMA

A. GENDER SENSITIVITY / AWARENESS

1. How is gender equality perceived in the MoH/ Public Health Agency?
2. Is there broad support or internal resistance to the concept?
3. Do staff feel that gender mainstreaming is a priority for them and for management? Do they have the awareness and knowledge to make gender a priority?
4. Do staff feel they have an adequate understanding of how to address gender (in)equality in programmes/activities?
5. Do staff feel supported to design programmes that promote gender equality and/or, where appropriate, programmes aimed at women?
6. Do the organizational culture, policies, procedures and processes favour or hinder gender mainstreaming?

B. WOMEN'S PARTICIPATION AND LEADERSHIP IN DRM MACHINERIES

7. What is the proportion of women employed in MoH/ Public Health Agency?
8. What percentage of women are in leadership / decision making positions?
9. Is there a Gender Directorate/ Unit or Focal person?
10. If yes, what are /is the specific role/ responsibilities of Directorate/ Unit or Focal person

C. GENDER SENSITIVE PUBLIC HEALTH EMERGENCY PROGRAMMES AND ACTIVITIES

11. What measures are in place to encourage women's participation in public health emergency (disease outbreaks and epidemics) programmes and activities.
12. Is data collected for affected persons disaggregated by sex? if yes, please provide evidence
13. Does public health emergency (disease outbreaks and epidemics) programmes and activities take into account the differential needs of women, men, boys, and girls and other social identifies (persons with disability).
14. If yes, please state /indicate how such programmes and activities cater for differential needs of women, men, boys, boys and other social identifies (persons with disability).
15. How are Protection issues especially Gender based Violence addressed in Public Health Emergency Response programmes?

D. EXISTENCE AND IMPLEMENTATION OF GENDER RESPONSIVE LAW, POLICY AND OR PLAN

16. Is there any Law, Policy and or Plan adopted for public health emergency preparedness and Response? (Please indicate title and date of adoption)?
17. What mechanisms (including structures) are in place to implement Law, Policy and or Plan adopted at national and sub-national levels
18. What progress have been made in recent years to ensure implementation of the Law, Policy and or Plan adopted (Please elaborate)
19. Are there challenges? Please elaborate if any
20. Are there gender specific provisions in the Law, Policy and or Plan.
21. If yes, kindly indicate/ state the gender responsive provisions
22. What progress have been made in recent years to ensure implementation of gender responsive/specific provisions in the Law, Policy and or Plan adopted (Please elaborate)
23. Are there challenges in implementing of the gender responsive/specific provisions in the Law, Policy and or Plan adopted? Please elaborate if any
24. If there are no gender specific/ responsive provisions in the Law, Policy and or Plan adopted, are there plans to review the law, policy and or plan to integrate gender specific provisions. elaborate)
25. If yes, what progress have been made so far?
26. Does the MOH/ Public Health Agency has a specific gender policy and or strategic plan?
27. If yes, please provide details of the Policy and or Strategic Plan (date of adoption, objective(s) and key priorities)
28. What progress have been made in recent years to ensure implementation of the Gender Policy and or Plan (Please elaborate)
29. If there is no gender Policy and or Plan, are there plans to formulate any?
Yes – engaged MOG to support
30. If yes, please provide update on the status.

E. BUDGETING / FINANCIAL DRM PROGRAMMES AND ACTIVITIES

31. What is/ are the source(s) of funding for public health emergency programmes?
32. Is there a Special Fund for Public Health Emergency?
No special fund for NPHA
33. If yes, when and how is the fund managed?
34. Is funding adequate for Public Health Emergency?

35. If no, please suggest actions for improving funding capacity for Public Health Emergency Preparedness and Response?
36. Is the MOH/ Public Health Agency budget gender responsive/ sensitive

**QUESTIONNAIRE/ GUIDING QUESTIONS FOR KEY INFORMANT INTERVIEW- MINISTRY
OF GENDER AND CHILDREN'S AFFAIRS/ SOCIAL WELFARE**

**A. GENDERED IMPACTS OF DISASTER RESPONSE MANGEMENT (DRM) AND
OUTBREAKS AND EPIDEMICS (O&E)**

1. From the Ministry's perspective what are the major impacts / effects of Outbreaks and Epidemics and Natural Disasters on women?
2. Has any study / research been conducted to examine the effects and impacts of Outbreaks and Epidemics and Natural Disasters on women
3. If yes, please provide details on the date, title of research and key findings
4. With reference to the EVD and COVID 19, how was the issue of gender addressed in the response vis- a-vis institutional mechanisms, response and recovery programmes and plans

**B. EXISTENCE AND IMPLEMENTATION OF GENDER RESPONSIVE LAW, POLICY AND
OR PLAN THAT RELATES TO DRM AND PUBLIC HEALTH EMERGENCIES**

5. Are you aware of any National Law, Policy or Strategic Plan that incorporates a gender perspective into DRM and O&E?
6. If yes, please indicate the gender responsive provisions?
7. What progress have been made in terms of implementation?

C. COLLABORATION AND PARTNERSHIP

8. How does the Ministry collaborate with established DRM and O&E prevention, preparedness and response structures in mainstreaming gender in DRM and O&E prevention, preparedness and response?

**D. BUDGETING / FINANCIAL FOR DISASTERS AND PUBLIC HEALTH EMERGENCY
PROGRAMMES AND ACTIVITIES**

9. What is/ are the source(s) of funding for DRM public health emergency programmes?
10. Is there a Special Fund for DRM and O&E?
11. If yes, when and how is the fund managed?
12. Is funding adequate for DRM and O&E?

13. If no, please suggest actions for improving funding capacity for DRM and Public Health Emergency Preparedness and Response?
14. Is the budget/ funding for DRM and Public Health emergency gender responsive/ sensitive

FGD's Guiding Questions

1. How is gender equality perceived in this community ?
 2. Are there social norms and practices that do not promote gender equality? Please provide examples
 3. How do these norms and practices increased women's vulnerability to disasters and outbreaks
 4. From your experience of recent flooding and other outbreaks (Ebola and Corona), who are the most affected
 5. If women are the most affected , why do you think women are mostly affected and how are women affected ?
 6. In responding to the outbreak, was consideration given to special needs and situations of women. For instance , women who are pregnant , breastfeeding , in their menses etc ?
 7. Are there instance where women feel vulnerable or exposed to GBV for instance in temporary settlement
 8. If yes , please elaborate .
 9. In terms of support to affected persons , do men and women benefits equally
 10. What actions do you suggest to ensure that women need and concerns are fully addressed in future outbreaks?

ANNEX 4: LIST OF DOCUMENTS REVIEWED

- I. ARC Gender Strategy
- II. African Union Programme of Action for Disaster Risk Reduction
- III. Africa Health Strategy (AHS) – 2016- 2030
- IV. Gender Equality and Women’s Empowerment Policy, 2020
- V. Gender Equality and Women’s Empowerment Act, 2022
- VI. National Disaster Risk Management Policy, 2018
- VII. National Disaster Management Agency Act, 2020
- VIII. Sierra Leone National Disaster Risk Management Policy, 2018
- IX. Public Health Act, 2022
- X. Women’s Resilience: Integrating Gender in the Response to Ebola, African Development Bank, 2016
- XI. Report of the Multi-Sectoral Impact Assessment of the Gender Dimension of the Ebola Virus (EVD) in Sierra Leone, 2014
- XII. Research Article: Gendered Understanding of Ebola Crisis in Sierra Leone: Lessons for COVID, Anna Androsik, 2020
- XIII. Scholarly Article: Using gender analysis matrixes to integrate gender lens into infectious disease outbreaks research, Rosemary Morgan et al, Department of International Health, John Hopkins Bloomberg School of Public Health 2021
- XIV. Sierra Leone: National Disaster Preparedness Baseline Assessment, Pacific Disaster Centre, 2020
- XV. Sierra Leone Medium Term National Development Plan (2024-2030)
- XVI. Sendai Framework for Disaster Risk Reduction – 2015-2030
- XVII. Thematic Report: Impact of COVID-19 Pandemic on Women: Lessons of the Ebola Outbreak in West Africa, 2020