

# Gender Analysis of Health, Emergency and Disaster Risk Management & Financing Sector in Nigeria

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## INTRODUCTION

### 1.1 Background

The Federal Republic of Nigeria, a nation of diverse cultures and multi-ethnic communities, confronts recurrent challenges arising from health emergencies and disasters. These disruptive events not only jeopardize the daily lives of communities but also pose significant threats to public health and overall well-being. In recognition of the imperative to comprehensively understand the gendered impact of such crises, this in-depth gender analysis endeavors to examine the efficacy of health emergency and disaster risk management strategies in Nigeria, specifically focusing on the Outbreaks and Epidemics (O&E) perspective and the Disaster Management Sector.

The purpose of this consultancy assignment is to support the member countries of the Economic Community of West African States (ECOWAS) in cultivating swift and appropriate gender-sensitive responses to disease outbreaks and epidemics within the region. With a targeted approach, the project aims to enhance gender-responsive mechanisms for epidemic preparedness in selected countries, placing particular emphasis on Nigeria. The backdrop of this initiative is woven into the fabric of Nigeria's socio-economic challenges, cultural diversity, and susceptibility to climate-induced hazards and infectious disease outbreaks.

Climate-induced hazards and natural disasters have underscored the gendered impact on men, women, boys, and girls, revealing distinct vulnerabilities and disparate needs during crises. A nuanced understanding of these gender dynamics is pivotal for informed policy development and the implementation of tailored interventions that strengthen resilience. Compounding these challenges are gender disparities, encompassing limited access to resources and decision-making power, which exacerbate the burden of disease outbreaks, particularly affecting women.

In Nigeria, the management of disasters and response to public health emergencies are entrusted to established organizations such as the Federal and State Ministries of Health, Federal and State Ministries of Environment, National Emergency Management Agency (NEMA) and the Nigeria Center for Disease Control (NCDC). These institutions play a critical role in mitigating the impacts of disasters and coordinating responses to health crises. Recognizing the need for a gender-sensitive approach in disaster management, this analysis extends its scope to evaluate existing policies, governance structures, and implementation mechanisms within the O&E and Disaster Management sectors.

Moreover, the African Risk Capacity (ARC) Group, comprising ARC Agency and ARC Ltd, collaborates with African governments to bolster their capacities in planning, preparing, and responding to natural disasters and disease outbreaks. Notably, ARC has recently launched an outbreaks and epidemics risk insurance product, providing countries with rapid and predictable funding for high-impact infectious disease outbreaks. In alignment with this initiative, ARC is partnering with ECOWAS, WAHO, and the Institute Pasteur de Dakar to fortify disaster risk management and financing practices. This collaborative effort seeks to enhance surveillance, prevention, and response to epidemics across ECOWAS member states, including Nigeria.

This report addresses the critical need for a gender-sensitive lens in evaluating the health emergency and disaster risk management landscape in Nigeria. By conducting an in-depth gender analysis from



the perspectives of Outbreaks and Epidemics (O&E) and the Disaster Management Sector, we aimed to identify gaps, challenges, and propose recommendations for gender integration. This comprehensive examination will not only contribute to the ongoing efforts to improve epidemic preparedness but will also serve as a foundational step towards ensuring inclusivity and sensitivity in disaster management policies and practices.

## **1.2 Objectives**

The overarching objective of this consultancy assignment is to conduct an in-depth gender analysis of the health sector from the perspective of Outbreaks and Epidemics (O&E), as well as the Disaster Risk Management and Financing (DRM&F) sector in Nigeria. Specific objectives include:

- Conducting a comprehensive gender analysis of the health sector, focusing on O&E, to identify gaps, challenges, and opportunities for gender integration.
- Performing a detailed gender analysis of Disaster Risk Management and Financing (DRM&F) to identify gaps, challenges, and recommendations for gender-responsive policies and strategies.

## **2.0 LITERATURE REVIEW - Gender, Health Emergency, and Disaster Risk Management in Nigeria**

In the sphere of health emergencies and disaster risk management, gender goes beyond mere biological distinctions, encompassing a intricate interplay of roles, societal expectations, and vulnerabilities tied to one's identification as male or female (Ahmad, 2018). This comprehensive understanding acknowledges nuanced dynamics influenced by socio-cultural, economic, and political factors, significantly shaping individuals' experiences during crises.

### **2.1 Definition and Conceptualization of Gender in Disaster Contexts**

Gender dynamics in the context of health emergencies and disaster risk management involve exploring roles, expectations, and vulnerabilities associated with distinct gender identities, recognizing the diversity within the gender spectrum (Enarson, 2000; O'Neil, 2007). Scholars emphasize moving beyond simplistic categorizations of vulnerability and resilience, recognizing the interaction of gender with other social determinants during emergencies (Enarson, 2000). Gender is viewed as a socially constructed identity, shaping disaster impacts through societal norms, power structures, and cultural expectations (Ahmad, 2018). In Nigeria, this understanding is crucial, considering the disproportionate impact on women and existing gender inequalities in education, land ownership, and wage gaps that heighten vulnerability (Ahmad, 2018).

In practical terms, defining and conceptualizing gender in Health Emergency and Disaster Risk Management involves considering the diverse ways in which individuals, regardless of their biological sex, navigate, experience, and respond to crises. It requires an intersectional approach that recognizes how gender interacts with other identity factors, such as race, class, and age, to shape disaster outcomes (Enarson, 2000). This understanding is foundational for developing context-specific and gender-inclusive strategies in the planning, response, and recovery phases of health emergencies and disasters. Such strategies aim to address the unique needs, challenges, and strengths associated with different gender identities, fostering more effective and equitable approaches to mitigate the impact of disasters on individuals and communities.

### **2.2 Rationale for Studying Gender in Health Emergencies and Disaster Risk Management**

The study of gender within the framework of Health Emergencies and Disaster Risk Management (HEDRM) in Nigeria is essential for a nuanced understanding of the differentiated impacts and responses to crises, particularly considering specific occurrences in various locations across the country.

Nigeria, situated between 4°N and 14°N of the equator, is characterized by a diverse topography spanning lowlands along the coast to high plateaus in the north and mountains along the eastern border. With a federal structure comprising 36 states and a federal capital territory, the country covers an expansive area of 923,768 sq km and has a population exceeding 120 million. Despite this, Nigeria grapples with a range of disasters, including floods, landslides, coastal erosion, and man-made incidents such as oil spillage. The vulnerabilities stemming from its weak economy and under-protected environment amplify the impact of these disasters, claiming lives and displacing communities. This study on Gender, Health Emergency, and Disaster Risk Management in Nigeria recognizes the intricate interplay between Nigeria's geographical and socio-economic characteristics and the heightened vulnerability to various disasters, emphasizing the need for gender-sensitive approaches to address the distinct challenges faced by different segments of the population.

In the Nigerian context, studying gender within Health Emergencies and Disaster Risk Management (HEDRM) gains added relevance, notably in the wake of the COVID-19 pandemic. This global crisis has accentuated gender disparities, particularly affecting women, who often constitute a significant portion of frontline healthcare workers, faced heightened risks of exposure to the virus. Additionally, pre-existing gender norms that assign caregiving responsibilities to women were accentuated, placing them at the forefront of managing household health during lockdowns and quarantine measures. Economic impacts, seen prominently in areas like Lagos, disproportionately affected women engaged in informal sectors, emphasizing the need for gender-sensitive economic policies. Furthermore, the pandemic heightened risks of gender-based violence, especially domestic violence, demanding targeted strategies for effective HEDRM in Nigeria. Analyzing these specific occurrences provides critical insights for tailoring gender-inclusive emergency response strategies.

Similarly, the recurring incidents of flooding in Nigeria, notably in urban areas like Lagos and rural regions like the Niger Delta, offer insights into the intersectionality of gender and environmental disasters. Women in flood-prone areas may experience distinct challenges related to displacement, loss of livelihoods, and increased caregiving responsibilities. Investigating gender dynamics within the context of these specific locations allows for a more precise understanding of the unique vulnerabilities and capacities that must be considered in disaster risk management and emergency response planning.

Furthermore, the study of gender in HEDRM is of particular relevance in conflict-affected areas such as the Northeast, where the Boko Haram insurgency has resulted in a complex humanitarian crisis. Here, gendered impacts manifest through heightened risks of sexual and gender-based violence, displacement, and disruptions in healthcare access. Examining gender dynamics in the specific context of conflict-driven health emergencies enables the identification of targeted strategies to address the distinct needs of men, women, and vulnerable groups in these areas.

Incorporating insights from HEDRM occurrences in specific locations across Nigeria is paramount for the development of evidence-based policies and interventions. The varying contexts demand a nuanced understanding of gender dynamics to effectively mitigate vulnerabilities, enhance resilience, and foster inclusive disaster risk management practices tailored to the specific needs of diverse populations in different regions of the country (Ahmad, 2018; Enarson, 2000).

Over the past decade, Nigeria has witnessed a surge in the frequency and intensity of disasters and emergencies. Factors such as rapid population growth, urbanization, and socio-political complexities contribute to heightened competition for resources, resulting in deteriorating livelihoods and increased insecurity. The diverse range of hazards includes oil spills in the Niger Delta, industrial pollution, floods in various states, desertification, bird flu outbreaks, droughts, gully erosion, wind storms, plane crashes, fire disasters, oil pipeline vandalism, collapsed buildings, and ethno-religious conflicts (Ahmad, 2018; Abdulsalam-Saghir and Adeuyi, 2018). Nigeria faces a diverse array of hazards that significantly impact its population and economic well-being. Noteworthy challenges include frequent oil spills within the Niger Delta, contributing to extensive environmental consequences. Industrial pollution and waste have reached alarming levels, posing threats to public health. The rise in the frequency and severity of floods, particularly in regions like Jigawa, Kano, Gombe, and Southern States like Lagos, is attributed to climate change and urbanization (Ahmad, 2018).

Floods are a concern in urban areas with poor drainage and near major rivers. Landslides predominantly occur in the hilly terrains of the southeast. Soil erosion is widespread, particularly in areas undergoing deforestation and rapid urbanization. Gully erosion affects states like Anambra and Cross River due to deforestation and heavy rains. Coastal erosion impacts coastal regions of Lagos, Ondo, Delta, Bayelsa, Rivers, Akwa Ibom, and Cross River states. Windstorms, associated with the rainy season, occur nationwide. Drought and desertification affect Sudan-Sahel regions like Borno and Yobe. Sandstorms are common in the same regions. Pest invasions, wildfires, and volcanic activity pose risks nationwide, affecting agriculture, specific ecological regions, and plateaus like Biu and Jos (Ahmad, 2018).

In the context of gender, health emergencies, and disaster risk management in Nigeria, it is imperative to acknowledge the nation's vulnerability to climate change and natural hazards, as evidenced by the severe drought and widespread flooding experienced in 2012. With Nigeria classified among the ten most susceptible countries, the impact of these hazards, notably floods and droughts, is acutely felt, particularly by low-income households heavily reliant on agriculture, the main income source for 80% of the rural poor (Climate Scorecard, 2019; Echendu, 2020; GFDRR, 2019; World Bank, 2020; USAID, 2018). The risks are exacerbated by rapid urbanization and urban poverty, with a quarter of Nigeria's population residing in high climate exposure areas, including densely populated coastal states like Lagos, Delta, and Rivers. The interplay of hazards, gender dynamics, and health outcomes is critical, considering the potential displacement of millions, threats to food security, and the economic ramifications, which may range from 6% to 30% by 2050 due to a 0.5 meter increase in sea level projected for Nigeria (Ahmad, 2018; USAID, 2018). This underscores the urgency for a comprehensive study on gender-specific implications in the realm of health emergencies and disaster risk management, aligning with the broader discourse on climate resilience and sustainable development in Nigeria.

Nigeria is also prone to disease outbreaks and public health emergencies such as Cholera, Lassa fever, Yellow Fever, Measles, Monkeypox, CSM, COVID-19, Heavy metal poisoning, Floods, Road Traffic Accidents, Communal/Religious Conflicts, Terrorism, and collapsed buildings. This has resulted in deteriorating livelihoods, social marginalization, increased crime rates, and a pervasive sense of insecurity across the nation (Ahmad, 2018).

The 2022 floods in Nigeria, the most devastating in recent times, exhibited distinct gender disparities in their aftermath. The study across six states revealed that 64 percent of households were affected, with rural areas experiencing a higher impact (74 percent) than urban areas (40 percent). Furthermore, gender variations were evident, with 66 percent of male-headed households affected, compared to 57 percent of female-headed households (National Bureau of Statistics et al., 2023).

The flood's gender-disaggregated impacts on livelihoods and income sources were notable, affecting 57 percent of households. Severe effects were reported by 54.6 percent, with distinct patterns in agriculture, where 95 percent of crop farming households and 76 percent of non-crop farming activities were impacted. Rural households, predominantly engaged in farming, bore a higher brunt than urban counterparts, emphasizing the need for gender-sensitive recovery strategies (National Bureau of Statistics et al., 2023).

### 2.3 Climate Vulnerabilities in Nigerian Agriculture

Nigeria faces significant challenges in its agricultural sector, characterized by heavy reliance on rain-fed agriculture and traditional farming methods, particularly by smallholder farmers. Only 1% of Nigerian agriculture is estimated to be irrigated, highlighting a critical dependence on unpredictable rain patterns (World Bank, 2021). The impact of climate change manifests differently in various production zones, with distinct concerns for both southern and northern regions.

#### 1. Southern Production Zones:

- **Flooding, Erosion, and Soil Loss:** Southern zones experience concerns related to flooding, erosion, and soil loss, posing threats to agricultural productivity. Extreme weather events, such as heavy rainfall, contribute to soil erosion and degradation.

#### 2. Northern Production Zones:

- **Decreased Precipitation and Increased Temperatures:** In the traditional livestock production zones of the north, climate change brings about decreased precipitation and rising temperatures, significantly impacting both agriculture and ecosystems.
- **Livestock Productivity Challenges:** Livestock, including sheep, cattle, and goats, play a crucial role in northern agriculture. However, the changing climate poses challenges such as decreased livestock productivity, over-stressed grazing lands, and direct heat impacts on animals.
- **Shifts in Rainfall Patterns and Growing Seasons:** Altered seasonal rainfall patterns and higher temperatures lead to shortened growing seasons. These shifts can have adverse effects on various crops, with rice production in Nigeria and West Africa expected to be particularly impacted.

#### 3. Impact on Livestock Production:

- **Contribution to Nigerian Agriculture:** Livestock, specifically sheep, cattle, and goats, contribute significantly to Nigeria's agricultural economy, with 60% managed on semi-arid land.
- **Climate-Induced Desertification:** Semi-arid and arid zones, crucial for livestock production, face climate change-related desertification. This poses a direct threat to the sustainability of livestock farming in these regions.

#### 4. General Climate Change Pressure:

- **Pressure on Smallholder Farmers:** Smallholder farmers, relying on traditional agricultural practices, are particularly vulnerable to the impacts of climate change. Erratic weather patterns, extreme events, and changing growing conditions affect their livelihoods and food security.

Addressing these climate vulnerabilities requires a multifaceted approach, including investments in irrigation infrastructure, sustainable farming practices, and adaptive strategies tailored to the specific challenges faced by different regions. Furthermore, sustainable land management and

measures to enhance the resilience of livestock farming systems are imperative for securing the future of agriculture in Nigeria.

### 2.3.1 Adaptation Strategies

Given the vulnerability of Nigeria's agricultural sector to climate change and its heavy reliance on rainfall and water resources, the country has devised key adaptation strategies with a focus on increasing productivity and ensuring food security (Nigeria, 2020). These strategies encompass various measures aimed at mitigating the impact of climate change on agriculture and related livelihoods.

1. **Expansion and Optimization of Irrigation Infrastructure:** Recognizing the significance of irrigation, national investment schemes, and private sector participation play a crucial role in expanding and optimizing irrigation infrastructure. This initiative aims to reduce the sector's dependence on rainfall and enhance its resilience to climate variability.
2. **Introduction of Drought-Tolerant and Early Maturing Crop Varieties:** Adapting crop varieties to withstand drought conditions and mature early is vital for climate-resilient agriculture. The introduction of such varieties is integral to ensuring consistent crop yields despite changing climatic patterns.
3. **Improvement of Storage Facilities:** Upgrading storage facilities is identified as a key adaptation strategy to minimize post-harvest losses. This not only contributes to food security by preserving agricultural produce but also strengthens the overall resilience of the agricultural supply chain.
4. **Agricultural Insurance:** The provision of agricultural insurance is crucial to safeguarding farmers against climate-related risks. This measure helps mitigate financial losses incurred due to adverse weather events and encourages farmers to invest in sustainable agricultural practices.
5. **Enhancement of Agricultural Extension Services:** Strengthening agricultural extension services is pivotal in disseminating knowledge and best practices among farmers. This includes providing information on climate-smart agricultural techniques, crop management, and risk reduction strategies.
6. **Promotion of Alternatives to Livestock Production:** Diversifying agricultural practices by promoting alternatives to traditional livestock production contributes to reducing environmental impacts and enhancing the sustainability of agricultural systems.

In alignment with national adaptation strategies, Nigeria has committed to adopting improved agricultural systems for both crops and livestock. These commitments encompass diversifying livestock, improving range management, increasing access to drought-resistant crops and livestock feeds, adopting better soil management practices, and providing early warning through meteorological forecasts and related information.

Moreover, Nigeria has engaged in innovative approaches to climate risk financing and disaster risk management in the agricultural sector. The partnership with the African Risk Capacity (ARC)

involves an insurance risk pooling approach, demonstrating the country's commitment to proactive climate risk management (ARC, 2018).

In conjunction with these efforts, Nigeria has pledged to implement strategies for improved resource management. These include the increased use of water-efficient irrigation systems, rainwater, sustainable groundwater harvesting, promotion of re-greening efforts, and intensified crop and livestock production as alternatives to slash-and-burn practices. The government's special emphasis on addressing agricultural impacts in the savanna zones, particularly the Sahel, underscores a targeted approach to regions most vulnerable to the impacts of climate change (Nigeria, 2021).

## 2.4 Hazards Profiled in Nigeria and their Characterized Risks

The hazards profiled in Nigeria and their characterized risks outlined by NCDC (2020) provide a comprehensive overview of the potential threats the country faces, categorized by risk levels below:

### Risk Levels

**Very High:** This category includes hazards such as meningitis, cholera, yellow fever, lassa fever, and terrorism. The characterized risks encompass a wide range of health issues, from injuries and burns to mental health challenges and displacement. Understanding the severity of these risks is vital for prioritizing interventions and allocating resources effectively.

**High:** Hazards like urban industrial pollution, lead poisoning, communal/religious conflicts, windstorms, and road accidents fall into this category. The risks associated with high-level hazards involve various health impacts, including respiratory illnesses, contamination, injuries, and malnutrition. Addressing these risks requires a multi-faceted approach involving public health, environmental management, and safety measures.

**Moderate:** Hazards such as insurgency, pipeline vandalization fire incidents, landslides, and floods are categorized as moderate risks. The associated risks involve a spectrum of health issues, from injuries and burns to mental health challenges and waterborne diseases. While the risks are moderate, they still require attention and preparedness to mitigate potential adverse effects.

## 2.5 Gender Dynamics in Health Emergencies and Disaster Risk Management

### Overview of Global Gender Disparities in Health Emergencies and Disaster Management Impacts

Gender plays a pivotal role in disaster risk management, as acknowledged by international organizations such as the United Nations Development Programme (UNDP) and UN Women. In Nigeria, the impact of natural hazards and conflicts disproportionately affects women and girls due to discriminatory social, cultural, and legal norms. The prolonged conflict in the North-east region has exacerbated vulnerabilities among women, necessitating gender-sensitive disaster risk reduction strategies. The literature emphasizes the urgent need for equitable access to resources, recognizing women's unique insights and advocating for their active involvement in disaster preparedness and response efforts. Collaborative initiatives, such as the Sahel Resilience Project, exemplify efforts to integrate gender considerations into disaster frameworks, such as the Sendai Framework for Disaster Risk Reduction.

The global discourse on gender, health emergencies, and disaster risk management underscores the intricate interplay between gender dynamics and the differential impact of crises on various

segments of the population (Gunnsteinsson et al., 2019; Behrman and Weitzman, 2016; Cas et al., 2014). A comprehensive review of existing literature reveals a nuanced understanding of the ways in which gender shapes vulnerabilities and responses in the aftermath of natural disasters (Dinkelmann, 2015; Nour, 2011; Björkman-Nyqvist, 2013). Insights drawn from diverse settings, such as Bangladesh, India, and Japan, elucidate the multifaceted consequences of disasters on women's health, early childhood development, education, economic outcomes, and agency (Ogasawara and Yumitori, 2019; Datar et al., 2013; Kissinger et al., 2007). Notably, studies emphasize the lasting effects on early childhood development, where boys are biologically disadvantaged, and girls face social vulnerabilities due to preferential treatment (Kraemer, 2000; Kumar, Molitor, and Vollmer, 2014). Moreover, the intricate relationship between disasters, women's reproductive health, and maternal care unveils the heightened risks arising from compromised access to healthcare services and modern contraception (Hapsari et al., 2009; Leysner-Whalen, Rahman, and Berenson, 2011).

The impacts on education and child labor, influenced by familial needs and gender norms, further demonstrate the differential outcomes for boys and girls in post-disaster scenarios (Takasaki, 2017; Cas et al., 2014). The economic aftermath of disasters, particularly in agriculture, accentuates the heightened vulnerabilities faced by women, who often operate in smaller-scale farming with fewer resources (FAO, 2011; Acevedo, 2014). Furthermore, the differential ownership of assets, coupled with the predominant reliance on tangible forms of wealth by women, exposes them to unique challenges in the face of disasters (Deere and Doss, 2006). The altered consumption patterns post-disaster disproportionately affect women, reflected in reduced spending on women's goods (Christian et al., 2019). Finally, examining women's voice and agency, the literature highlights the increased prevalence of child marriage among girls who lose parents in disasters and the exacerbation of gender-based violence, which becomes a critical concern in emergency settings (Cas et al., 2014; Weitzman and Behrman, 2016). As Nigeria grapples with its own health emergencies and disaster risk management challenges, this global perspective serves as a valuable resource for understanding and addressing gender-specific vulnerabilities within the Nigerian context.

### **2.5.1 Analyzing Gender Dynamics in Australian Health Emergency Management**

Drawing on the comprehensive literature review conducted by Parkinson et al. (year), the study delves into the gender dynamics within the emergency management sector, focusing specifically on the Australian landscape. The research critically evaluates challenges arising from the response-oriented nature of emergency management, emphasizing discernible gaps in integrating gender perspectives. Notably, the study underscores gender disparities in leadership roles, shedding light on the urgent need for gender-sensitive guidelines in emergency management. The review also highlights the overlooked aspects of the LGBTI community in existing policies, emphasizing substantial gaps in addressing their specific vulnerabilities and resilience.

The global landscape of disaster impacts exhibits significant gender disparities, laying the foundation for a critical examination of gender dynamics in disaster risk management within the context of Nigeria. Studies worldwide consistently reveal that women often experience disproportionate vulnerabilities during and after disasters (Enarson, 2000). This trend is attributed to complex interplays of societal norms, economic disparities, and institutional structures that shape women's roles and access to resources.



Within the scope of the impending study on Gender, Health Emergency, and Disaster Risk Management in Nigeria, recognizing and contextualizing these global gender disparities is crucial. Acknowledging the disparate impacts on women becomes a lens through which the study aims to analyze and address vulnerabilities within the Nigerian context.

### **Specific Considerations for Gender in Disaster Risk Reduction**

Understanding the specific considerations for gender in disaster risk reduction is paramount for effective and targeted interventions. As established by Enarson, (2000), disaster risk reduction strategies should move beyond generic frameworks and embrace a gender-sensitive approach. In the Nigerian context, the prevalence of disasters such as floods, landslides, and disease outbreaks necessitates strategies that account for the unique needs and vulnerabilities of different gender identities.

The impending study aligns with this approach by delving into the specific manifestations of gender vulnerabilities in the face of various disasters prevalent in Nigeria. It seeks to contribute nuanced insights that inform gender-inclusive disaster risk reduction policies and practices.

### **The Intersectionality of Gender with Socioeconomic Factors in Disaster Vulnerability**

The concept of intersectionality, examined through a critical gender lens, plays a pivotal role in understanding the vulnerabilities associated with disasters. WeltRisikoBericht, (2023) argue that risk in disaster contexts results from the interaction between exposure and vulnerability. Vulnerability, a complex and contested term, is often simplistically associated with specific groups, such as the elderly, children, persons with disabilities, and predominantly, women. The authors challenge the homogenized view of women's vulnerability, citing examples from the 2004 Indian Ocean Tsunamis that highlighted vulnerabilities arising from gendered social codes rather than inherent biological weaknesses (Nasreen, 2012). The stereotypical portrayal of women as inherently vulnerable stems from societal expectations and the roles assigned to them, particularly in their capacity as mothers (WeltRisikoBericht, 2023).

The report underscores the intersectionality of risk, noting that being a woman, in itself, does not create vulnerability. Analyzing data from Neumayer and Plümper (2007), the authors demonstrate that situations of greater inequality increase the likelihood of more women dying in disasters. Context-specific factors, such as cultural practices and societal expectations, contribute to variations in vulnerability. For instance, women in Sri Lanka may stay in their homes during hazards due to cultural norms, while men, driven by societal expectations, might engage in riskier behavior (Ariyabandu 2009).

Drawing on the principles of intersectionality, the authors argue that risk is socially constructed and these varies based on characteristics such as gender, race, and age. They highlight the importance of considering the combination of specific economic, social, and cultural factors that create vulnerability, echoing Kimberlé Crenshaw's call to understand intersecting discriminations to address multiple oppressions (Crenshaw, 1989). WeltRisikoBericht, (2023) emphasizes the need for a nuanced approach, cautioning against simplistic disaggregation of data that may lead to targeted policies based on assumptions. Instead, it advocates for a focus on group-based inequalities and structural causes of disparities, addressing power dynamics at their roots.

The intersectionality of gender with socioeconomic factors in disaster vulnerability requires a comprehensive understanding of the complexities involved. The section underscores the necessity of adopting an intersectional lens to address vulnerabilities at their root causes, challenging assumptions, and promoting a more inclusive and nuanced approach to disaster risk management in Nigeria.

Disaster vulnerability is not just defined by gender; rather, it intersects with socioeconomic factors, amplifying the challenges faced by marginalized groups. This intersectionality underscores the importance of considering the broader social context when examining gender dynamics in disaster risk management (Enarson, 2000; Ahmad, 2018). In the Nigerian landscape, existing gender inequalities in education, land ownership, and wage gaps intersect with socioeconomic vulnerabilities, intensifying the impact of disasters on certain segments of the population.

The study on Gender, Health Emergency, and Disaster Risk Management in Nigeria will critically engage with these intersectionality. By exploring how gender interacts with socioeconomic factors, it aims to unravel the layered complexities that contribute to varying degrees of vulnerability within the Nigerian population. This approach aligns with the broader goal of promoting equitable disaster resilience strategies that address the multifaceted challenges faced by individuals and communities

### **2.5.2 Global Lessons for Nigeria: South Asian Experience and World Bank Insights**

Drawing on the South Asian experience and insights from the World Bank's report on "Gender Dimensions of Disaster Risk and Resilience," the study gains valuable perspectives on the intricate interplay between gender dynamics and disaster impacts. Lessons from South Asian disasters underscore the importance of a gender-sensitive approach in disaster preparedness and recovery. The World Bank report emphasizes the need for gender-inclusive approaches, recognizing the differential vulnerabilities of men and women to disasters. Aligning with these global insights, the study in Nigeria aims to understand local gender dynamics and structural constraints to formulate effective disaster risk management strategies.

### **Gender Dynamics in the Context of Health Emergencies and Disaster Risk Management**

The global discourse on gender, health emergencies, and disaster risk management underscores the intricate interplay between gender dynamics and the differential impact of crises on various population segments (Gunnsteinsson et al., 2019; Behrman and Weitzman, 2016; Cas et al., 2014). Existing literature provides a nuanced understanding of how gender shapes vulnerabilities and responses in the aftermath of natural disasters. Insights drawn from diverse settings, such as Bangladesh, India, and Japan, elucidate the multifaceted consequences of disasters on women's health, early childhood development, education, economic outcomes, and agency. Studies emphasize lasting effects on early childhood development, with boys biologically disadvantaged and girls facing social vulnerabilities due to preferential treatment. The intricate relationship between disasters, women's reproductive health, and maternal care reveals heightened risks from compromised access to healthcare services and modern contraception. The impacts on education and child labor, influenced by familial needs and gender norms, further demonstrate differential outcomes for boys and girls in post-disaster scenarios. The economic aftermath of disasters accentuates heightened vulnerabilities faced by women, especially in agriculture. Differential ownership of assets, coupled with predominant reliance on tangible forms of wealth by women,

exposes them to unique challenges post-disaster. The altered consumption patterns disproportionately affect women, reflected in reduced spending on women's goods. Additionally, the literature highlights the increased prevalence of child marriage among girls who lose parents in disasters and the exacerbation of gender-based violence, critical concerns in emergency settings.

The study by Erman et al. (2021) provides a comprehensive analysis of the gender dimensions inherent in disaster risk and resilience, offering valuable insights for the context of Nigeria. The research underscores the gendered impacts of natural hazards, emphasizing the differential exposure and vulnerability of men and women. Findings reveal that while women often face disproportionate challenges in disaster outcomes, such as life expectancy, unemployment, and relative asset losses, men still dominate flood-related deaths, particularly in developed countries. Importantly, the report highlights the intricate interplay of societal gender dynamics in shaping disaster impacts on health, education, economic outcomes, and agency. In the Nigerian context, where diverse hazards, including epidemics and communal clashes, pose significant threats, understanding and addressing these gender differentials is crucial. Additionally, the study emphasizes the role of women as key agents of change and advocates for their involvement in decision-making processes related to disaster planning, response, and reconstruction. As Nigeria grapples with an array of disasters, integrating the nuanced gender perspectives outlined in this study into health emergency and disaster risk management policies is imperative. The research not only provides a conceptual framework but also calls for local assessments to identify specific gender gaps, aligning with the study's focus on Gender, Health Emergency, and Disaster Risk Management in Nigeria.

#### **2.5.2.1 Health Implications of Disasters on Gender**

The health implications of climate change-induced disasters in Nigeria are substantial, with a specific focus on gender revealing distinct vulnerabilities. According to the World Bank (2021), Nigeria faces heightened vulnerability to adverse health impacts stemming from projected future climates. Increased temperatures, intensified and more frequent extreme weather events, heavy rainfall, prolonged aridity, and drought are anticipated to contribute to water and food insecurity, heightened heat stress, ultraviolet radiation exposure, and altered infectious and vector-borne disease transmission patterns.

Under a high emissions scenario, children under 15 years old are projected to experience a 9.8% increase in diarrheal deaths attributable to climate change, reaching over 76,000 deaths in 2030. The elderly population (65+ years) is also at risk, with heat-related deaths projected to rise to almost 80 deaths per 100,000 by 2080, compared to the baseline of approximately 3 deaths per 100,000 annually between 1961 and 1990.

The impact of climate change on agriculture and food systems further compounds health risks, especially for vulnerable groups. Disruptions in agricultural production due to higher temperatures, land and water scarcity, flooding, drought, and displacement pose significant threats to food security. This disproportionately affects marginalized communities, potentially leading to food insecurity and nutrition crises.

Vulnerable groups, particularly women, are at a heightened risk of facing health crises linked to extreme weather events. Flooding, driven by sea-level rise, is estimated to impact around 550,000 people by 2070, potentially leading to food and water contamination and an increased risk of water

and vector-borne diseases. The inadequacy of Nigeria's water and sanitation infrastructure to cope with intense precipitation exacerbates these risks.

Climate change-induced disasters also contribute to the exacerbation of existing health issues, such as respiratory infections, which already account for 19% of deaths in Nigeria. The expected worsening of air pollution with rising temperatures could intensify respiratory health challenges. Indoor burning of cooking fuel, responsible for almost 130,000 deaths annually, may become more prevalent, particularly among vulnerable populations.

The gendered dimensions of health implications in the face of climate change-induced disasters necessitate comprehensive and targeted strategies for disaster risk management in Nigeria. Addressing these challenges requires not only a focus on immediate health concerns but also recognition of the broader social and environmental determinants that contribute to vulnerabilities, with a particular emphasis on gender-specific impacts.

The conceptual framework provided by Erman et al. (2021) forms a crucial foundation for comprehending the nuanced gender dimensions inherent in exposure and vulnerability to natural hazards, particularly within the context of health outcomes. As Nigeria contends with a spectrum of hazards, from epidemics to climate-related disasters, an in-depth exploration of gender-specific impacts becomes imperative. This analysis centers on the differentiated effects on life expectancy, mortality, and mental health, offering insights for the study on Gender, Health Emergency, and Disaster Risk Management in Nigeria.

### **Life Expectancy and Mortality**

Globally, natural disasters exert varying impacts on mortality, disproportionately affecting women's life expectancy. Neumayer and Plümper (2007) argue that women's mortality rates are notably higher, emphasizing the intricate interplay of socioeconomic status, access to warning information, and shelter safety. For instance, in Bangladesh's cyclone of 1991, women were three to five times more likely than men to succumb, highlighting factors such as limited risk information and decision-making agency. In Nigeria, marked by diverse hazards, a nuanced exploration of gendered mortality patterns is essential, considering factors like self-evacuation skills, clothing constraints, and differential knowledge of shelter locations.

### **Mental Health Impacts**

Natural disasters impose a significant toll on mental health, with consistent evidence that highlights higher prevalence rates of depression, anxiety, and post-traumatic stress disorder (PTSD) among women. Contributing factors to this gendered disparity include the type of trauma experienced, women's heightened perception of threat, and insufficient social support resources. Understanding the gender-specific manifestations of mental health issues is crucial for effective health emergency, disaster and risk management interventions in Nigeria.

### **2.5.3 Gendered Dimensions of Resilience in the Context of Health Emergencies and Disaster Risk Management**

Resilience, defined as the ability to withstand and recover from shocks, is a critical facet of effective disaster risk management (Ahmad, 2012; UNISDR, UNDP, and IUCN, 2009). Disaster

preparedness and coping capacity, integral components of resilience influenced by multifaceted factors, including gender dynamics (Wachinger et al., 2013).

### **Gender and Disaster Preparedness**

In the realm of disaster preparedness, gender emerges as a significant determinant, shaping risk perception, knowledge, and response actions (Finucane et al., 2000; Kellens et al., 2011; Miceli, Sotgiu, and Settanni, 2008). Women often exhibit higher risk perceptions, yet men may be more prone to adopt protective behaviors. Men and women tend to shoulder distinct responsibilities in preparing for disasters, with women focusing on stocking supplies and caregiving, while men engage in protective measures for property. Education, as a marker of preparedness, demonstrates gender-specific impacts, with women's education levels contributing significantly to community-wide disaster preparedness. Access to early warnings, a crucial aspect of preparedness, unveils gender disparities in technology access, with women less likely to own cellphones and use mobile internet services, particularly in South Asia (Rowntree and Shanahan, 2020).

### **Gender and Coping Capacity**

Coping capacity, encompassing access to finance, livelihood options, and migration strategies, also reflects gendered dynamics (Erman et al., 2019; Gray and Mueller, 2012b). Women's reliance on informal finance underscores challenges in disaster recovery, while the differential ownership of assets poses unique hurdles, as women often hold assets more conducive to consumption smoothing but face barriers in decision-making during asset sales.

#### **2.5.4 Data Gaps in Gendered Disaster Risk Management: Implications for Nigeria**

The understanding of gender dynamics in disaster risk management is contingent upon robust and comprehensive data collection practices. Despite global strides in collecting sex- and age-disaggregated data (SADD), significant gaps persist, particularly concerning the gendered impacts of natural disasters (UN Women, 2018). While advancements have been made in areas such as women's representation in government and intimate partner violence, the collection of sex-disaggregated data related to natural disasters lags behind. This deficiency is evident in the recording of disaster fatalities, often aggregated without consideration of sex and age (Eklund and Tellier, 2012).

### **Post-disaster Data Collection Challenges**

The post-disaster data collection phase, crucial for informing humanitarian response, predominantly relies on household-level studies, introducing limitations in scope and accuracy. Issues of time pressure, budget constraints, and methodological disparities further hinder the efficacy of data collection efforts. Moreover, the dearth of repeated postdisaster data collections impedes the assessment of long-term impacts. This study draws attention to the specific challenges faced in the collection of gender-sensitive data and emphasizes the need for nuanced, context-specific approaches to address the identified data gaps in the Nigerian context.

## 2.6 Gender-Responsive Policies and Interventions - Review of International and National Policies

### 2.6.1 ECOWAS Gender Strategy

Examining the ECOWAS Disaster Risk Reduction Gender Strategy and Action Plan (2020-2030) provides valuable insights into the regional dimensions of gender in disaster risk management. The strategy emphasizes the unique vulnerabilities faced by women and girls, advocating for gender-responsive approaches in disaster preparedness, response, and recovery. Aligning with global perspectives, the study can integrate insights from the ECOWAS strategy to enhance the understanding of gender-specific vulnerabilities and contributions in the Nigerian context, contributing to more effective and inclusive health emergency, disaster and risk management policies.

### 2.6.2 National Policies in Nigeria

#### Main Policies and Strategies for Disaster Risk Reduction in Nigeria

##### *NEMA's Comprehensive Approach to Disaster Management*

The National Emergency Management Agency (NEMA), in collaboration with various stakeholders, has formulated and implemented several policies, plans, and strategies to effectively manage disaster risks in Nigeria. These initiatives encompass a range of areas, from disaster response to risk reduction, reflecting a comprehensive approach to disaster management.

#### 1. National Disaster Response Plan (2001):

- **Objective:** Assist NEMA as the coordinator of disaster response in Nigeria.
- **Legislative Backing:** Endorsed by the Federal Executive Council.
- **Key Features:**
  - Specifies disaster response and recovery actions and responsibilities of the government and its agencies.
  - Outlines resources available for supporting state and local governments and communities.
  - Identifies disaster management facilities within NGOs for emergency assistance.
  - Establishes standard operating procedures for relevant government agencies and NGOs.
  - Designates NEMA as the coordinating hub for disaster response.

#### 2. National Disaster Management Framework:

- **Objective:** Provide regulatory guidance for effective disaster management.
- **Attributes:**

- Defines authorities and best practices for disaster management.
- Shifts focus from response and recovery to disaster risk reduction.
- Offers a holistic approach and legal instrument for consistency among stakeholders.
- Ensures humanitarian response across various sectors.
- Serves as a link between national, regional, and international humanitarian actors.
- Addresses institutional capacity, coordination mechanisms, risk assessment, prevention, preparedness, mitigation, rehabilitation, and facilitators.

### 3. National Contingency Plan:

- **Focus:** Hazards with high probability and severity, including flooding, conflicts, drought, and disease epidemics.
- **Purpose:** Readiness of disaster management stakeholders and engagement of international assistance.
- **Implementation:** Sectoral responses in camp management, education, nutrition, logistics, security, water, sanitation, health, and shelter.
- **Performance:** Successfully implemented in various hazard cases, such as the 2012 flood disaster.

### 4. Armed Forces of Nigeria Pandemic Contingency Plan (2013):

- **Objective:** Guide the response of the Armed Forces to global pandemic situations.
- **Planning Assumptions:** Address universal susceptibility, efficient transmission, vaccine production timelines, and societal impacts.
- **Implementation Status:** Not yet tested; expected to be refined through exercises and preparedness measures.

### 5. Military Assistance to Civil Authorities Disaster Contingency Plan (2013):

- **Focus:** Nature of military assistance to civilian authorities during major disasters.
- **Objective:** Contribute to an effective national response, mitigate suffering, minimize disruptions, and support recovery.
- **Assumptions:** Emphasize principles from current national disaster management plans, involve combined expertise, and prepare for concurrent events.

#### 2.6.2.1 A Critical Examination National Emergency Management Agency (NEMA) Act of 1999

The management of disasters in Nigeria has been historically regulated by legislative frameworks such as the National Emergency Management Agency (NEMA) Act of 1999 (Mashia et al., 2019). However, there is a growing recognition of the need to integrate gender-responsive approaches into disaster management policies and practices (UNISDR, 2015). This analysis aims to critically evaluate the existing legal framework, international and national policies, and case studies related to gender-inclusive disaster response in Nigeria.

### **Legislative Foundation: NEMA Act of 1999**

The NEMA Act serves as the primary legislative instrument guiding disaster management in Nigeria. While the Act outlines the establishment, functions, and powers of NEMA, there is a notable absence of explicit provisions addressing gender-specific considerations (Mashia et al., 2019). The Act's focus has traditionally been on administrative and financial aspects, with limited emphasis on the nuanced requirements of gender-inclusive disaster management.

### **Gaps in Disaster Management Legislation**

1. **Lack of Explicit Reference to Gender-Responsive Approaches:** The NEMA Act does not explicitly integrate gender-responsive strategies into disaster management (Mashia et al., 2019). This omission reflects a broader oversight in recognizing the unique vulnerabilities and strengths of different genders during disasters.
2. **Limited Provisions for DRR Integration:** The Act does not comprehensively address Disaster Risk Reduction (DRR) strategies (Mashia et al., 2019). The absence of clear procedures for risk assessments, early warning systems, and risk reduction measures hinders effective disaster preparedness and response.
3. **Weak Engagement of Stakeholders:** The law lacks provisions for engaging diverse stakeholders, including vulnerable groups, civil society, and communities (Mashia et al., 2019). Collaboration and coordination among different actors are pivotal for successful disaster management.
4. **Inadequate Funding Mechanisms:** The primary funding source outlined in the Act relies on government allocations, with limited provisions for contributions from other stakeholders (Mashia et al., 2019). DRR, being a proactive approach, requires sustained funding and resource mobilization.
5. **Neglect of Human-Caused and Human-Influenced Disasters:** The Act predominantly categorizes disasters as 'natural,' overlooking the significant impact of human-caused and human-influenced disasters (Mashia et al., 2019). This limitation hampers a comprehensive understanding of the spectrum of disasters.

## **2.7 International Frameworks**

### **1. Global Frameworks and Plans:**

- The **Sendai Framework for Disaster Risk Reduction 2015-2030** emphasizes the integration of gender-based considerations in DRR and emergency preparedness. This global initiative underscores the importance of addressing gender-specific vulnerabilities and needs in disaster risk reduction strategies. Similarly, the **Pan**



American Health Organization (PAHO) Plan of Action on Disaster Risk Reduction 2016-2021 (2016) and the Plan of Action for Humanitarian Assistance (2014) advocate for the inclusion of gender considerations in disaster response and risk reduction efforts.

- *Reference:* [Provide the source or publication details for the key considerations document]

## 2. IFRC Manual on Gender Mainstreaming in DRR:

- The International Federation of Red Cross and Red Crescent Societies (IFRC) has published a manual dedicated to mainstreaming gender in disaster risk reduction. This resource serves as a guide for practitioners and organizations to incorporate gender perspectives into their DRR initiatives. It provides practical insights and strategies for ensuring gender-sensitive approaches in all phases of disaster management.
- *Reference:* [Provide the source or publication details for the IFRC manual]

## 3. CARE Toolkit for Gender Integration in Emergency Response:

- The CARE Toolkit offers a comprehensive step-by-step guide on integrating gender considerations into emergency response and recovery efforts. This toolkit equips practitioners with practical tools and methodologies to address gender-specific needs and challenges during and after emergencies. It emphasizes a holistic approach to gender integration, fostering inclusivity and resilience in humanitarian actions.

### 2.8 ARC's Gender Mainstreaming Approach in Disaster Risk Management (DRM)

African Risk Capacity (ARC) is committed to promoting gender equality and women's empowerment, recognizing the integral link between gender equality and effective disaster risk management (DRM) in achieving the Sustainable Development Goals (SDGs). While ARC has already made efforts to consider gender issues in its internal operations and engagements with Member States, it is now taking a more conscious and systematic approach to ensure gender considerations throughout the DRM process.

#### Key Components of ARC's Gender Mainstreaming Approach:

##### 1. Institutionalizing Gender and DRM for Knowledge Development:

- *Objective 1:* ARC aims to mobilize partners, including governments, civil society organizations (CSOs), the private sector, and research entities, to collaboratively develop and disseminate innovative approaches in gender-transformative DRM. This involves integrating gender considerations into knowledge development and management processes.

##### 2. Building Capacity for Mainstreaming Gender in DRM:

- *Objective 2:* ARC will focus on building institutional and individual capacity for integrating gender into DRM processes. This includes supporting Member States in

conducting targeted gender analyses in DRM, with the results informing ARC's risk assessment and contingency planning. Capacity-building efforts will extend to Technical Working Groups (TWG) and collaborating Civil Society Organizations (CSOs).

### 3. Policy Dialogue and Advocacy for Gender-Sensitive DRM:

- *Objective 3:* ARC recognizes the importance of a policy environment that fosters gender sensitivity in risk financing and DRM. This objective involves sustained policy dialogue and advocacy efforts to contribute to a culture of gender-sensitive insurance and other DRM financing mechanisms, aligning with ARC's risk financing instrument.

#### Implementation Strategy:

- ARC's gender mainstreaming approach aligns with its strategic framework and will be guided by the outlined objectives. The strategy emphasizes not only addressing gender inequality within ARC's internal policies and programs but also transforming DRM approaches to ensure gender equality for vulnerable populations in Member States.

This comprehensive approach signifies ARC's commitment to bridging the gap between policy intentions and practical guidance, contributing to the broader goal of inclusive and effective disaster risk management with a focus on gender equality.

## METHODOLOGY

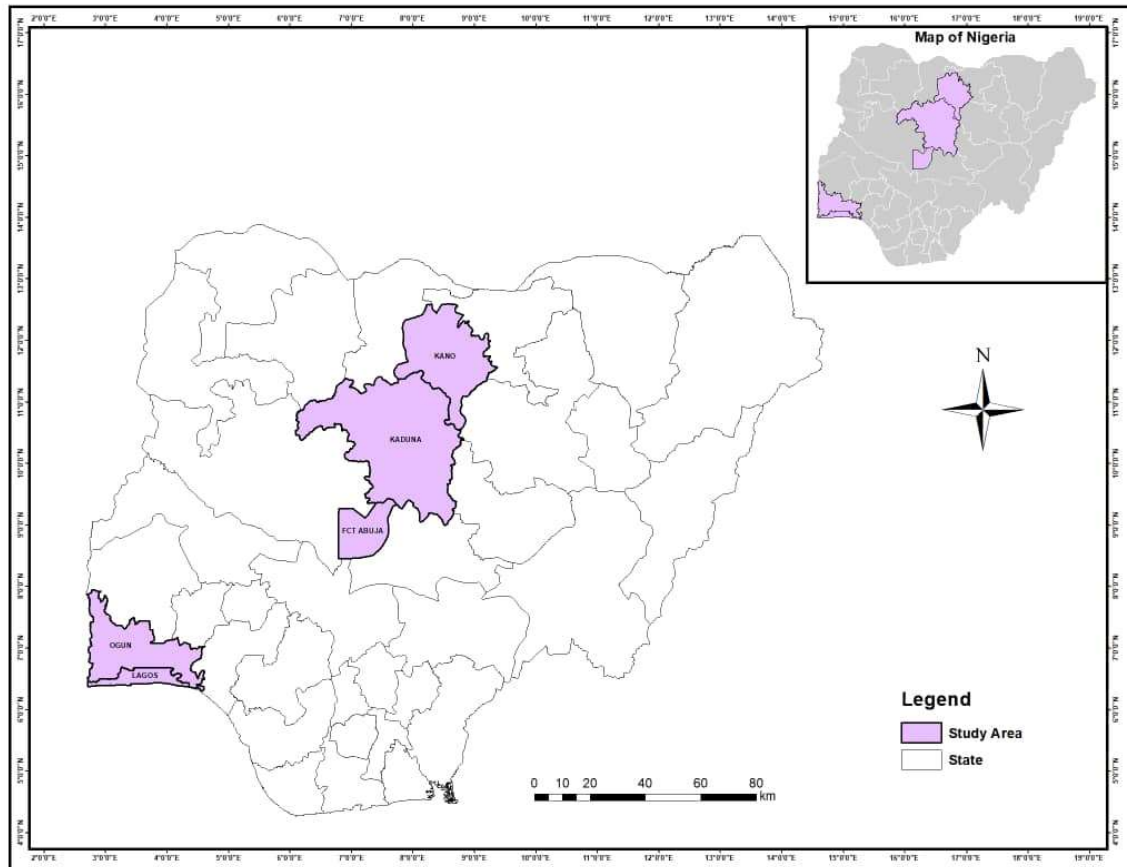
### 3.1 Selection of Study Areas

Given Nigeria's vast population, ethnic diversity, and six geopolitical zones, this study acknowledged the impossibility of covering all zones within the allocated timeframe. Recognizing the unique characteristics and variations in disease outbreaks, epidemics, climate risks, and risk management and financing across zones, three (3) zones were purposively selected. The methodology employed a Rapid Appraisal approach to triangulate evidence, combining internal and external evaluations to ensure the reliability of both tangible and intangible gender data.

The selection of study areas was purposive, focusing on three zones with documented histories of outbreaks, epidemics, and disaster and risk management. The chosen states were as follows:

- Southwest: Lagos and Ogun States, due to their specific challenges such as flash floods, outbreaks, and risks.
- Northwest: Kano and Kaduna States, facing climate risks and disasters like droughts and restiveness.
- North Central: Nasarawa State and the Federal Capital Territory, Abuja. The latter held a significant presence of government and non-government organizations, providing valuable insights into Outbreaks and Epidemics (O&E) and Disaster Risk Management and Financing (DRM&F) in relation to gender inclusivity and responsiveness.

These selected states aimed to offer a true representation of O&E and DRM&F situations in Nigeria, encompassing a diverse range of local communities experiencing these challenges.



**Figure 1: Map of Nigeria showing the study area**

### **3.2 Sampling Strategy and Selection of Key Stakeholders**

To identify and select key stakeholders possessing relevant knowledge and expertise in gender, health emergencies, disaster risk management, and financing, a combination of Rapid Appraisal, Purposive, and Snowballing methods were employed. This ensured representation from various stakeholders, including government agencies, non-governmental organizations (NGOs), and community representatives.

#### **3.2.1 Selection of Key Informants**

Key informants were chosen based on the following criteria:

1. **Expertise and Experience:** Individuals with significant expertise in gender equality, epidemic preparedness, and disaster risk management, including professionals from governmental agencies, NGOs, academic institutions, and community-based organizations.
2. **Diversity:** Ensuring representation from various stakeholders, such as government officials, emergency responders, healthcare professionals, community leaders, and representatives from marginalized groups, to capture diverse perspectives.

3. **Geographic Considerations:** Selection from different regions or areas affected by epidemics or disasters to provide a comprehensive understanding of unique challenges and opportunities.
4. **Intersectionality:** Recognizing the intersectionality of gender with other social identities, ensuring representation of informants who can shed light on the specific needs and experiences of different marginalized groups.
5. **Collaboration Potential:** Identifying individuals or organizations with the potential to collaborate closely with ARC and allied organizations throughout the project and beyond for sustainable gender integration efforts.

### **3.2.2 Selection of Key Informants**

The selection utilized a combination of expert recommendations, stakeholder mapping, interviews, studies, and inclusive selection approaches. This involved seeking recommendations from reputable organizations, conducting stakeholder analyses, targeted interviews and studies, and involving local communities and marginalized groups in the selection process.

### **3.3 Data Collection Techniques and Instruments**

Both secondary and primary data collection techniques were employed to gather qualitative and quantitative data. Primary data was collected through interviews, focus group discussions, and studies, with two gender-disaggregated and one mixed focus group discussion in each selected location.

Secondary data was obtained from research findings, relevant literature, and publications. The combination of these techniques aided in identifying gender gaps, opportunities, and challenges in the health sector's response to O&E and DRM&F.

#### **3.3.1 Types of Data Collected**

Qualitative data was gathered through in-depth interviews, focus group discussions, and key informant interviews with key stakeholders, aiming to gain insights into their experiences, perceptions, and attitudes towards gender issues. Quantitative data was collected through studies administered to a larger sample of stakeholders, providing quantifiable information on gender differentials in experiences and perceptions.

#### **3.3.2 Analytical Tools**

Gender analyses and descriptive statistical tools such as percentages, tables and frequency counts were used to analyze the collected data. The selected analytical tools identified patterns, trends, and relationships in the data to achieve the research objectives, with verbal quotes from respondents providing additional context.

### **3.4 Report Structure**

This report comprises two main sections, each focusing on an in-depth gender analysis within specific sectors. Section A addresses the Health Sector, providing insights into gender dynamics related to outbreaks and epidemics. It identifies gaps and challenges while proposing

recommendations for gender integration, ultimately contributing to the gender transformation of the health sector in Nigeria. Section B focuses on Disaster Risk Management and Financing, conducting a comprehensive gender analysis to identify gaps and challenges. The section proposes recommendations in policies, strategies, and activities to ensure a gender-responsive and transformational DRM sector in Nigeria.

**Section A: Report of In-Depth Gender Analysis of the Health Sector from the O&E Perspective**

1. Executive Summary
2. Introduction
3. Gender Analysis of the Health Sector
4. Conclusion
5. Action Plan

**Section B: Report of In-Depth Gender Analysis on DRM&F**

1. Executive Summary
2. Introduction
3. Gender Analysis of DRM&F
4. Conclusion
5. Action Plan

# SECTION A

## **IN-DEPTH GENDER ANALYSIS OF THE HEALTH SECTOR FROM THE O&E PERSPECTIVE**

## Executive Summary

This comprehensive study conducted thorough examination of gender dynamics within the Nigerian health sector, focusing particularly on emergency and disaster risk management from the Outbreaks and Epidemics (O&E) perspectives. The study engaged a diverse array of respondents representing various healthcare organizations, including hospitals, governmental bodies, academic institutions, and non-governmental organizations. Geographically, the study covered significant regions such as Southwest Nigeria, North Central, and the Northeast, ensuring a holistic understanding of gender integration efforts across Nigeria.

Existing policies in Health Emergency and Disaster Risk Management (HEDRM) exhibit shortcomings in addressing gender-specific vulnerabilities during disasters or outbreaks. Governance changes have occurred, but more efforts are needed for enhanced gender inclusivity. Local-level disaster preparedness plans lack comprehensive gender integration. Disaster mapping considers both genders but falls short in identifying and mapping specific risks for distinct gender groups. Monitoring of the gender composition of rescue teams is acknowledged, yet alignment with distinct gender needs requires improvement. Accessible registration facilities are recognized for inclusive disaster response. The report underscores the need for targeted policy interventions, emphasizing gender-integrated training, improved communication, inclusive resource planning, and continuous evaluation for an effective HEDRM

### 4.0 Introduction

#### 4.1 Background and Rationale

Gender dynamics within the healthcare sector play a pivotal role in shaping the effectiveness and inclusivity of health interventions, particularly during emergencies and disaster risk management. Understanding these dynamics is critical for developing strategies that address the diverse needs of different genders and ensure equitable access to healthcare services. Nigeria, with its vast and varied healthcare landscape, presents a unique context to explore and analyze the intersectionality of gender and health. This study stems from the imperative to comprehensively assess how gender influences health service provision during emergencies in Nigeria and to provide evidence-based insights for informed policy and practice.

In the complex landscape of health emergency and disaster response, understanding the intricacies of gender dynamics is paramount for designing effective and inclusive strategies. This report presents an in-depth gender analysis of the health sector, specifically from the perspective of Outbreaks and Epidemics (O&E), aiming to unearth nuanced insights that contribute to the enhancement of our approach to health crisis management.

The purpose of this analysis is rooted in the imperative to scrutinize and improve the existing mechanisms and policies governing health emergency responses, with a keen focus on how gender disparities intersect with and influence these strategies. By delving into the gendered dimensions of health crises, we aim to identify gaps, challenges, and opportunities for the integration of gender-sensitive measures into the fabric of health emergency and disaster risk management.

Nigeria, as a diverse and dynamic nation, grapples with a range of health challenges compounded by the looming threat of outbreaks and epidemics. The Health Emergency and Disaster Risk



Management (HEDRM) landscape in the country necessitates a comprehensive understanding of how different genders experience, cope with, and are affected by health crises.

This report is not merely an exploration of statistical percentages; rather, it seeks to capture the lived experiences, vulnerabilities, and resilience factors that distinguish men, women, boys, and girls in the face of health emergencies.

#### **4.1.1 Objectives of the Study**

The primary objectives of this study are multifaceted. In the first instance, it aims to conduct a thorough analysis of gender dynamics within the Nigerian health sector, with a specific focus on emergency and disaster risk management. The study seeks to identify existing disparities in access to healthcare services and understand the effectiveness of gender-inclusive interventions during health crises. Furthermore, the study aims to assess the measures taken to address gender-based vulnerabilities, explore gender inequalities in access to information during health emergencies, and evaluate the gender considerations within health organizations. Ultimately, the study aspires to contribute actionable recommendations for enhancing gender integration in Nigeria's health emergency and disaster risk management strategies.

#### **4.1.2 Scope and Limitations**

The scope of this study encompasses a diverse range of healthcare organizations, including hospitals, governmental bodies, academic institutions, and non-governmental organizations, spanning various geographical regions within Nigeria. The focus on emergency and disaster risk management ensures relevance to the most critical aspects of healthcare delivery. However, it is important to acknowledge certain limitations. The study relies on self-reported data from respondents, which may be subject to biases.

#### **4.1.3 Methodology**

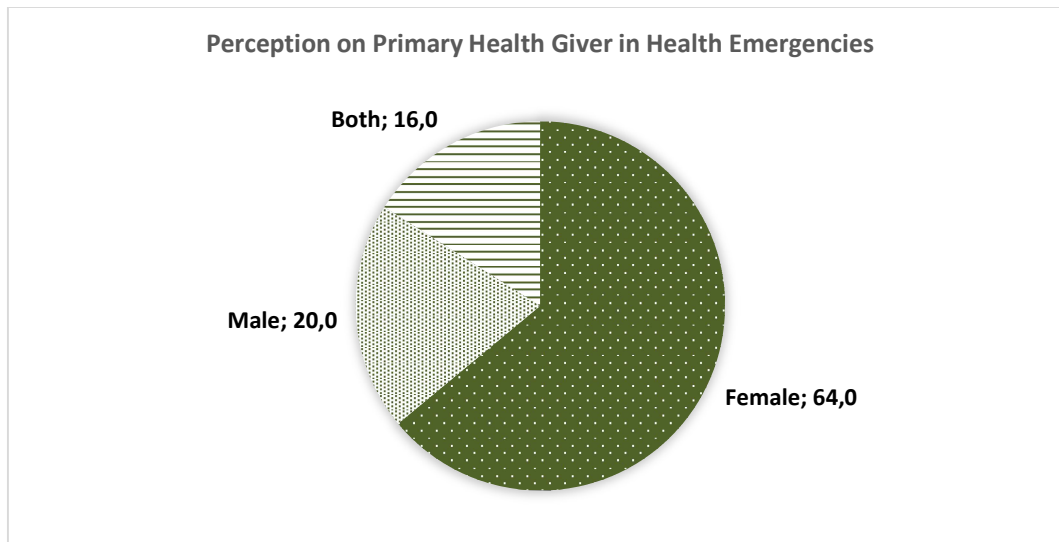
The study employed a mixed-methods approach, combining quantitative and qualitative data collection techniques. A structured questionnaire was distributed to a diverse set of healthcare professionals and organizations across Nigeria, providing quantitative insights into the prevalence of gender disparities and the effectiveness of gender-inclusive interventions. Concurrently, in-depth interviews and focus group discussions were conducted to gather qualitative perspectives and enrich the understanding of the contextual distinctions of gender dynamics within the health sector. The combination of these methodologies aims to provide a comprehensive and distinctive analysis of gender-related challenges and opportunities in the Nigerian health sector during emergencies.

### **4.2 Understanding of Gender Dynamics in Health Sector - Perception on Gender Roles**

#### **4.2.1 Perception of Gender Roles during Health Emergencies**

The results of the study presented in Figure 2 indicate distinct perceptions regarding primary caregivers and first responders during health emergencies. A majority (64.0%) identified females as the primary caregivers, reflecting a traditional gendered notion of caregiving responsibilities. In contrast, only 20.0% perceived males in this role, while 16.0% recognized both genders as contributing to caregiving duties. This data reflects the existing gender norms that shape household roles during crises. The perception of females as primary caregivers place additional burden on

women during health crises. Stress on female caregivers could impact their overall well-being and effectiveness in managing emergencies.



**Figure 2: Perception on Primary Health Giver in Health Emergencies**

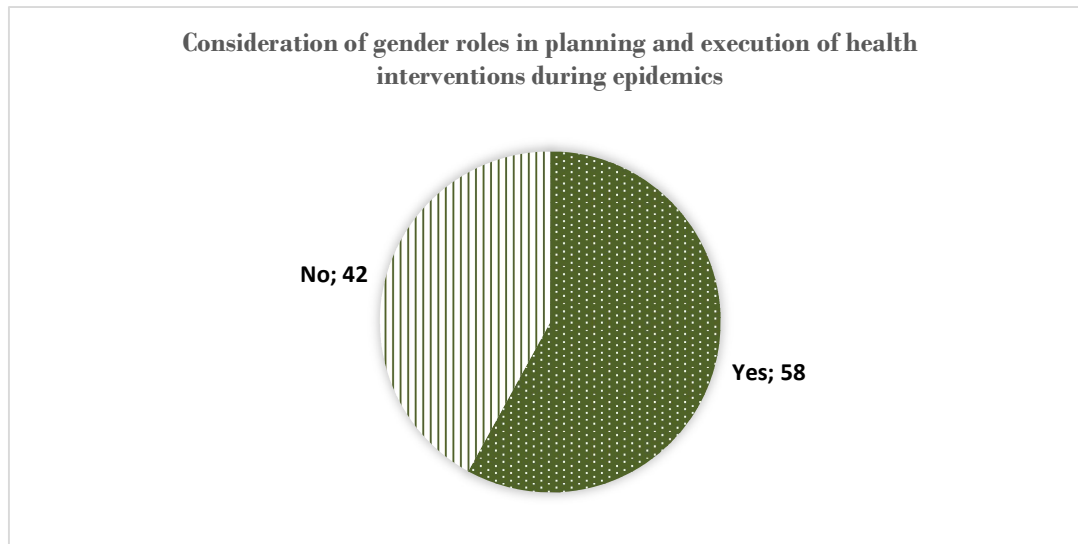
*“During emergencies most of us (women) who are working in health sector are mostly at the receiving end because we naturally assume caregiving position and society demands this too, irrespective of the fact that emergency situations do not warrant gender profiling. Every qualified person can give care services during emergencies but society still look mostly to women to do these.”-A group of Nurses in Abuja.*

*We have male nurses in hospitals, during outbreaks and epidemics emergencies, patients mostly want female nurses to attend to them because they don’t mostly believe that men could also be nurses. Society has ceded nursing profession to be female domain and dominated”. – A group of mixed Health Professionals in Kano Hospital*

#### **4.2.2 Consideration of Gender Roles in Health Interventions**

Figure 3 revealed a nuance landscape concerning the integration of gender roles in planning health interventions during outbreaks and epidemics. A majority (67.0%) of health stakeholders acknowledged the consideration of specific gender roles in planning and execution, demonstrating a positive predisposition towards recognizing the diversity of needs within different genders. The acknowledgment of gender roles in health intervention planning was a positive signal. It suggested a growing awareness within the health sector about the diverse needs and vulnerabilities associated with different genders during epidemics. This recognition could be crucial steps toward designing interventions that are more attuned to the complexities of societal structures during outbreaks and epidemics emergencies. However, the fact that 32.0% indicated a consideration for gender roles

highlighted existing challenges. It signaled a need for further awareness and training within the health sector to ensure that all health interventions were comprehensively gender-responsive.



**Figure 3: Gender roles in planning and execution of health interventions during epidemics**

#### 4.2.3 Influence of Gender Dynamics on Access to Health Services

Gender dynamics have both negative and positive influence to health services during outbreaks and epidemics during health emergencies. Participants explained that gender norms, societal expectations, relations and level of income have bearing on who access quality health services during emergencies.

The data presented in Figure 4 illustrates the gender dynamics influencing access to health services during epidemics in Nigeria. There are variations in access across zones and locations. Participants explained that people in the urban areas have more access to health emergency services compared to those in the urban areas. Stakeholders in different proportions highlighted limited access for men (13.3%), limited access for women (61.1%), and no significant impact (25.6%). Under-utilization, unmet medical needs, cost associated with such services and other intersectionality such as income and other structural factors are explained to be the cause for the gender dynamics experienced during health emergencies.

Factors inhibiting access to medical services include the cost associated with them, experiences of discrimination, and issues related to cultural sensitivity and a lack of gender sensitivity

- Limited access for men (13.3%) suggests that a minority of men face challenges in accessing health services during epidemics.

“ Men are sometimes neglected during health emergencies because society look to them as the macho persons who can always sort out themselves, they should not show signs of weakness and should provide money for the family so they can survive during emergencies”  
– Male FGD in Kano

*“Men do not have health seeking behavior even when they need it because society believe that if men show helplessness during emergencies would mean they are weak. So they rather stay at home for their spouse to give free care services” – Mixed FGDs in Zaria*

This might be attributed to factors such as traditional gender roles, stigma, or economic constraints.

- Limited access for women, (61.1%) indicates a significant gender disparity, with a majority of women experiencing difficulties in accessing health services during epidemics. This may be influenced by range of factors including cultural norms, gender-based violence, or inadequate healthcare infrastructure that disproportionately affects women.
- *“During health emergencies, in this part of Nigeria and especially in the rural areas, husbands have strong influence on where women can access or the types of health services to access. Here, traditional birth attendants are preferred to the conventional medical services which may be due to economic reasons. Many mothers have lost their lives because of some incompetency” – Female FGD in Kano*

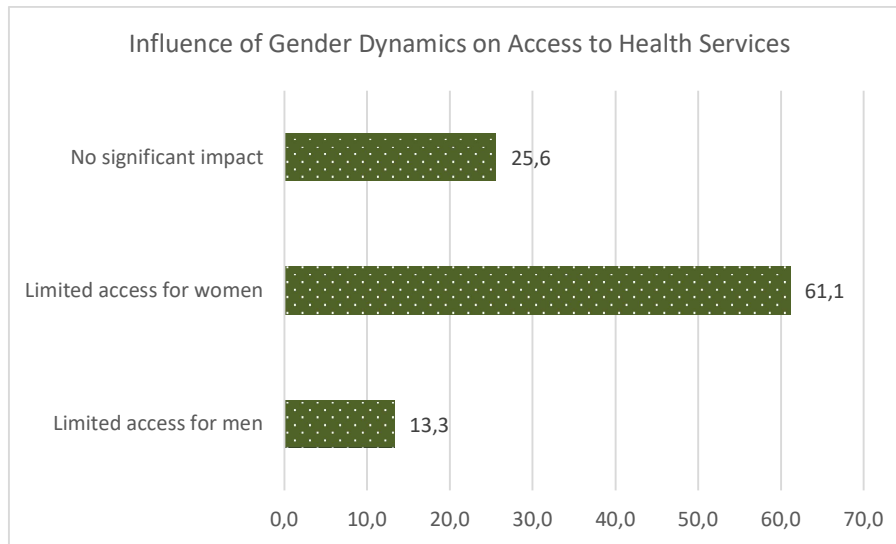
*“We have just one primary health care where we all go to but there are some cases when the facilities at these health care services can not meet the health need of the patients. At times, they don’t even have common pain reliever or the only drugs prescribed for every time of emergencies is just paracetamol. So, when such people are referred to a private hospital, they may not have money to use such services” – A Key informant in Nasarawa State*

- No significant impact reported by 15.6% of respondents may suggest that, for a substantial portion of the population, gender does not play a significant role in hindering access to health services during epidemics.

#### **Implications and recommendations of Study Findings on gender disparity in HEDRM:**

- **Gender Inequality in Health Access:** The high percentage of limited access for women underscores existing gender disparities in health service access during emergencies. This signals a need for targeted interventions to address these inequalities, recognizing that women may face unique challenges in accessing healthcare during epidemics.
- **Policy and Programmatic Adjustments:** Policymakers and healthcare providers should consider gender-specific strategies in emergency response planning. This may involve tailoring health services to address the specific needs of women during epidemics, including reproductive health and maternal care.
- **Community Engagement and Education:** Efforts should be directed towards community engagement and education to challenge cultural norms and stereotypes that contribute to gender-based disparities. This could involve sensitization programs aimed at fostering a more equitable understanding of healthcare needs during emergencies.
- **Data-Driven Decision Making:** The study findings emphasize the importance of collecting and analyzing gender-disaggregated data during health emergencies. Such data can inform evidence-based decision-making, allowing for more targeted and effective interventions that consider the diverse needs of both men and women.

- **Health Infrastructure Improvement:** The findings may suggest a need for broader improvements in health infrastructure to ensure equitable access for all genders. Addressing issues such as distance to healthcare facilities, availability of services, and cultural competence in healthcare delivery can contribute to reducing gender-based disparities.



**Figure 4: Influence of Gender dynamics on access to health services during health emergencies**

#### 4.2.4 Effectiveness of Involving Both Genders in Health Interventions

The results presented in Figure 5 reveal a significant consensus among Stakeholders regarding the effectiveness of health interventions during crises when both men and women are involved. With an overwhelming 96.0% expressing the belief that involving both genders enhances overall effectiveness, the findings emphasize the importance of adopting a gender-inclusive approach in health emergency and disaster risk management.

“ There are presence of both national and international agencies her, they are strongly supporting the Federal ministry of Health to develop guidelines and policies that addresses gender issues in relations to O&E. Agencies are doing this because of the inherent challenges that are glaring in the health sector. More need to be done though”- A key informant (Federal ministry of Health). This high level of agreement suggests a widespread acknowledgment of the value brought by both men and women in crises. The positive perspective aligns with global recommendations emphasizing the necessity of considering gender dynamics in emergency response. It signifies a collective understanding that diverse perspectives, skills, and experiences of both genders are very crucial and contribute to more comprehensive and resilient health interventions during crises.

While the majority strongly supports gender inclusivity, the 4.4% expressing a contrary view could provide valuable insights. Further exploration is warranted to understand the reasons behind this minority perspective. It could be influenced by misuse of cultural norms, misconceptions about gender roles, or specific contexts where individuals perceive gender-inclusive approaches as less effective. This minority opinion underscores the need for targeted efforts to address potential

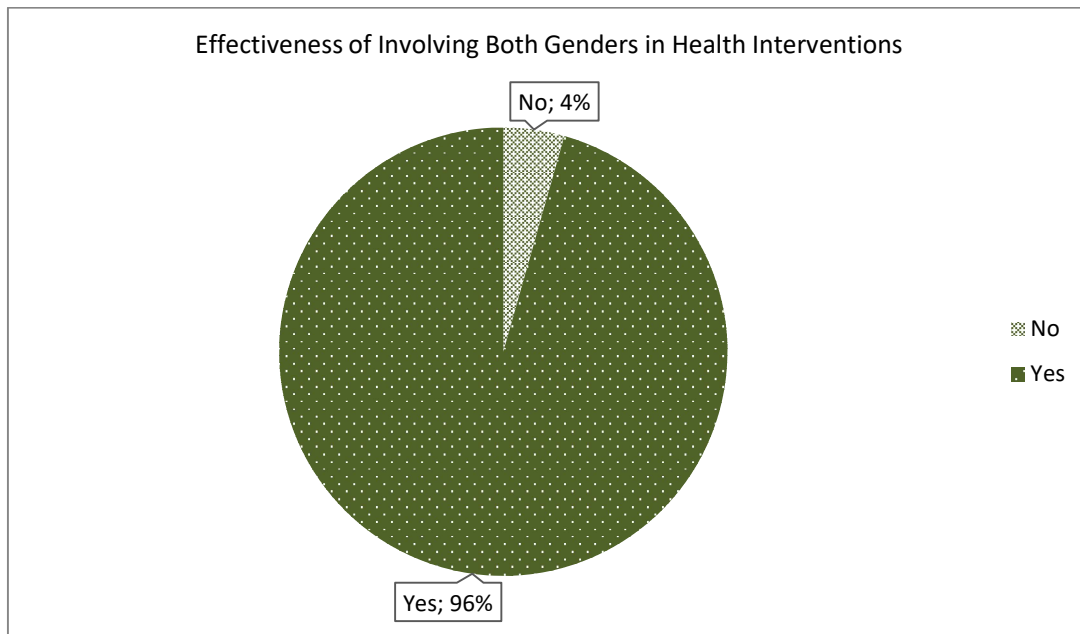
resistance or misunderstandings regarding the benefits of involving both genders in health interventions.

**The implications of these findings are multifaceted**

Firstly, they call for advocacy efforts to promote gender-inclusive approaches in health emergency planning and response. The role of men cannot be overemphasized and therefore can serve as change agents and advocates to address cultural norms and roles for more understanding of how the social construction of identity and unequal power relations between men and women affect health outcomes during O&E.

Policymakers can utilize the study results to reinforce existing policies or develop new ones that explicitly prioritize the involvement of both men and women. Capacity-building initiatives and training programs are also crucial to enhance the understanding of health professionals, emergency responders, and community leaders regarding the benefits of gender-inclusive strategies.

Furthermore, the positive perception of involving both genders presents an opportunity for community engagement. Initiatives that incorporate the input of both men and women in decision-making processes, planning, and implementation of health interventions can foster community resilience and support during crises. Ongoing research and evaluation efforts are recommended to continually assess the effectiveness of gender-inclusive approaches, ensuring that strategies evolve based on real-world outcomes and needs. In conclusion, the study's findings underscore the importance of gender inclusivity in building robust health systems capable of effectively responding to emergencies and disasters in Nigeria.



**Figure 5: Effectiveness of Involving Both Genders in Health Interventions**

**4.2.5 Measures to Address Gender-Based Vulnerabilities**

Figure 6 reveals the extent to which specific measures are taken to address potential gender-based vulnerabilities during health emergencies in Nigeria. The data indicates that 60% of respondents

affirm the existence of specific measures, while 30% report the absence of such measures. This insight is crucial for understanding the level of attention given to gender-based vulnerabilities in the context of health emergency in O&E.

*“During O&E emergencies, there are usually spikes in gender based violence against women and girls especially in rural communities but the community leaders have women leaders who usually intervene to stem these situations. This is not enough. There is the need to have spousal schools to engage both men and women in peaceful dialogue to resolve issues rather than ‘gas lighting’ a particular gender” -*

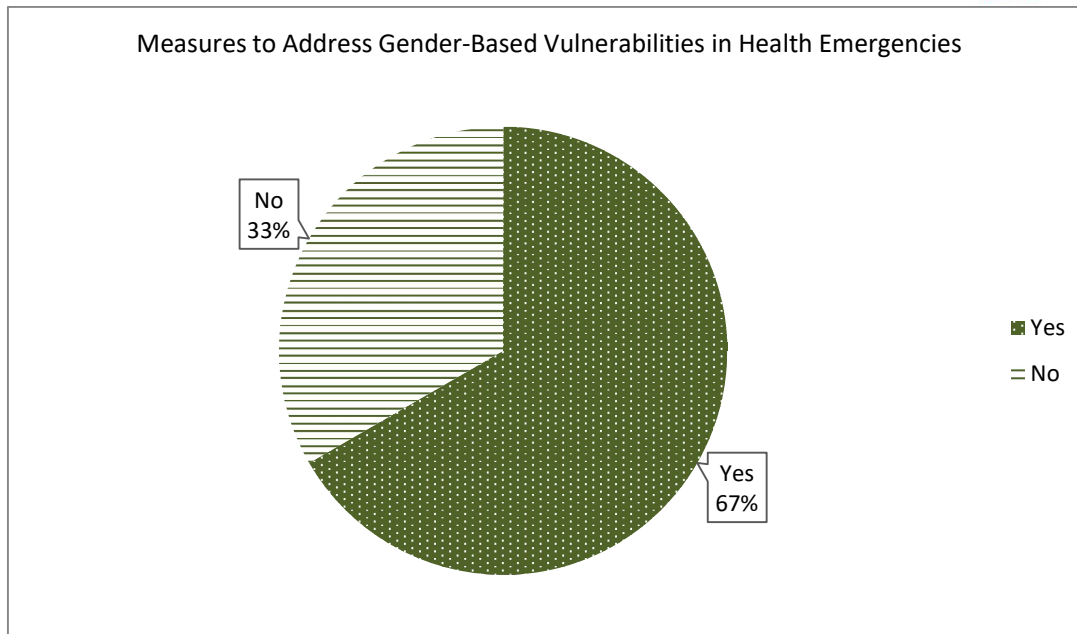
*“We need more counselors who are verse in domestic peace resolutions and counseling units that will be incorporated into health services”- First Responders in Ogun State.*

*“Young boys are also very vulnerable, people hardly give them attention but it happens too, I have treated such cases but when you make comparison, more girls and women face gender base violence”- A medical Doctor in Lagos State.*

*Government should let people know the addresses of government registered counseling units and those ones that genuinely take on cases of GBV so that people can access help when such help is needed. – A key informant in Abuja*

*“Even women and ‘differently able’ people face discriminations during health emergencies”. - A Women only FGD in Nasarawa State. The positive response from 60% of participants suggests recognition of the importance of addressing gender-specific vulnerabilities during health emergencies. These measures could include tailored interventions for women's health, awareness campaigns on gender-responsive healthcare, and the integration of gender considerations in emergency response planning. This positive acknowledgment aligns with global best practices that emphasize the need for gender-sensitive approaches in disaster and health emergency management.*

Conversely, the 30% indicating the absence of specific measures raises concerns about potential gaps in addressing gender-based vulnerabilities during health emergencies. This may reflect a need for enhanced policy frameworks, training programs, and implementation strategies to ensure that gender considerations are systematically incorporated into emergency response plans.



**Figure 6: Measures to Address Gender-Based Vulnerabilities in Health Emergencies**

#### 4.2.6 Gender inequalities in Access to Information during Health Emergencies

Results shown in Figure 7 sheds light on gender inequalities in access to information during health emergencies in Nigeria, with 53.3% of respondents indicating the existence of such disparities and 46.7% report no gender inequalities in access to information. This finding is significant as access to timely and accurate information plays a critical role in mitigating the impact of health emergencies and ensuring effective response measures.

*“Gender discrimination against women and girls with special needs during health seeking in O&E emergencies debar them from accessing good quality information at such instances due to their conditions. I witnessed how this group of people were neglected during COVID 19 because everyone was being careful around them” – A nurse in Kano*

*“Everybody could see that there are more men in top and leadership positions during the pandemic, There were more men than women in surveillance and media units that time. We could see the disparity during broadcasts too”.- Key informant in Lagos State*

The majority response (53.3%) suggesting the presence of gender inequalities in access to information underscores a concerning aspect of health emergency management.

*“Normally during major O&E emergencies, schools are usually closed down and this have negative effects and affect how young people who are in schools would access information on health services and emergencies” – A Teacher in Nasarawa State*

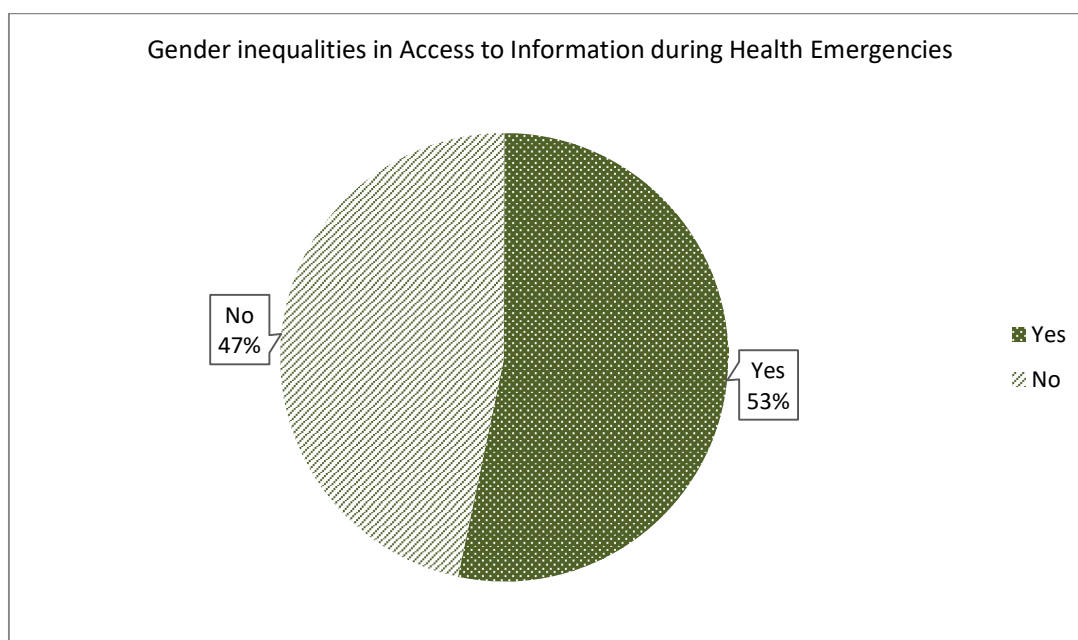
These disparities may stem from various factors, including cultural norms, educational inequalities, and limited dissemination channels tailored to different genders. Addressing these disparities is essential to ensure that both men and women have equal access to crucial information related to



health emergencies, including preventive measures, healthcare services availability, and response protocols.

The finding of gender inequalities in access to information highlights the importance of developing and implementing gender-responsive communication strategies during health emergencies. This includes utilizing diverse communication channels, considering literacy levels, and addressing cultural barriers to ensure equitable access to information for both men and women.

Equal access to information empowers individuals to make informed decisions about their health and well-being during emergencies. Addressing gender disparities in access to information can contribute to empowering women, who often bear the primary responsibility for family health, thereby enhancing overall community resilience and response to health emergencies.

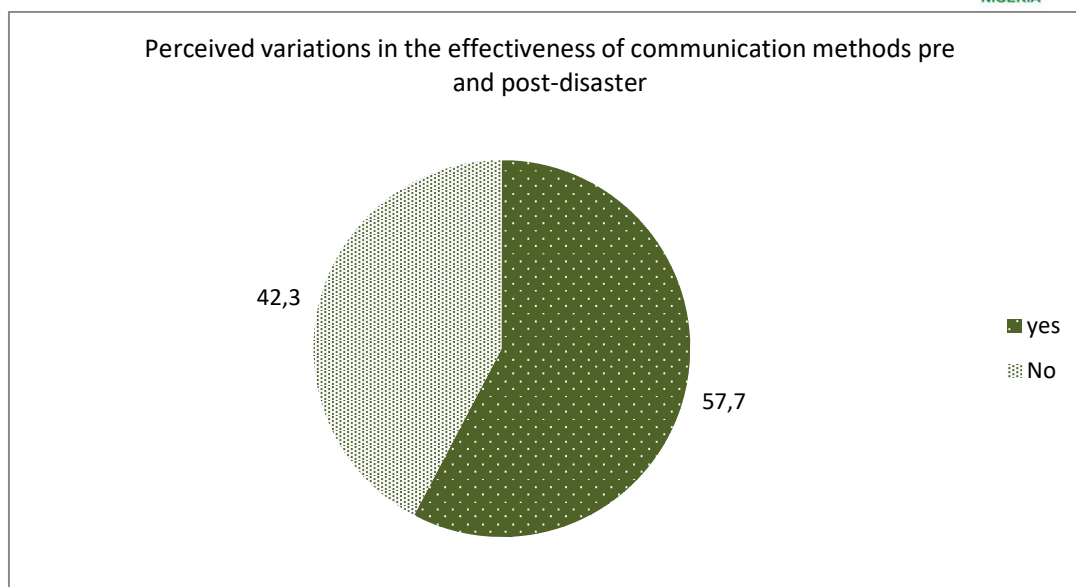


**Figure 7: Gender inequalities in Access to Information during Health**

#### 4.2.7 Awareness of information dissemination during and post-disaster

The means of information dissemination before and during disaster identified by participants include phone, radio, television, town hall meetings, social media, print media, and community outreach using town criers.

The result presented in Figure 8 indicates that there are perceived variations in the effectiveness of communication methods based on gender, with 57.7% of participants acknowledging these differences. This finding is crucial in understanding how disaster-related information are receive and processed differently by affected communities during and post-disaster.



**Figure 8: Perceived variations in the effectiveness of communication methods pre and post-disaster**

The observed variations could stem from differences in access to communication channels, information preferences, or cultural factors influencing the effectiveness of certain methods across genders. It suggests that a one-size-fits-all approach to communication in disaster management may not be optimal, necessitating a more nuanced and tailored strategy.

**Implications and recommendations on perceived variation in Information Dissemination and Awareness:**

- **Targeted Communication Strategies:** The acknowledgment of variations emphasizes the need for tailored communication strategies based on gender. Emergency response efforts should consider employing a mix of communication channels to ensure that information reaches and resonates with all segments of the population.
- **Inclusive Disaster Preparedness Programs:** Understanding the variations can inform the design of inclusive disaster preparedness programs that account for diverse communication preferences. This is essential for ensuring that vulnerable groups, including women and girls, receive timely and relevant information.
- **Community Engagement and Feedback:** The recognition of gender-specific variations underscores the importance of community engagement and feedback mechanisms. Authorities and organizations involved in disaster management should actively seek input from different gender groups to refine and improve communication approaches.

Table 1 provides insights into the gender distribution of awareness regarding HEDRM preparedness measures. The data indicates varying levels of awareness among men, women, girls, and boys.

For men, the majority fall into the categories of being moderately to somewhat informed, comprising 69.2% of the responses. Only a small percentage, 1.3%, claimed to be very well informed about disaster risks and preparedness measures. This suggests a need for targeted awareness campaigns to enhance men's knowledge in this regard.

Women exhibit a similar pattern, with the majority falling into the moderately to somewhat informed categories. Notably, there is a lack of responses indicating being "very well informed," signaling a potential gap in comprehensive awareness among women.

Among girls and boys, a significant portion falls into the somewhat informed category, highlighting the need for focused efforts to enhance awareness among younger demographics. Girls show a slightly higher percentage in the "not informed" category compared to boys.

**Table 1: Gender Distribution of Awareness of HEDRM Preparedness Measures**

S/N	Measure	Very well informed	Well informed	Moderately informed	Somewhat informed	Not informed
1	Men's awareness of disaster risks and preparedness measures.	1.3	21.8	38.5	30.8	7.7
2	Women's awareness of disaster risks and preparedness measures.	0	10.3	42.3	38.5	8.9
3	Girls' awareness of disaster risks and preparedness measures.	0	9	38.5	42.3	10.2
4	Boys' awareness of disaster risks and preparedness measures.	2.6	10.3	42.3	37.2	7.7

**Implications and recommendations of findings on gender differential awareness of awareness of disasters risks and preparedness measures:**

- The data underscores the importance of tailored awareness campaigns, recognizing the varying levels of understanding across gender groups.
- Efforts should be intensified to improve awareness among men, as they play crucial roles in disaster response and community leadership.
- Addressing the gap in the "very well informed" category for women suggests the necessity of targeted educational initiatives to empower women with comprehensive disaster knowledge.
- Recognizing the differences in awareness levels between girls and boys emphasizes the need for age-specific strategies in disaster education programs.

**4.2.8 Gender differences in awareness levels on HEDRM preparedness measures**

Figure 9 provides insights into the perceived differences in awareness levels among different gender groups regarding disaster risks and preparedness measures. The responses highlight varying perspectives among the participants.

The results shown in Figure 9 indicate that 35.9% of participants believe there are minor differences in awareness levels among different gender groups. This suggests a nuanced perception that while there may be variations, they are not considered substantial. An equal percentage, also at 35.9%, indicates a belief in significant differences in awareness levels among different gender groups. This

implies recognition of distinct awareness levels and potentially varying vulnerabilities and needs for disaster preparedness information among different genders.

On the other hand, 15.4% of participants express a lack of information regarding the differential impacts on men and women. This highlights a knowledge gap that could hinder the development of targeted and effective disaster risks communication strategies. Furthermore, 12.8% of participants perceive no apparent differences in awareness levels among different gender groups. This perspective might overlook potential disparities in the ways men, women, boys, and girls perceive, access, and respond to disaster-related information.

#### **Implications and recommendations of the findings on awareness levels:**

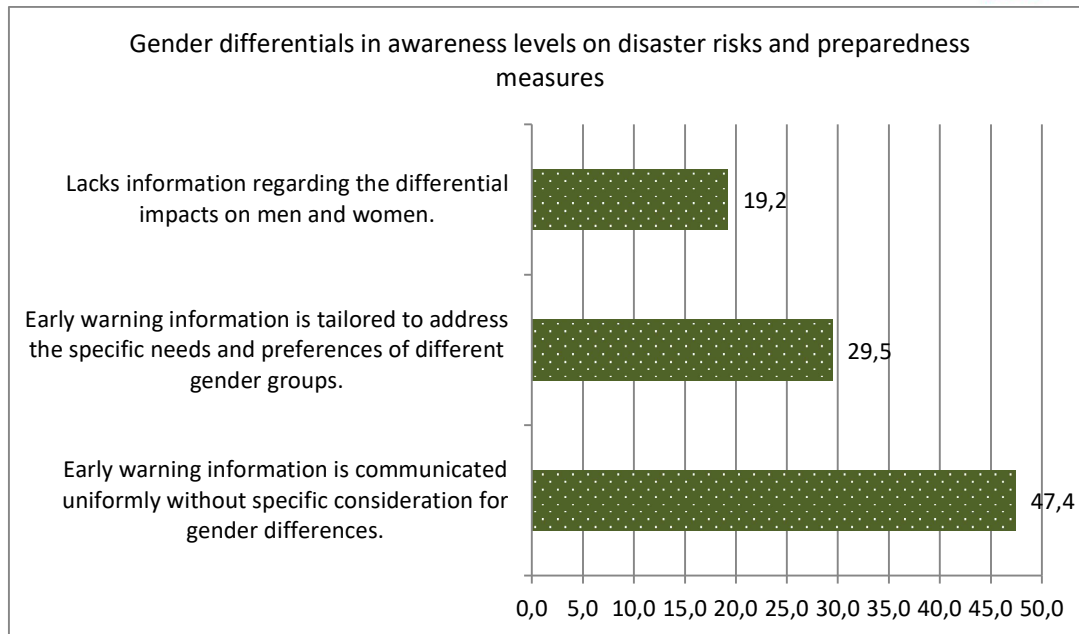
- Acknowledging significant differences in awareness levels underscores the importance of tailored communication strategies for diverse gender groups.
- Addressing the lack of information is crucial for designing inclusive and gender-responsive disaster risk communication programs that cater to the specific needs of all individuals.

Figure 9 explores how early warning information is communicated to different gender groups in the context of disaster preparedness and risk mitigation. The responses provide insights into the strategies employed in delivering crucial information to communities.

The majority of participants, accounting for 47.4%, believe that early warning information is communicated uniformly without specific consideration for gender differences. This perspective raises concerns about the potential lack of targeted approaches in disseminating information, overlooking the diverse needs and vulnerabilities of different genders.

Conversely, 29.5% of participants express that early warning information is tailored to address the specific needs and preferences of different gender groups. This response is promising as it suggests an acknowledgment of the importance of gender-sensitive communication in disaster preparedness efforts.

However, a notable 19.2% of participants indicate a lack of information regarding the differential impacts on men and women concerning early warning communication. This knowledge gap underscores the need for comprehensive research and awareness to inform effective strategies that consider gender-specific vulnerabilities and communication preferences.



**Figure 9: Gender differentials in awareness levels on disaster risks and preparedness measures**

**Implications and recommendations of findings on Gender differentials in awareness levels on disaster risks and preparedness measures:**

- The prevalent belief in uniform communication raises concerns about the potential exclusion of specific gender-related concerns in early warning systems. Tailoring communication to diverse needs is crucial for ensuring inclusivity.
- The acknowledgment of tailored communication strategies is a positive sign, emphasizing the importance of recognizing and addressing the unique requirements of different gender groups in disaster risk communication

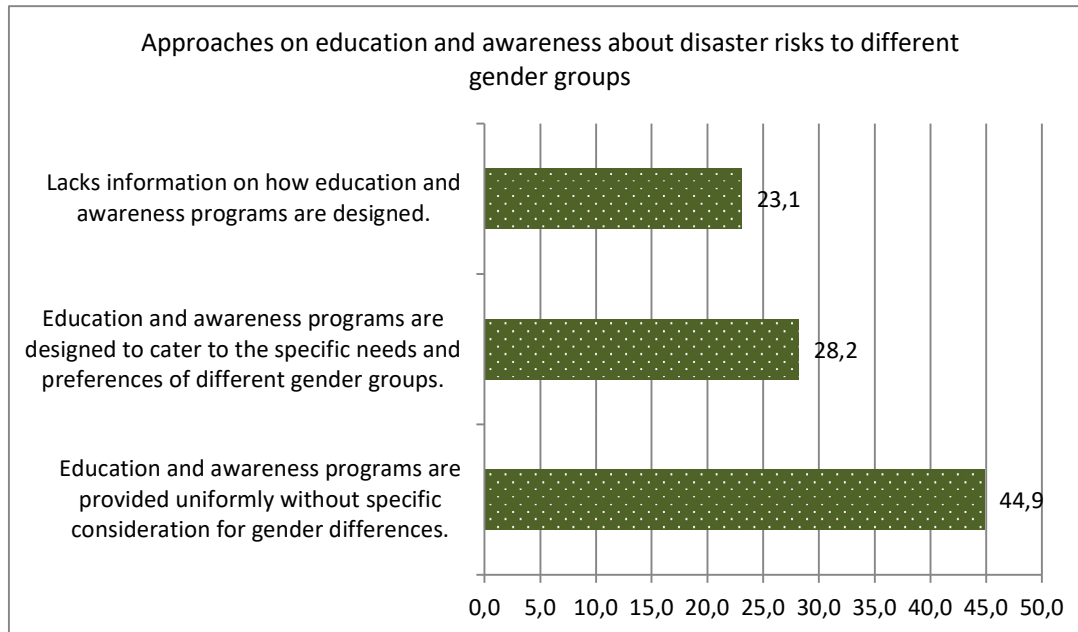
**4.2.9 Approaches taken in providing education and awareness about HEDRM to different gender groups**

Figure 10 delves into the approaches taken in providing education and awareness about disaster risks to different gender groups. The responses shed light on the inclusivity of educational programs and their alignment with the specific needs of diverse genders.

A significant 44.9% of participants believe that education and awareness programs are provided uniformly without specific consideration for gender differences. This finding raises concerns about potential gaps in addressing gender-specific vulnerabilities and preferences in disaster risk education.

On a positive note, 28.2% of participants indicate that education and awareness programs are designed to cater to the specific needs and preferences of different gender groups. This acknowledgment highlights a proactive approach to creating tailored educational content that considers the diverse perspectives and vulnerabilities of men, women, boys, and girls.

However, 23.1% of participants lack information on how education and awareness programs are designed. This knowledge gap underscores the need for transparency and documentation of program design, ensuring accountability and the ability to assess the inclusivity of such initiatives.



**Figure 10: Approaches on education and awareness on disaster risks provided to different gender groups**

**Implications and recommendations of findings on approaches taken in providing education and awareness about disaster risks to different gender groups:**

- The dominance of the belief in uniform education delivery indicates a potential need for increased awareness about the importance of gender-sensitive approaches in disaster risk education.
- The positive acknowledgment of tailored programs suggests a growing recognition of the necessity to address diverse needs, enhancing the effectiveness of educational initiatives.

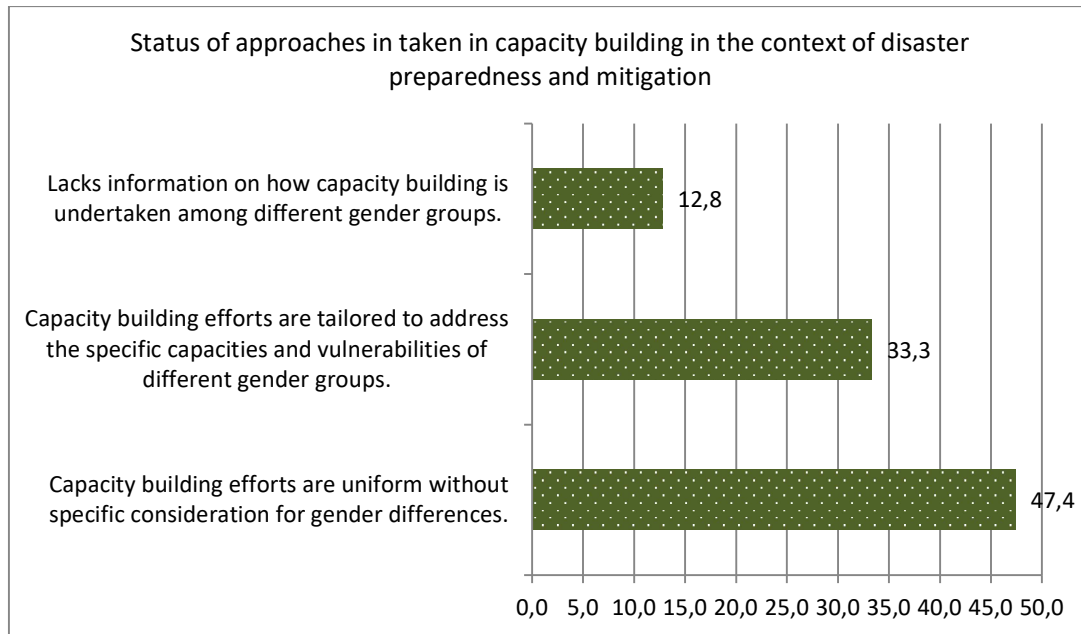
**4.2.10 Status of approaches in taken in capacity building in the context of disaster preparedness and mitigation**

Figure 11 explores the approaches taken in capacity building among different gender groups in the context of disaster preparedness and mitigation. The responses provide insights into the inclusivity of capacity-building efforts and their alignment with the specific needs and vulnerabilities of diverse genders.

A significant 47.4% of participants believe that capacity-building efforts are uniform without specific consideration for gender differences. This finding raises concerns about the potential oversight of gender-specific capacities and vulnerabilities in disaster risk management initiatives.

On a positive note, 33.3% of participants indicate that capacity-building efforts are tailored to address the specific capacities and vulnerabilities of different gender groups. This acknowledgment suggests a proactive approach to building the resilience of communities by recognizing and addressing the unique challenges faced by men, women, boys, and girls.

However, 12.8% of participants lack information on how capacity building is undertaken among different gender groups. This knowledge gap emphasizes the need for transparency and documentation of capacity-building strategies, ensuring accountability and the ability to assess the inclusivity of such initiatives.



**Figure 11: Status of approaches in taken in capacity building in the context of disaster preparedness and mitigation**

**Implications and recommendations of findings on Status of approaches in taken in capacity building in the context of disaster preparedness and mitigation:**

- The prevalence of uniform capacity-building efforts highlights a potential need for increased awareness about the importance of gender-sensitive approaches in disaster risk management.
- The positive acknowledgment of tailored capacity-building efforts indicates progress in recognizing and addressing the specific capacities and vulnerabilities of different gender groups.

**4.2.11 Organizational Approach to Addressing Gender Inequalities in O&E Health Emergencies**

In a multiple response, results shown in Figure 12 provide an overview of health organizations' strategies in Nigeria for addressing gender inequalities during health emergencies. The data reflects the percentages of organizational commitment to various approaches, shedding light on the current background of gender-responsive practices in the health sector.

One important aspect is the high emphasis on Training Initiatives for Gender responsiveness in Health Services and especially during O&E, with majority (76.6%) of Stakeholders indicating significant commitment to capacity-building programs. This suggests a proactive position in ensuring that healthcare providers possess the necessary knowledge and skills to deliver gender-sensitive care during health emergencies. This prioritization reflects an understanding of the pivotal role that education and skill development play in addressing gender inequalities within healthcare services.

*In our own organizations, we have conducted baseline studies to review and identify important mitigating strategies and gather evidence on gender interventions in public health emergencies. We are presently reviewing our organizational gender policy.”- Key informants at Risk Reduction Unit,; Abuja Hospital, Abuja*

*“There seems to be renewed kind of focus, interests and efforts presently put in place on gender inclusion and considerations in health emergency preparedness and responses. Both national and international agencies are investing in ensuring workers are gender ‘savvy’ and they are equally strengthening existing governance. They are deliberately doing this and I guess it is gaining more momentum in recent years” – A key informant at Risk Reduction Unit, NEMA office Abuja*

*“In Ogun and Lagos State, emergency preparedness and response is getting a new lease with deliberate efforts put in place on building capacities to be gender responsive. This involves considering roles and other intersections and the needs of vulnerable groups”.- Group of first responders*

In addition, the significant focus on Inclusive Outreach Programs for Vulnerable Populations (67.7%) highlights a commitment to reaching vulnerable groups of all genders during health emergencies. This underscores an awareness of the importance of targeted efforts to provide equitable healthcare access, recognizing that certain populations may face heightened vulnerabilities during crises.

Organizational Commitment to Gender-Responsive Policies, at 67.7%, indicated high emphasis on the establishment of formal frameworks specific to gender inequalities in health services during emergencies. Though this suggests a acknowledgment at the organizational level of the need for policies, there is a need to ensure that these policies are effectively implemented and integrated into daily health service practices.

On Tailored Health Service considering diverse gender needs, a little above one-third (35.5%), reflects a considerable effort in addressing the unique requirements of different genders during emergencies. However, there are rooms for improvement to ensure a more comprehensive approach that thoroughly meets the specific healthcare needs of all genders.

Collaborative efforts with gender-focused Organizations (65.5%) demonstrate a significant emphasis on partnerships, recognizing the value of collective efforts and expertise in advancing gender equality in health emergency and disaster risk management. This collaborative approach is promising and should be optimized to foster strategic partnerships.

On the other hand, the lower emphasis on Monitoring and Evaluation for Gender responsiveness in Health Services during emergencies (35.6%), points to potential gaps in systematically assessing and addressing gender inequalities. Strengthening monitoring mechanisms is crucial for evaluating



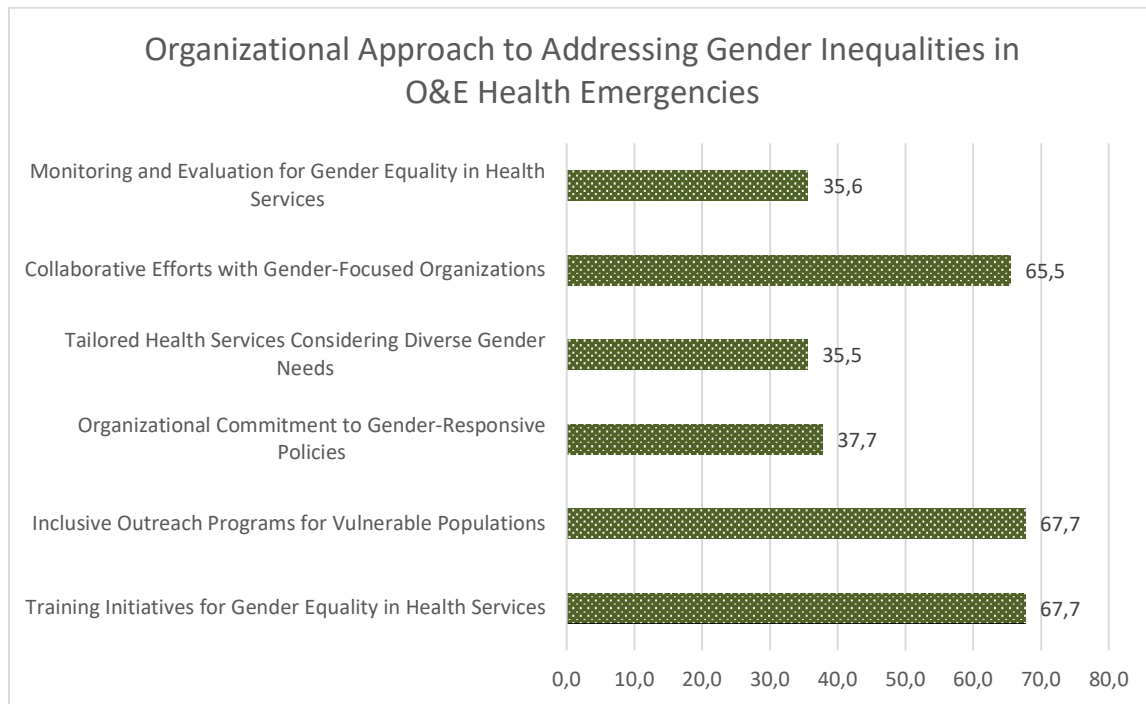
the impact of gender-responsive initiatives, facilitating continuous learning, and enhancing overall effectiveness.

**Implications and recommendations of the findings on Organizational Approach to Addressing Gender Inequalities in O&E Health Emergencies**

The findings from Figure 12 have several implications for O&E health emergency and disaster risk management in Nigeria. Firstly, there is a need to prioritize training initiatives to ensure that healthcare providers are equipped with the necessary knowledge and skills to deliver gender-sensitive care during emergencies. Additionally, efforts should be made to strengthen monitoring and evaluation mechanisms to assess the impact of gender-responsive initiatives systematically.

Furthermore, collaborative partnerships with gender-focused organizations should be optimized to leverage collective strengths and expertise in addressing gender disparities effectively. Organizational commitment to gender-responsive policies should be translated into practical implementation to ensure that gender-sensitive practices are integrated into daily operations.

Moreover, tailored health services should be refined to address the unique healthcare requirements of all genders during emergencies. Finally, inclusive outreach programs should be further developed to reach vulnerable populations of all genders, ensuring equitable access to healthcare services.



**Figure 12: Health Organizational Approach to Addressing Gender Inequalities**

**4.3 Assessing Gender Sensitivity and Inclusivity in the Health Sector**

**4.3.1 Gender Sensitivity in the O&E Health Emergency**

As shown, Figure 13 offers a detailed representation of stakeholders’ response on gender sensitivity within the health sector during O&E emergencies. The results highlight commitment to addressing gender-specific health needs, with 66.7% indicating a strong focus on tailoring health services to

meet the unique requirements of both men and women. This underscores awareness within the health sector of the importance of providing care that is sensitive to gender-specific health considerations.

Furthermore, results in Figure 13 reveal a moderate emphasis on achieving equal gender participation in decision-making processes within the health sector, as reflected by 55.5% of stakeholders. This suggests recognition of the need for a more inclusive decision-making setting, although there is room for improvement to ensure a balanced representation of both genders in shaping healthcare policies and strategies in O&E emergencies.

The inclusion of gender-specific content in training programs receives a high focus at 61.1%, indicating an acknowledgment of the importance of educating health professionals about gender-specific health issues. There is potential for enhancement in this area to ensure comprehensive coverage of gender-sensitive content within training initiatives.

A high emphasis on making health services accessible to individuals of all genders is evident from the 64.4% response rate. This reflects a strong commitment to overcoming barriers to healthcare access, though ongoing efforts are required to identify and address any remaining challenges that may hinder accessibility for certain gender groups.

The result also underscores a commitment to gender sensitivity in emergency response plans, with 73.3% indicating a robust approach. This is crucial for ensuring that emergency interventions are tailored to address the distinct needs and vulnerabilities of different genders, contributing to a more effective and equitable response during crises.

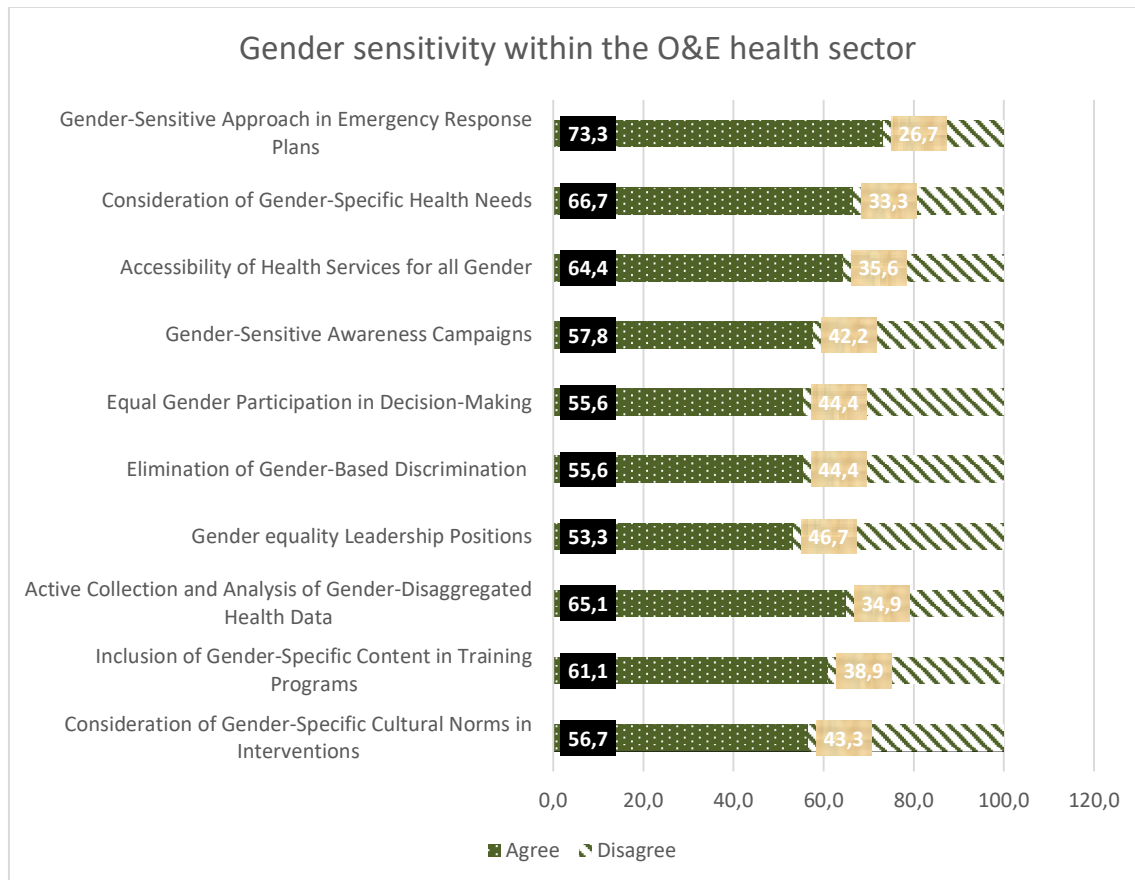
While the study reveals strengths in gender sensitivity, the high percentages in certain areas, such as equal gender participation in decision-making and the inclusion of gender-specific content in training programs, highlight areas requiring further attention. Continued efforts are needed to enhance these aspects, promoting a more inclusive and informed healthcare system.

The findings regarding the active collection and analysis of gender-disaggregated health data at 65.1% indicate a recognition of the importance of data in understanding health disparities. Strengthening data collection mechanisms will contribute to more informed decision-making and effective interventions.

*“We collect sex disaggregated data but we don’t know how to interpret or analyze it into gender analyses to make meaningful comparison of the gender, we only collect if someone is a male or female. That’s it”  
– A key informant in Kaduna*

Consideration of gender-specific cultural norms in interventions, with a percentage of 56.7%, suggests an awareness of the impact of cultural factors on health outcomes. However, there is an opportunity for increased attention to ensure that health interventions are culturally sensitive, responsive, and resonate with diverse communities.

Figure 8 also indicates a moderate focus on achieving gender equality in leadership positions within the health sector (53.3%). This signals progress but emphasizes the ongoing need for efforts to promote diversity and ensure that leadership roles within the health sector reflect equal representation of men and women.



**Figure 13: Gender sensitivity within the O&E health sector**

### 4.3.2 Gender Inclusivity in the Health Sector

The results of the study in Figure 14 indicate a mixed response from stakeholders with varying levels of agreement and disagreement across different aspects.

In the first instance, the result on inclusive decision-making in operations reveals a need for improvement, with only 44.5% agreeing. This suggests that efforts to enhance inclusivity in decision-making processes within the health sector operations may be warranted to ensure a more representative and collaborative approach.

Similarly, the even split on equal access to opportunities in gender-neutral operations, with 50% agreement, signals a balanced perception. However, it prompts further scrutiny to ascertain whether gender-neutral policies genuinely translate into equal opportunities in practice. This underscores the importance of examining operational dynamics to address any potential disparities.

In terms of gender representation in leadership roles, the 46.7% in agreement indicates a moderate acknowledgment of current efforts. The findings suggest a need for ongoing initiatives to promote a more balanced representation of men and women in leadership positions within the health sector.

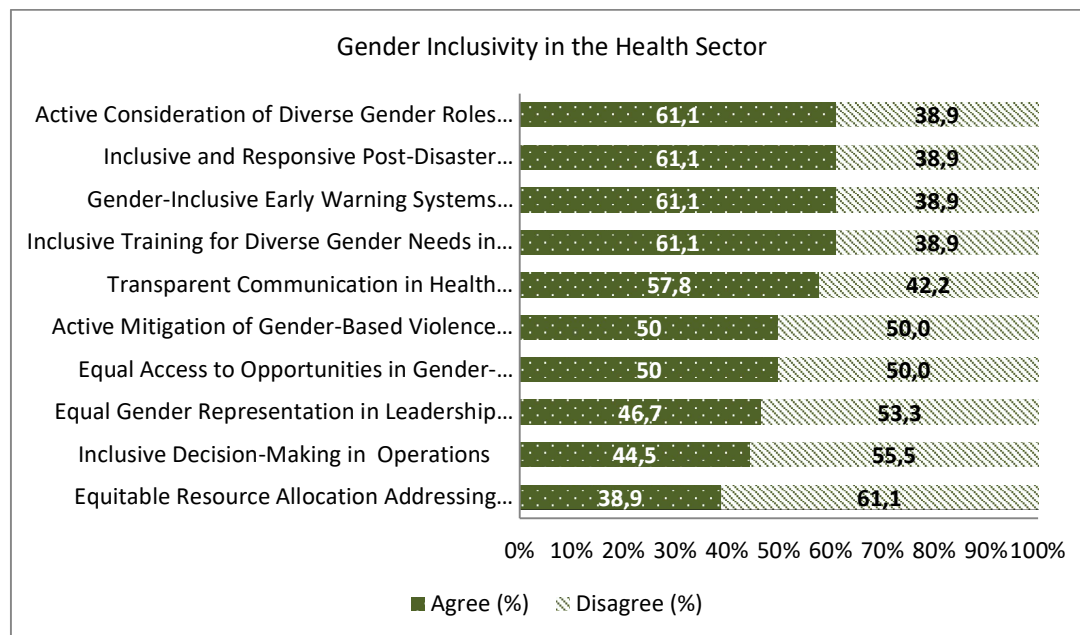
On a positive note, the high agreement (61.1%) regarding inclusive training for diverse gender needs in capacity-building initiatives reflects a strong commitment to addressing the unique requirements of different genders in training programs. This indicates a positive trajectory in ensuring that healthcare professionals are well-equipped to cater to diverse health needs.

Conversely, the result indicating 38.9% agreement on equitable resource allocation addressing gender-specific needs suggests a potential disparity in resource allocation. Addressing this gap is crucial to ensuring that resources are distributed in a manner that effectively meets the distinct needs of various genders within the health sector.

The high agreement percentages (61.1%) in areas such as gender-inclusive early warning systems, inclusive and responsive post-disaster support services, and active consideration of diverse gender roles in community engagement strategies indicate a positive acknowledgment of efforts in these domains. These findings highlight a commitment to recognizing and addressing the diverse needs of different genders in various aspects of health emergency and disaster management.

The even split on the active mitigation of gender-based violence risks in health policies and strategies (50% agreement) suggest the need for a closer examination of strategies. Ensuring that policies effectively address and prevent gender-based violence is essential to creating a safe and secure healthcare environment.

Lastly, the high agreement (57.8%) on transparent communication in health operations incorporating diverse gender perspectives is a positive indication. Transparent communication is foundational for fostering understanding and collaboration within the health sector, contributing to a more inclusive and responsive system.



**Figure 14: Gender Inclusivity in the Health Sector**

**4.3.3 Gaps and Challenges in Gender Dynamics in Health Emergency Response**

The findings presented in Figure 15 shed light on crucial gaps and challenges in gender dynamics within the health emergency response framework in Nigeria. Firstly, the indication of inadequate gender consideration in emergency plans at 44.5% underscores a significant shortfall in ensuring that emergency response strategies are inclusive and responsive to the unique needs of diverse genders. This emphasizes the necessity for a comprehensive reassessment and revision of existing emergency plans to bridge this gap and improve overall effectiveness.

Furthermore, the acknowledgment of the absence of explicit gender vulnerability integration at 50% indicates a notable challenge in proactively addressing the distinct vulnerabilities faced by different genders during health emergencies. This gap suggests a critical need to reshape preparedness strategies to explicitly account for and mitigate the specific risks associated with diverse gender identities. The result indicating a lack of gender-sensitive training for responders at 46.7% highlights a significant challenge in equipping emergency responders with the necessary skills to navigate and respond to the diverse needs of individuals across genders. This underscores the importance of enhancing training programs to foster a more inclusive and sensitive response to gender-specific aspects during emergencies.

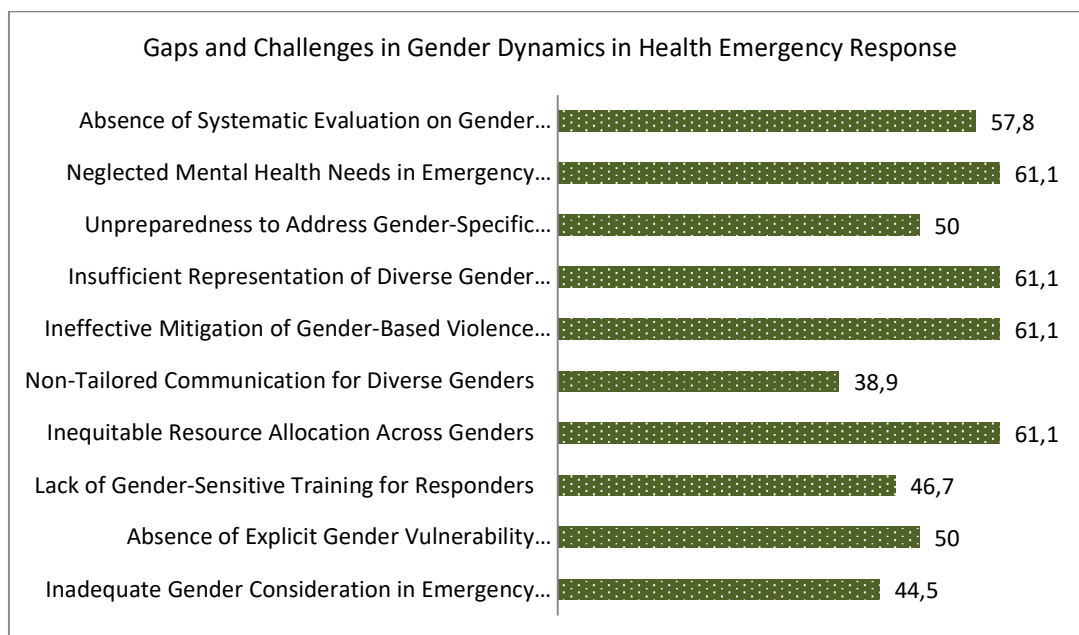
The substantial challenge in achieving equitable resource allocation across genders, as indicated by 61.1%, emphasizes the pressing need to address disparities in resource distribution during health emergencies. This underscores the importance of adopting strategies that ensure fair and effective allocation, considering the varying health needs of different genders. Additionally, the identified gap in non-tailored communication for diverse genders at 38.9% signifies a significant deficiency in adapting communication strategies to reach and benefit all genders during health emergencies. Addressing this challenge is pivotal to ensure that communication methods are inclusive and effective in reaching diverse communities. The high percentage (61.1%) indicating the ineffective mitigation of gender-based violence risks in health emergency response activities highlights a critical area that demands immediate attention. It underscores the urgency of implementing targeted measures to prevent and address gender-based violence risks during health crises. Moreover, the acknowledgment of the insufficient representation of diverse gender identities in decision-making bodies related to health emergency response at 61.1%, points to the need for more inclusive and diverse representation in these key decision-making forums. This is crucial for shaping policies and strategies that account for the perspectives of all genders.

The 50.0% rate indicating unpreparedness to address gender-specific health concerns highlights a wide gap in ensuring that emergency response plans are equipped to address the unique health needs of individuals across genders. This underscores the importance of refining preparedness strategies to encompass a more comprehensive understanding of gender-specific health concerns. The significant challenge in addressing the mental health needs of individuals across genders during emergency response, as indicated by 61.1%, emphasizes the urgent need to prioritize mental health support. This involves integrating mental health considerations into emergency response strategies to ensure the holistic well-being of individuals.

In conclusion, the absence of systematic evaluation on gender impact at 57.8% signifies a significant gap in understanding and addressing the differential effects of health emergency response on different genders. This highlights the need for comprehensive assessments to inform future strategies and improve the overall impact of emergency responses on diverse gender groups.

**Implications and recommendation of findings on gender dynamics in HEDRM:**

The implications of the study findings are far-reaching. They underscore the necessity for a holistic reevaluation and enhancement of the gender responsiveness within the health emergency response system in Nigeria. Addressing these gaps is crucial for ensuring inclusivity, equity, and effectiveness in emergency management. The identified challenges call for immediate action in refining policies, training programs, resource allocation strategies, and communication methods to better cater to the diverse and unique needs of individuals across genders during health emergencies. This study serves as a valuable resource for policymakers, healthcare professionals, and stakeholders to implement targeted interventions and foster a more resilient and gender-sensitive health emergency response framework.



**Figure 15: Gaps and Challenges in Gender Dynamics in Health Emergency Response**

**4.3.4 Differential Impacts of Health Emergencies**

The results presented in Figure 16 offer a comprehensive view of the differential impacts of health emergencies on men, women, boys, and girls. The high agreement percentage (64.4%) regarding the perception that women's health suffers more in health emergencies than men' emphasizes a critical area for intervention. This underscores the urgency of implementing targeted health strategies to address the unique health challenges faced by women during crisis situations, including reproductive health services, maternal care, and mental health support.

*“ During COVID 19, we saw more men than women being put in isolation, we were really surprised at this but when we asked for reasons for this disparity, we were told that the women who became sick at home still continued to take care of sick family members. Hence, they cannot afford to leave their home and come to the hospital”. – Medical Practitioners in Kano*

*“I had to leave my baby and immediately weaned her from sucking breast when I was recruited to render my service as a first responder. It was really trying and emotional moments for me each time I see my baby crying for me at a safe distance. I could not hold her for fear of infecting her” – A nurse in Kano*

*“My entire family disowned me because I refused to listen to their pleas of not going to render my services at the isolation center and my wife cried each day, I also lived in fear that maybe one day I may not come back home, I may not see my loved ones again. But I put all these emotions on one side and gave my service-this is my calling, I cannot do otherwise”*

The low agreement percentage (28.9%) regarding the equal vulnerability of boys and girls to psychological impacts suggests a need for a more examination of the psychological well-being of both genders during health emergencies. This finding highlights the importance of tailoring mental health support to address the specific vulnerabilities and coping mechanisms of boys and girls.

The agreement (53.3%) on men facing more economic challenges during health emergencies than women points to a critical area for targeted interventions. Implementing gender-sensitive economic support measures becomes imperative to address the specific economic vulnerabilities faced by men during and after health emergencies.

The low agreement percentage (26.7%) indicating compromised healthcare access for women and girls in emergencies underscores the necessity of targeted healthcare interventions. These interventions should aim to ensure equitable and accessible healthcare services, addressing gender disparities and enhancing the resilience of healthcare systems during emergencies.

The result indicating that men are disadvantaged in emergency centers compared to women (24.4%) calls for a closer examination of housing disparities. This finding emphasizes the need to create equitable emergency shelter arrangements, ensuring fairness in distribution and addressing the unique housing needs of both genders.

The extremely low agreement (4.4%) on boys' education being more negatively impacted than girls' in emergencies highlights the importance of reexamining the educational challenges faced by both genders. It calls for inclusive educational strategies that address the nuanced needs of boys and girls to ensure continued access to education during health emergencies.

The high agreement (77.7%) regarding women shouldering increased caregiving responsibilities, affecting economic participation, underscores the need to promote women's economic engagement. Policies and interventions should be designed to support a more equitable distribution of caregiving responsibilities, enabling women to participate fully in economic activities during emergencies.

The agreement (55.6%) on girls experiencing higher post-emergency psychological trauma than boys do emphasizes the need for tailored mental health support. Interventions should consider the specific psychological needs of girls in the aftermath of health emergencies to facilitate their recovery and well-being.

The high agreement (77.7%) on men engaging more in high-risk activities during health emergencies, affecting their safety, calls for targeted safety measures and awareness campaigns for men. This is crucial for mitigating risks and ensuring the safety of men during health emergencies.

The agreement (46.7%) on girls facing a higher risk of immunization disruption during health emergencies highlights the importance of resilient immunization strategies. Efforts should be directed towards ensuring the continuity of immunization services for girls to safeguard their health in emergencies.

### **Implications and recommendations of findings on differential impacts of HEDRM:**

The implications of the study findings are profound and guide the development of gender-sensitive policies and interventions in the realm of health emergency and disaster risk management in Nigeria. The high agreement percentages underscore critical areas that demand immediate attention and targeted strategies.

Firstly, the acknowledgment of women's heightened health challenges emphasizes the urgent need for targeted health interventions that address reproductive health, maternal care, and mental health support. These interventions should be designed to alleviate the specific health burdens borne by women during health emergencies.

The divided opinion on the psychological impacts on boys and girls calls for a more nuanced approach in designing mental health support strategies. Understanding the unique vulnerabilities and coping mechanisms of each gender is crucial to developing effective and tailored interventions to support the mental well-being of both boys and girls.

The recognition of heightened economic challenges for men during health emergencies necessitates the implementation of gender-sensitive economic support measures. Policies and interventions should address the specific economic vulnerabilities faced by men, ensuring their economic well-being during and after emergencies.

The acknowledgment of compromised healthcare access for women and girls emphasizes the necessity of targeted healthcare interventions. Efforts should focus on ensuring equitable and accessible healthcare services, with a particular emphasis on addressing gender disparities and enhancing healthcare system resilience.

The identification of housing disparities between men and women calls for a reevaluation of emergency shelter arrangements. Interventions should strive for equitable distribution and consider the unique housing needs of both genders to ensure fairness and inclusivity.

The extremely low agreement on boys' education being more negatively affected highlights the need for inclusive educational strategies. Tailoring interventions to address the nuanced educational challenges faced by both boys and girls is crucial for ensuring continued access to education during health emergencies.

The acknowledgment of increased caregiving responsibilities for women underscores the need to promote women's economic engagement. Policies should support a more equitable distribution of caregiving responsibilities, enabling women to participate fully in economic activities during emergencies.

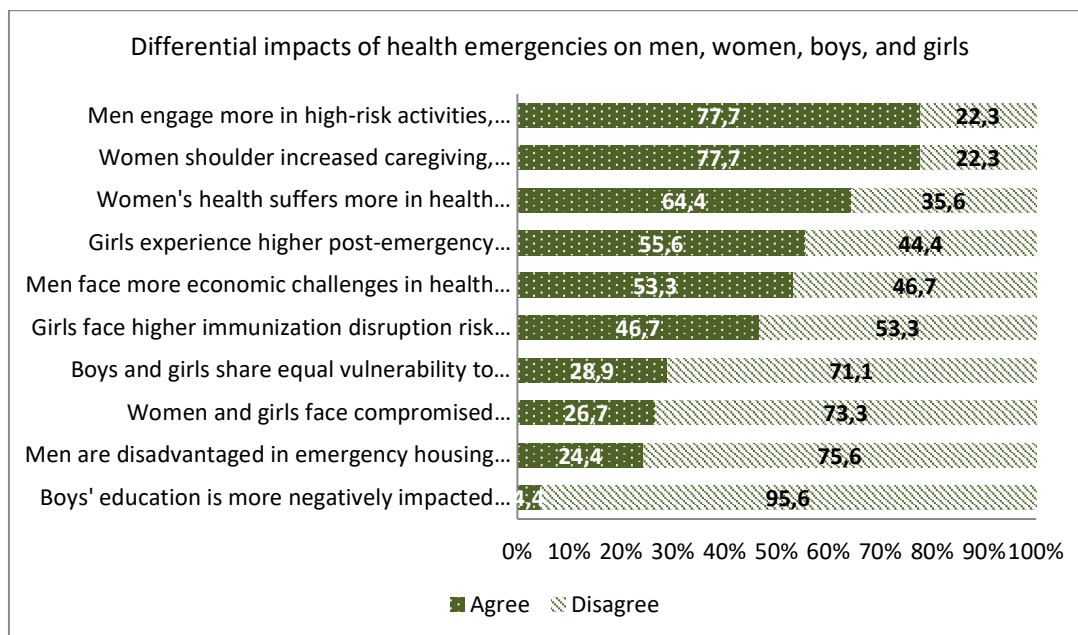
The agreement on girls experiencing higher post-emergency psychological trauma than boys emphasizes the importance of tailored mental health support. Interventions should address the



specific psychological needs of girls in the aftermath of health emergencies, facilitating their recovery and well-being.

The high agreement on men engaging more in high-risk activities calls for targeted safety measures and awareness campaigns. This is crucial for mitigating risks and ensuring the safety of men during health emergencies, thereby reducing the likelihood of harm and injuries.

The acknowledgment of girls facing a higher risk of immunization disruption highlights the importance of resilient immunization strategies. Efforts should be directed towards ensuring the continuity of immunization services for girls, safeguarding their health and well-being in emergency situations.



**Figure 16: Differential impacts of health emergencies on men, women, boys, and girls**

#### 4.3.5 Gender-Responsive Interventions in O&E Health Emergencies

The findings presented in Figure 17 shed light on the gender-responsive interventions implemented by health organizations in Nigeria. The high emphasis on Maternal and Child Health Programs (65.9%) signifies a strong commitment to addressing the unique health needs of women and children. This proactive approach aligns with global health priorities and underscores the recognition of the vulnerability of this demographic group. However, there is room for improvement in the implementation of Reproductive Health Services (35.6%), indicating a potential area where organizations can strengthen efforts to provide comprehensive reproductive health care.

Furthermore, the acknowledgment of Women's Health Screenings (35.6%) and Family Planning Services (37.8%) reflects a commitment to preventive care and empowering women to make informed choices about their reproductive health. The focus on preventive measures is crucial for addressing health issues proactively. However, there is an opportunity to further enhance Gender-

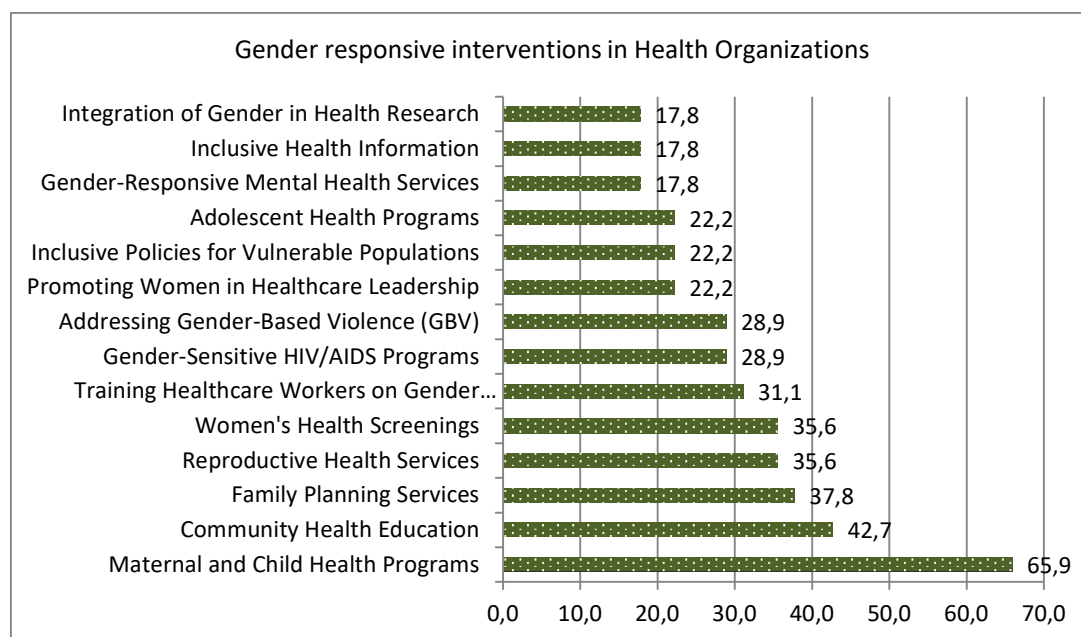
Sensitive HIV/AIDS Programs (28.9%) to ensure that interventions are tailored to the specific vulnerabilities of different genders in the context of HIV/AIDS.

The relatively lower percentage for Gender-Responsive Mental Health Services (17.8%) indicates a potential gap in addressing gender-specific mental health needs. Strengthening these services is essential to provide holistic care and support to individuals across genders, recognizing the distinct mental health challenges they may face. Similarly, while Training Healthcare Workers on Gender Sensitivity (31.1%) is acknowledged, there is room for improvement to ensure healthcare providers are well-equipped to address gender-specific considerations in their interactions with patients.

The emphasis on Community Health Education (42.7%) is a positive aspect, indicating a commitment to raising awareness and promoting health literacy within communities. However, the findings suggest the need for increased efforts to address Gender-Based Violence (GBV) (58.9%) comprehensively. Strengthening initiatives to address GBV is critical for ensuring the safety and well-being of individuals across genders.

Moreover, the acknowledgment of promoting Women in Healthcare Leadership (52.2%) underscores the recognition of gender diversity in leadership roles within health organizations. However, there is an opportunity for increased efforts to break gender barriers and advance women in leadership positions, contributing to a more inclusive healthcare sector.

The study also reveals areas where further attention is needed, such as Inclusive Policies for Vulnerable Populations (22.2%), Adolescent Health Programs (22.2%), Inclusive Health Information (17.8%), and Integration of Gender in Health Research (17.8%). These areas represent opportunities for health organizations to develop and implement more comprehensive and inclusive strategies to address the specific needs of vulnerable populations, adolescents, and diverse genders.



**Figure 17: Gender responsive interventions in Health Organizations**

#### 4.3.6 Effectiveness of gender-responsive interventions in the health sector

The data presented in Figure 18 from the study on gender dynamics in the health sector of Nigeria offers a comprehensive insight into the effectiveness of various gender-responsive interventions. The high agreement percentages for gender-specific education programs raising awareness (71.1%) and interventions considering the specific needs of pregnant women and mothers (77.8%) indicate notable successes in these areas. These findings suggest that targeted educational efforts have been successful in disseminating health information to both men and women, while interventions focusing on maternal health have effectively addressed the unique needs of this demographic, contributing to improved health outcomes.

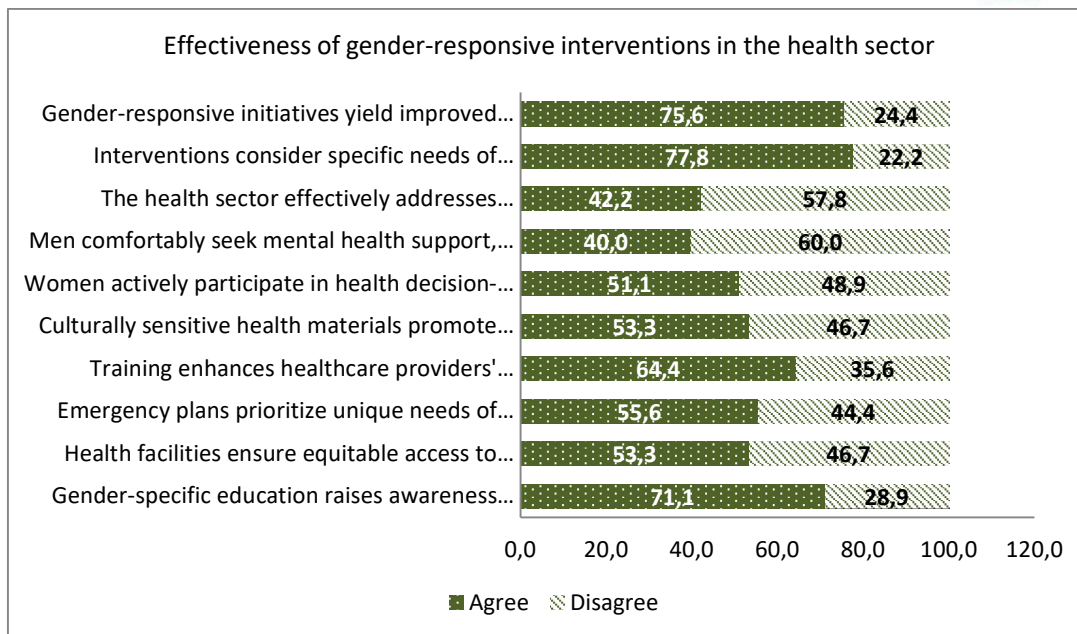
However, the study also highlights areas with more moderate agreement percentages, indicating ongoing challenges and areas for improvement. For instance, while health facilities strive to ensure equitable access to reproductive and maternal care (53.3% agree), there are still disparities that need to be addressed to achieve true equity. Similarly, the findings regarding men seeking mental health support (40.0% agree) and the health sector effectively addressing gender-based violence in emergencies (42.2% agree) point to areas where further efforts are needed to reduce stigma and strengthen response mechanisms.

Moreover, the data underscores the importance of continuous training and capacity-building initiatives for healthcare providers. The high agreement percentage for training enhancing healthcare providers' capacity for distinct health concerns in both genders (64.4% agree) suggests the effectiveness of such programs in improving the quality of care provided. However, there is still room for improvement in this aspect to ensure that healthcare providers are adequately equipped to address gender-specific health issues.

The findings also highlight the significance of culturally sensitive communication strategies and the active participation of women in health decision-making processes. While there is a moderate agreement regarding the effectiveness of culturally sensitive health materials promoting inclusivity (53.3% agree), efforts to enhance these strategies could further improve accessibility to health information among diverse population groups. Similarly, the moderate agreement percentage for women actively participating in health decision-making processes (51.1% agree) emphasizes the importance of fostering an inclusive environment where women have a voice in shaping healthcare policies and programs.

#### Implication and recommendations of findings on gender responsive interventions

Overall, the implications of the study findings are twofold. In the first instance, the findings underscore the progress made in implementing gender-responsive interventions within the Nigerian health sector, particularly in areas such as education and maternal health. Secondly, they highlight the ongoing challenges and areas for improvement, including the need to address disparities in access to care, reduce stigma surrounding mental health, strengthen responses to gender-based violence, and further empower women in healthcare decision-making. These findings provide valuable insights for policymakers and healthcare stakeholders to refine and enhance gender-responsive practices, ultimately contributing to more equitable and effective healthcare delivery in Nigeria.



**Figure 18: Effectiveness of gender-responsive interventions in the health sector**

#### 4.3.7 Recommendations for Enhancing Gender Integration in Health Emergency Response

The recommendations outlined in Figure 19 present a comprehensive set of strategies proposed by respondents to enhance gender integration in health emergency response within the Nigerian context. These suggestions are invaluable in guiding policymakers and stakeholders toward building a more inclusive and effective emergency response framework.

The foremost recommendation, "Integration of Gender in Emergency Planning (88.4%)," indicates a consensus among respondents on the critical importance of systematically incorporating gender considerations into the planning phase of emergency response. This reflects an understanding that a proactive approach, addressing the unique needs of different genders, is foundational for a successful emergency response strategy.

The strong support for "Gender-Responsive Training for Healthcare Workers (85.7%)" highlights a collective acknowledgment of the pivotal role played by frontline healthcare providers. The recommendation underscores the need to equip healthcare workers with the necessary skills and awareness to address gender-specific health concerns, thereby ensuring a more empathetic and tailored approach during emergencies.

The emphasis on "Women's Participation in Decision-Making (83.5%)" signals a call for more inclusive governance structures related to emergency response. Respondents recognize the importance of incorporating diverse perspectives, particularly those of women, in decision-making processes to ensure more comprehensive and equitable healthcare policies during crises.

The recommendation to "Promote Gender Equality Norms (83%)" reflects a broader societal perspective, indicating a recognition among respondents of the need for transformative change in gender norms. This highlights an awareness of the interplay between societal attitudes and health outcomes, emphasizing the importance of fostering gender equity on a societal level.

Tailoring "Psychosocial Support to Gender Needs (77.8%)" is seen as a crucial aspect of emergency response, showcasing a nuanced understanding of the distinct psychological challenges faced by different genders during crises. This recommendation underscores the importance of implementing support mechanisms that consider the diverse mental health needs of individuals affected by emergencies.

The call for the "Prevention of Gender-Based Violence (GBV) (76.5%)" underscores the heightened vulnerability to gender-based violence during emergencies. This recommendation emphasizes the urgency of implementing preventive measures and support mechanisms to safeguard the well-being of individuals, particularly women and vulnerable populations, against gender-based violence.

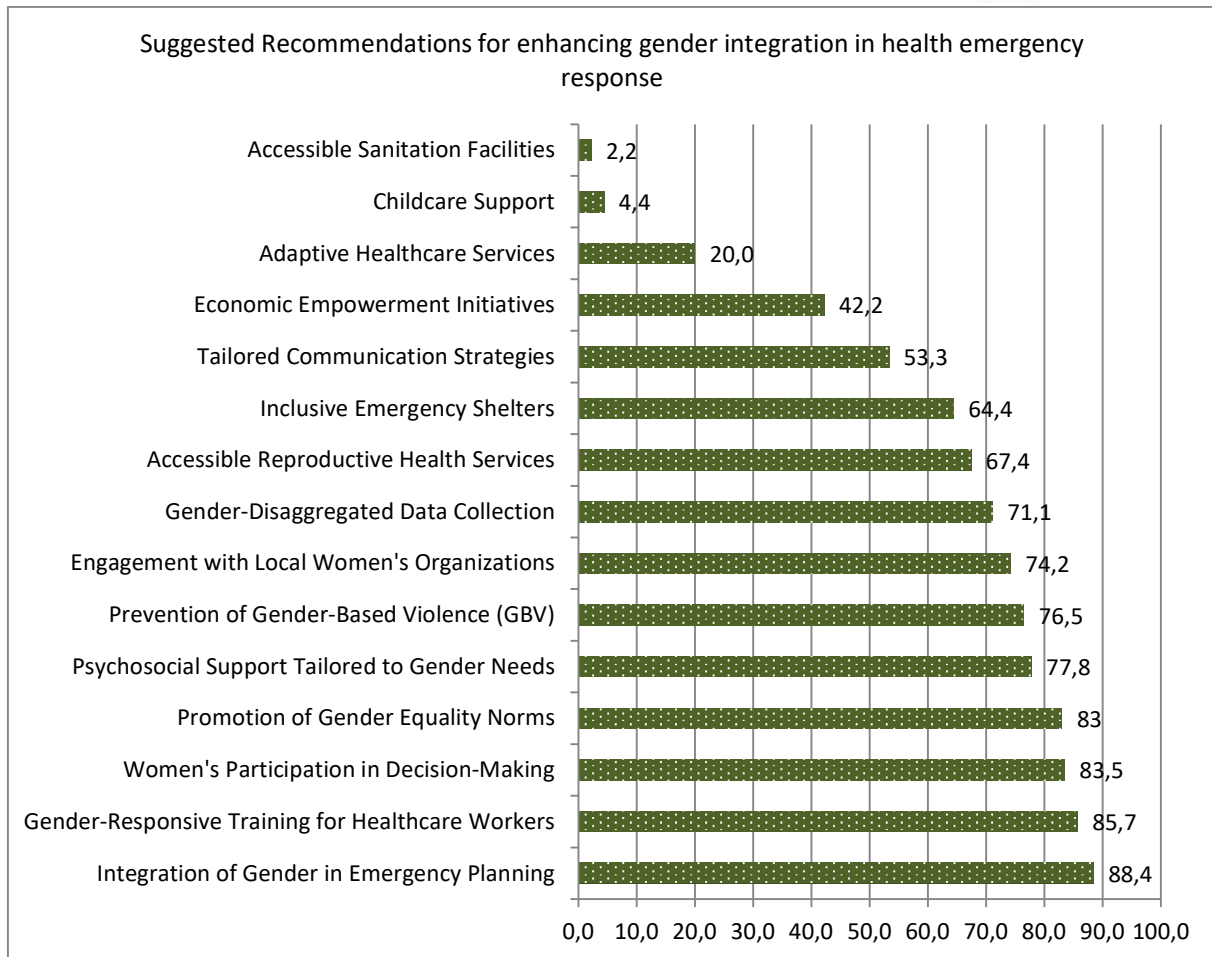
Engaging with "Local Women's Organizations (74.2%)" is considered a strategic move to leverage existing community networks for effective emergency response. Respondents acknowledge the unique role that local women's organizations play in advocating for and addressing the specific needs of women, contributing to a more community-centric and culturally sensitive approach.

The recommendation for "Gender-Disaggregated Data Collection (71.1%)" reflects a commitment to evidence-based decision-making. Respondents highlight the importance of obtaining comprehensive data to understand and address the distinct impacts of health emergencies on different genders, facilitating more targeted and informed responses.

While several recommendations received substantial support, it is noteworthy that areas such as "Accessible Reproductive Health Services (67.4%)" and "Inclusive Emergency Shelters (64.4%)" indicate a moderate level of endorsement. These areas may require additional attention and resources to ensure that reproductive health services are readily accessible, and emergency shelters are designed to accommodate the diverse needs of all genders during crises.

However, it is crucial to note that some recommendations, including "Adaptive Healthcare Services (20.0%)," "Childcare Support (4.4%)," and "Accessible Sanitation Facilities (2.2%)," received lower levels of endorsement. These findings suggest potential gaps or oversight in recognizing the importance of adaptive healthcare services, childcare support, and accessible sanitation facilities during health emergencies. Addressing these gaps could contribute to a more comprehensive and equitable emergency response framework.

In conclusion, the suggested recommendations presented in Figure 14 offer valuable insights for refining and strengthening gender integration in health emergency response in Nigeria. These proposals, voiced by respondents, provide a roadmap for policymakers and stakeholders to consider as they work toward building a more inclusive and effective healthcare system tailored to the unique needs of different genders during health emergencies.



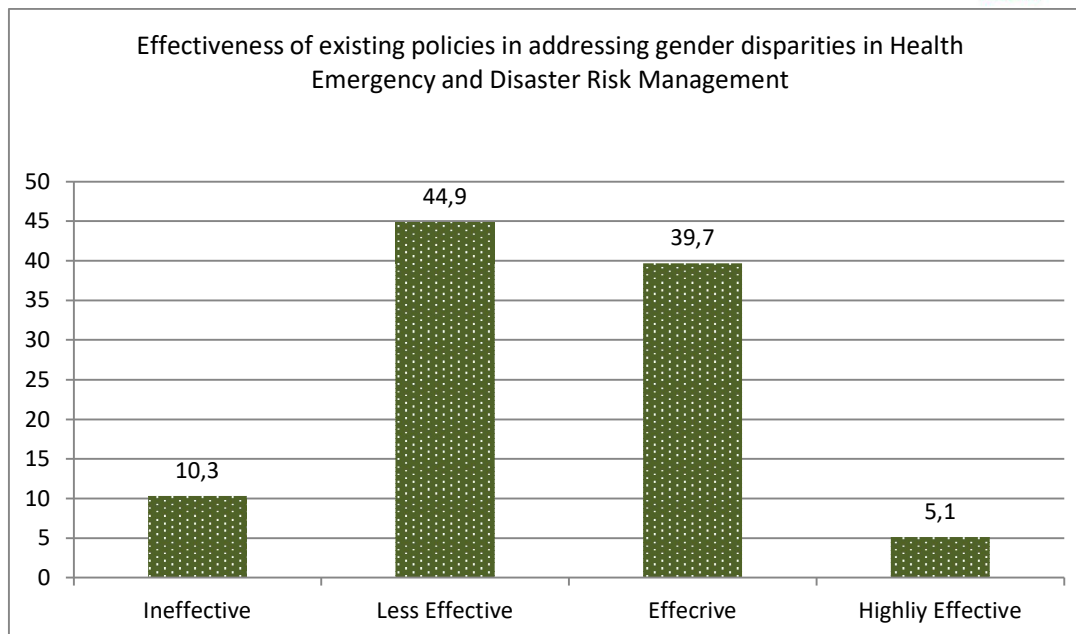
**Figure 19: Recommendations for enhancing gender integration in health emergency response**

#### 4.4 Evaluation of Existing Policies in HEDRM

##### 4.4.1 Effectiveness of existing policies in addressing gender disparities in Health Emergency and Disaster Risk Management (HEDRM)

The results presented in Figure 20 highlight the effectiveness of existing policies in addressing gender disparities in Health Emergency and Disaster Risk Management (HEDRM) in Nigeria. The data suggests that a significant portion of these policies are either ineffective or less effective in addressing gender disparities, with only a small percentage being highly effective.

Specifically, the findings indicate that 10.3% of existing policies are deemed ineffective, while 44.9% are considered less effective. This indicates a substantial gap in the current policy framework's ability to adequately address gender disparities in HEDRM. Additionally, while 39.7% of policies are deemed effective, only 5.1% are classified as highly effective, indicating that there is room for improvement in the implementation and impact of existing policies.



**Figure 20: Effectiveness of existing policies in addressing gender disparities in Health Emergency and Disaster Risk Management**

Some participants during in-depth interviews and FGDs conducted in study locations explained that:

*“There are many policies and strategies which are not gender sensitive. Some agencies are either at the point of having one written or reviewed existing one. Even at that, most of these policies are just written on paper without proper implementation or focal points to follow through at ensuring that we have actionable policies on gender responsiveness health emergency in disaster risk management and financing. One can hardly feel the impact of such policies.”- Key informant at a national agency Abuja*

*“When it comes to the issues of gender and policy issues, people pay only lip service even at the highest governance level because most men feels they are neglected in such instance and therefore may not have strong support for such policies”- Female only FGDS, Lafia-Nasarawa State*

#### **Implications and recommendations of the Findings on Evaluation of Existing Policies - Effectiveness of existing policies in addressing gender disparities in HEDRM:**

The implications of these findings are significant for both policy formulation and implementation in the context of gender disparities in the context of disaster management in Nigeria.

1. **Policy Reform and Strengthening:** The data underscores the need for comprehensive policy reform and strengthening to address gender disparities in HEDRM effectively. Policymakers must revisit existing policies to identify gaps and weaknesses, and develop targeted interventions to address them. This may involve incorporating a gender-sensitive approach into policy formulation processes, ensuring that policies explicitly address the unique needs and vulnerabilities of women and other marginalized groups in disaster preparedness and response efforts.
2. **Capacity Building and Training:** The findings also highlight the importance of capacity building and training initiatives aimed at enhancing the gender responsiveness of HEDRM policies and practices. This could involve providing training programs for policymakers, emergency responders, healthcare professionals, and other stakeholders to raise awareness

about gender disparities in disaster risk management and equip them with the necessary skills to address these issues effectively.

3. **Community Engagement and Participation:** Addressing gender disparities in HEDRM requires active engagement and participation from affected communities, particularly women and vulnerable groups. Policymakers and stakeholders should prioritize community engagement strategies that empower women and marginalized groups to actively participate in decision-making processes related to disaster preparedness, response, and recovery efforts. This may involve promoting women's leadership and representation in disaster management committees, fostering community-based approaches to disaster risk reduction, and ensuring that women have equal access to resources and support services during emergencies.
4. **Monitoring and Evaluation:** Finally, the findings underscore the importance of robust monitoring and evaluation mechanisms to assess the effectiveness of gender-sensitive policies and interventions in HEDRM. Regular monitoring and evaluation activities can help identify progress, challenges, and areas for improvement, allowing policymakers to make informed decisions and adjustments to existing policies and programs.

The findings presented in Figure 20 underscore the urgent need for targeted interventions and policy reforms to address gender disparities in HEDRM in Nigeria effectively. By prioritizing gender-sensitive approaches, capacity building, community engagement, and robust monitoring and evaluation, policymakers can enhance the resilience and responsiveness of health emergency and disaster risk management systems, ensuring that they are inclusive and equitable for all.

#### 4.4.2 Evaluation of existing policies in considering the diverse needs of different genders during disasters/outbreaks

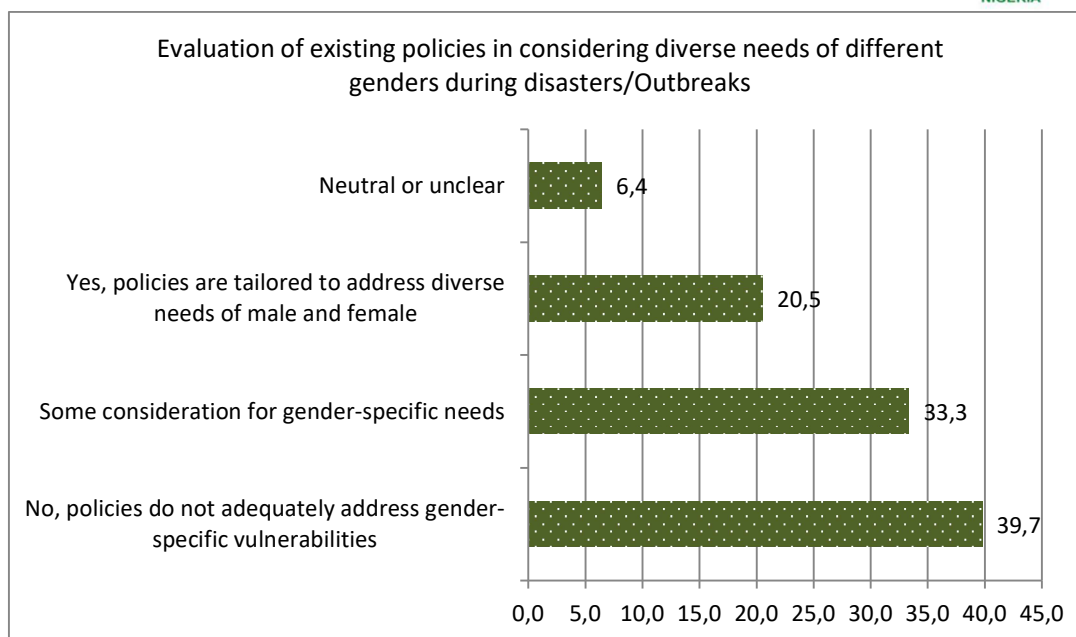
Results indicated in Figure 21 of the Impact Assessment Report presents the evaluation of existing policies concerning their success in considering the diverse needs of different genders during disasters and outbreaks in Nigeria. The data reflects the perceptions of respondents regarding the adequacy of policies in addressing gender-specific vulnerabilities and needs.

A significant proportion of study participants (39.7%), expressed the view that existing policies do not adequately address gender-specific vulnerabilities during disasters or outbreaks. This indicates a substantial gap in policy formulation and implementation, suggesting a failure to recognize and respond effectively to the distinct needs of different genders in emergencies.

Furthermore, 33.3% of participants noted that existing policies show some consideration for gender-specific needs. While this suggests some level of acknowledgment of gender disparities, it also indicates room for enhancement in the depth and effectiveness of policy measures aimed at addressing these needs.

On a more positive note, 20.5% of participants affirmed that existing policies are tailored to address the diverse needs of both males and females during disasters or outbreaks. This indicates a positive outcome, suggesting that a portion of existing policies have been specifically designed to address gender-specific vulnerabilities and requirements but there is the need to make such policies more transformative and tailored to the need of everyone irrespective of their gender and differences in capabilities. However, it is noteworthy that 6.4% of respondents found existing policies to be neutral or unclear in their consideration of gender-specific needs during disasters or outbreaks. This suggests a lack of clarity or specificity within these policies regarding gender-related vulnerabilities and requirements, which could hinder their effectiveness in addressing gender disparities in emergency.





**Figure 21: Evaluation of existing policies in considering diverse needs of different genders during disasters/outbreaks**

**Implications and recommendations of the Findings on evaluating existing policies in considering diverse need of different genders during disasters/outbreaks:**

The findings presented in Figure 21 have several implications for policy formulation, implementation, and future research in the field of health emergency and disaster risk management in Nigeria.

1. **Policy Revision and Development:** The data highlight the need for a comprehensive review and revision of existing policies to ensure that they effectively address gender-specific vulnerabilities during disasters or outbreaks. Policymakers should prioritize the development of gender-sensitive policies that recognize and respond to the distinct needs of different genders in emergencies.
2. **Capacity Building and Training:** The findings underscore the importance of capacity building and training initiatives aimed at enhancing the gender responsiveness of disaster risk management policies and practices. Training programs should be developed to raise awareness about gender-specific vulnerabilities and equip policymakers, emergency responders, and other stakeholders with the necessary skills to address these issues effectively.
3. **Gender Mainstreaming:** Policymakers should prioritize gender-mainstreaming efforts in the development and implementation of disaster risk management policies. This involves integrating a gender perspective into all stages of policy formulation, implementation, monitoring, and evaluation to ensure that gender-specific vulnerabilities are adequately addressed.
4. **Public Awareness and Engagement:** There is a need for increased public awareness about gender-specific vulnerabilities during disasters or outbreaks. Policymakers should engage in

public education campaigns to inform communities about the importance of gender-sensitive disaster preparedness and mitigation strategies, fostering a sense of shared responsibility.

5. **Continuous Monitoring and Adaptation:** The findings highlight the importance of continuous monitoring and adaptation of policies based on feedback and evolving circumstances. Policymakers should establish mechanisms for ongoing assessment to ensure that HEDRM policies remain effective, responsive, and adaptive to the dynamic needs of different genders during emergencies.

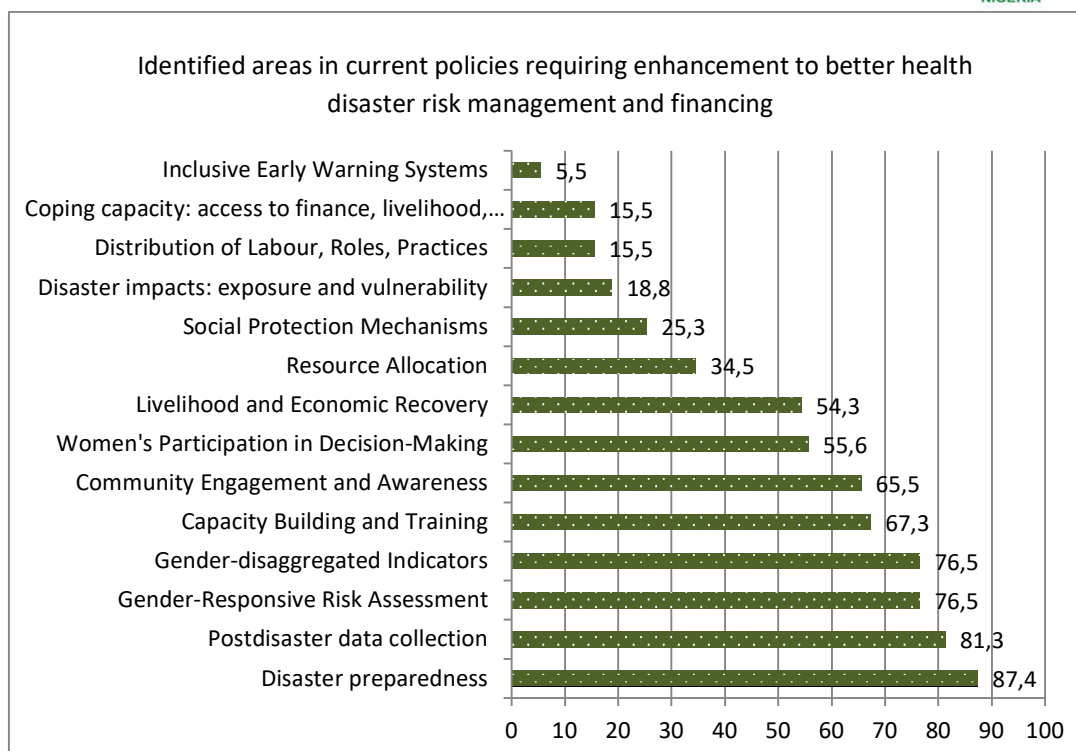
#### 4.4.3 Areas for policy improvement in HEDRM

Figure 22 outlines crucial areas within current policies that necessitate enhancement for improved Health Emergency and Disaster Risk Management (HEDRM) in Nigeria, specifically from a gender perspective. The data sheds light on the perceived gaps and priorities identified by stakeholders in the assessment. The highest-ranking area, identified by a significant (87.4%) of participants, is disaster preparedness. This underscores the critical need for reinforcing and fine-tuning policies related to preparedness, indicating recognition of the importance of proactive measures in minimizing the impact of disasters on health, particularly in the context of diverse gender needs.

Following closely, 81.3% of participants highlighted the need for enhancement in post-disaster data collection. This suggests a consensus on the importance of robust data collection after disasters, which is vital for understanding the noticeable impacts on different genders and tailoring responsive interventions accordingly. Gender-specific considerations feature prominently, with 76.5% of participants emphasizing the enhancement of Gender-Responsive Risk Assessment and Gender-disaggregated Indicators. This signals an awareness of the need for policies that explicitly recognize and address the varying vulnerabilities and impacts on different genders during health emergencies and disasters. Other key areas identified for enhancement include capacity building and training (67.3%), community engagement and awareness (65.5%), and women's participation in decision-making processes (55.6%). These findings highlight the multifaceted nature of effective HEDRM policies, encompassing education, community involvement, and gender-inclusive decision-making.

*“Planning for people does not work but planning with people with their needs in mind is the best. At our Directorate, we prioritize issues of gender and most especially women, differently able people, young people, the elderly and children during disaster and health emergencies and reliefs, This we do deliberately because it is part of our mandates”- FGDs at NEMA, Abuja*

*“We need more training on gender responsive implementation and measuring the impacts of disaster reduction policies using gender lens because as it is now, there is the need to strengthen governance systems involved in policy formulation and implementation for proper coordination. This will enhance transparency, accountability, a sense of responsibility and commitment that will promote inclusive policy implementation”- A key informant at the Ministry of Women Affairs and Youth Development, Ogun State*



**Figure 22: Identified areas in current policies requiring enhancement to better health disaster risk management and financing**

**Implications and recommendations of the Findings on identified areas in current policies requiring enhancement to better health disaster risk management and financing:**

The implications drawn from the findings in Figure 22 have far-reaching consequences for policy and practice in the realm of health emergency and disaster risk management in Nigeria:

1. **Strategic Policy Revisions:** The data strongly suggests a need for strategic revisions in existing policies, with a particular focus on disaster preparedness, post-disaster data collection, and gender-specific considerations. Policymakers should prioritize these areas in policy revisions to ensure a more robust, gender-responsive, and proactive approach to disaster management.
2. **Data-Driven Decision Making:** The emphasis on post-disaster data collection underscores the importance of data-driven decision-making. Policymakers should invest in establishing comprehensive and gender-disaggregated data collection systems to inform evidence-based policies and interventions.
3. **Gender Mainstreaming:** The high ranking of gender-responsive risk assessment and gender-disaggregated indicators highlights the importance of mainstreaming gender considerations throughout the disaster management cycle. Policymakers should ensure that risk assessments and indicators explicitly account for gender-specific vulnerabilities and impacts.
4. **Capacity Building and Community Engagement:** The identified areas of capacity building, community engagement, and women's participation in decision-making emphasize the need

for holistic approaches. Policymakers should prioritize initiatives that empower communities, enhance skills, and promote inclusive decision-making processes, with a focus on gender equality.

5. **Resource Allocation and Social Protection:** The lower rankings for resource allocation and social protection mechanisms suggest areas that may need attention but are perceived as less urgent. Policymakers should, nonetheless, be attentive to these aspects to ensure a comprehensive and equitable response to health emergencies, recognizing that financial and social protection measures impact gender vulnerabilities.
6. **Inclusive Early Warning Systems:** The low ranking of inclusive early warning systems indicates a potential area of oversight. Policymakers should explore ways to improve the inclusivity of early warning systems, ensuring that they effectively reach and benefit all genders, especially those in vulnerable situations.

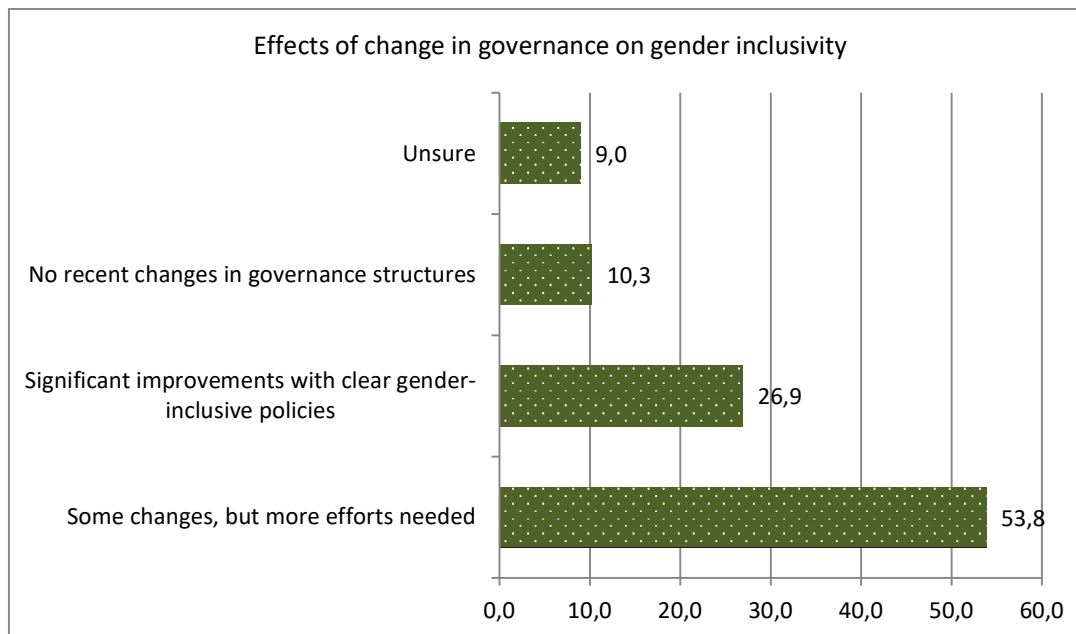
#### 4.4.4 Effects of change in governance on gender inclusivity in HEDRM

Results from the study shown in Figure 23 underscore the dynamic relationship between governance changes and gender inclusivity in HEDRM. The data sheds light on stakeholders' perceptions regarding the impact of governance changes on efforts to promote gender inclusivity in disaster preparedness and mitigation. Majority of participants, constituting 53.8%, indicated that while some changes have occurred in governance structures, more efforts are needed to improve gender inclusivity. This suggests recognition of initial steps taken towards addressing gender disparities in HEDRM through governance changes, but also underscores the need for sustained and intensified efforts to ensure meaningful progress. A proportion (26.9%) of participants reported significant improvements with clear gender-inclusive policies following changes in governance. This indicates a positive outcome, highlighting the potential of governance reforms to drive tangible advancements in promoting gender inclusivity within disaster management frameworks. Clear gender-inclusive policies are crucial for addressing the unique needs and vulnerabilities of different genders during health emergencies and disasters.

However, a small proportion of participants, comprising 10.3%, indicated that there have been no recent changes in governance structures pertaining to gender inclusivity in HEDRM. This suggests a stagnant or slow pace of progress in addressing gender disparities through governance reforms, highlighting a potential area for intervention and advocacy. Lastly, 9.0% of participants expressed uncertainty regarding the effect of changes in governance on gender inclusivity. This uncertainty underscores the need for enhanced clarity and transparency in governance processes, as well as improved communication and stakeholder engagement to ensure that efforts to promote gender inclusivity are effectively communicated and understood. Some of the key informants in Kano and Kaduna States insisted that:

*“Changes in governance is a two-way process. It can be either good or bad for policies implementation. A certain government may come and truncate existing policies or form another one that is better thereby adding value to it. But, in another clime, with a new governance structure may not even acknowledge such policies talk less of following through on implementation”-*

*“Each government have different agenda and hardly see to conclusion any other existing policies. No continuity, no commitment on gender sensitivity policy reforms”*



**Figure 23: Effect of change in governance on gender inclusivity**

**Implications and recommendations of the Findings on effects of change in governance on gender inclusivity:**

The implications drawn from the findings in Figure 23 provide valuable insights into the dynamics of governance reforms and their impact on gender inclusivity in HEDRM in Nigeria:

1. **Need for Continuous Improvement:** The majority of respondents highlighting the need for more efforts despite some changes in governance structures underscore the importance of continuous improvement in promoting gender inclusivity. Policymakers and stakeholders should prioritize sustained efforts to strengthen gender-inclusive policies and practices within disaster management frameworks.
2. **Recognition of Progress:** The significant proportion of respondents reporting significant improvements with clear gender-inclusive policies reflects a positive outcome of governance changes. This highlights the potential of governance reforms to drive meaningful advancements in promoting gender equality and inclusivity in disaster preparedness and mitigation efforts.
3. **Call for Action:** The finding that a notable percentage of respondents reported no recent changes in governance structures regarding gender inclusivity signals a need for renewed action and advocacy. Policymakers and stakeholders should prioritize gender mainstreaming in governance reforms to ensure that gender-specific vulnerabilities and needs are adequately addressed in disaster management frameworks.
4. **Importance of Communication and Transparency:** The presence of uncertainty among respondents regarding the effect of changes in governance on gender inclusivity underscores the importance of clear communication and transparency in governance processes.

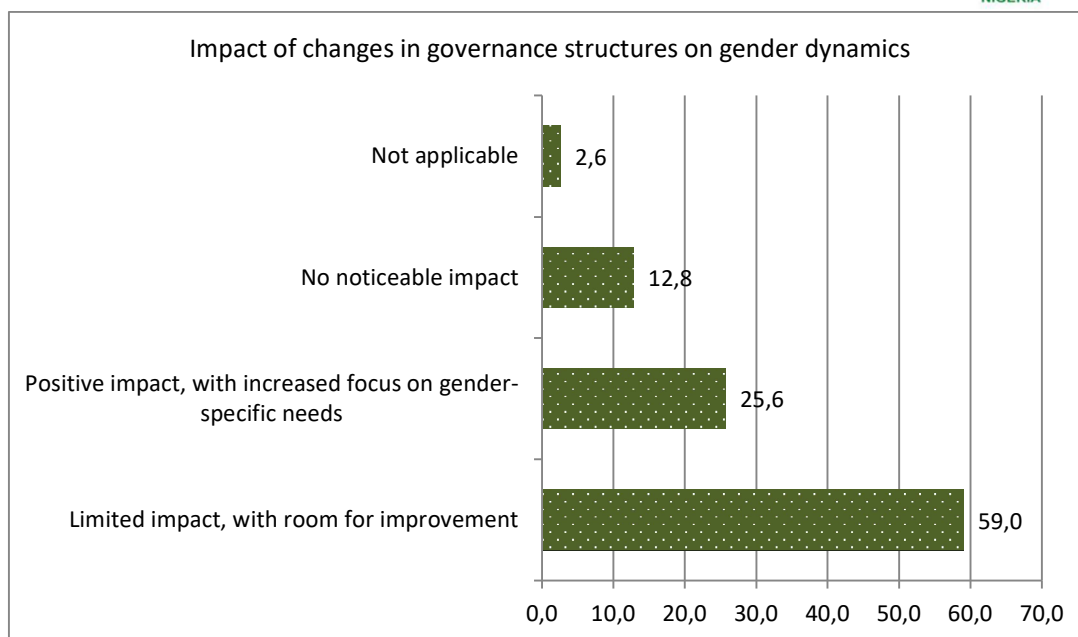
Policymakers should prioritize effective communication and stakeholder engagement to ensure that efforts to promote gender inclusivity are well understood and supported.

5. **Capacity Building and Awareness:** Efforts to enhance gender inclusivity in HEDRM should also include capacity building and awareness-raising initiatives among policymakers, stakeholders, and the general public. This can help foster a deeper understanding of gender-specific vulnerabilities and the importance of gender-inclusive policies and practices in disaster management.

#### 4.4.5 Impact of changes in governance structures on gender dynamics in HEDRM

Figure 24 provides insight into the perceived impact of changes in governance structures on gender dynamics within the domain of Health Emergency and Disaster Risk Management (HEDRM) in Nigeria. The data represents stakeholders' perspectives on the influence of governance changes on gender considerations in disaster preparedness, response, and management. More than half of participants (59.0%) indicated that there has been a limited impact of changes in governance structures, on gender dynamics in HEDRM with room for improvement. This suggests that while some changes have occurred, they have not fully addressed gender-specific needs or disparities in disaster management processes.

Some participants (25.6%) reported a positive impact of governance changes, noting an increased focus on gender-specific needs. This indicates recognition of progress in integrating gender considerations into HEDRM, with heightened attention to addressing the unique vulnerabilities and requirements of different genders in disaster preparedness, response, and management. Conversely, 12.8% of respondents stated that there has been no noticeable impact of changes in governance structures on gender dynamics in HEDRM. This finding suggests that governance changes may not have effectively translated into tangible improvements in addressing gender disparities within disaster management frameworks. A small percentage of respondents (2.6%) indicated that the question was not applicable to their context, potentially due to their limited involvement or awareness of governance changes and their impact on gender dynamics in HEDRM.



**Figure 24: Impact of the change in governance structures on gender dynamics in health emergency/disaster preparedness, response, and management**

#### **Implications and recommendations of findings on policy and practice in HEDRM**

The findings from Figure 24 carry several implications for policy and practice in HEDRM in Nigeria:

1. **Need for Enhanced and more gender focused Efforts:** The majority of participants highlighting a limited impact of governance changes underscore the need for enhanced and gender focused efforts to address gender dynamics in disaster management. Policymakers should recognize this as a call for more targeted and comprehensive measures to effectively integrate gender considerations into HEDRM.
2. **Recognition of Progress:** The percentage of respondents reporting a positive impact with increased focus on gender-specific needs reflects progress in recognizing and addressing gender disparities in disaster management. Policymakers should build on this momentum by further prioritizing gender inclusivity in policies and practices related to disaster preparedness, response, and management.
3. **Attention to Ineffectiveness:** The respondents indicating no noticeable impact of governance changes highlight potential ineffectiveness in translating policy changes into tangible improvements in addressing gender dynamics in HEDRM. Policymakers should critically assess the implementation of governance changes and identify barriers to their effectiveness in promoting gender inclusivity.
4. **Importance of Awareness and Engagement:** The small percentage of respondents indicating the question as not applicable underscores the importance of awareness and engagement among stakeholders regarding governance changes and their impact on gender dynamics in HEDRM. Policymakers should prioritize efforts to improve communication and

transparency to ensure that stakeholders are informed and actively involved in promoting gender inclusivity.

5. **Continuous Monitoring and Evaluation:** The findings emphasize the importance of continuous monitoring and evaluation of the impact of governance changes on gender dynamics in HEDRM. Policymakers should establish robust mechanisms for assessing progress and identifying areas for improvement, enabling evidence-based decision-making and targeted interventions.

#### 4.5 Gender-sensitive health and hygiene measures in disaster-affected areas

Results shown in Figure 25 offer a comprehensive overview of the provisions in place to address the distinct health and hygiene requirements of different genders in disaster-affected areas, shaping the discourse on HEDRM in Nigeria.

The majority of respondents (37.2%) reported limited provisions in this context. This finding underscores a potential gap in addressing gender-specific health and hygiene needs during disasters, indicating a critical area for improvement in relief efforts.

On a positive note, 32.1% of respondents indicated that provisions are in place for both males and females. This suggests recognition of the diverse health and hygiene requirements of different genders and a commitment to inclusivity in disaster response planning. However, the proportion of respondents highlighting limited provisions implies that there is still work to be done to ensure these efforts are widespread.

The revelation that 16.7% reported provisions only for males and 7.7% only for females raises concerns about potential gender disparities in accessing health and hygiene services during disasters. This finding underscores the need for a more nuanced understanding of gender-specific needs to ensure equitable support for all affected individuals.

Additionally, the 5.1% of respondents indicating no gender-specific provisions in place is a concerning revelation. This gap may lead to increased vulnerability, particularly for individuals with specific health and hygiene needs related to their gender.



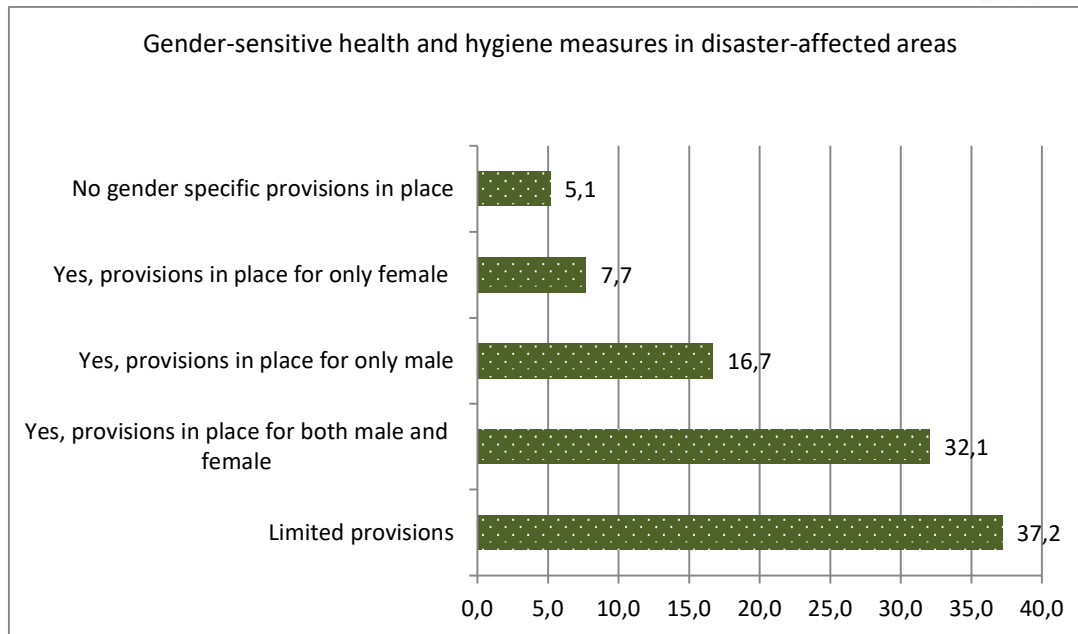


Figure 25: Provisions of Gender-sensitive health and hygiene measures in disaster-affected areas

**Implications and recommendations of findings gender-sensitive health and hygiene measures in disaster-affected areas:**

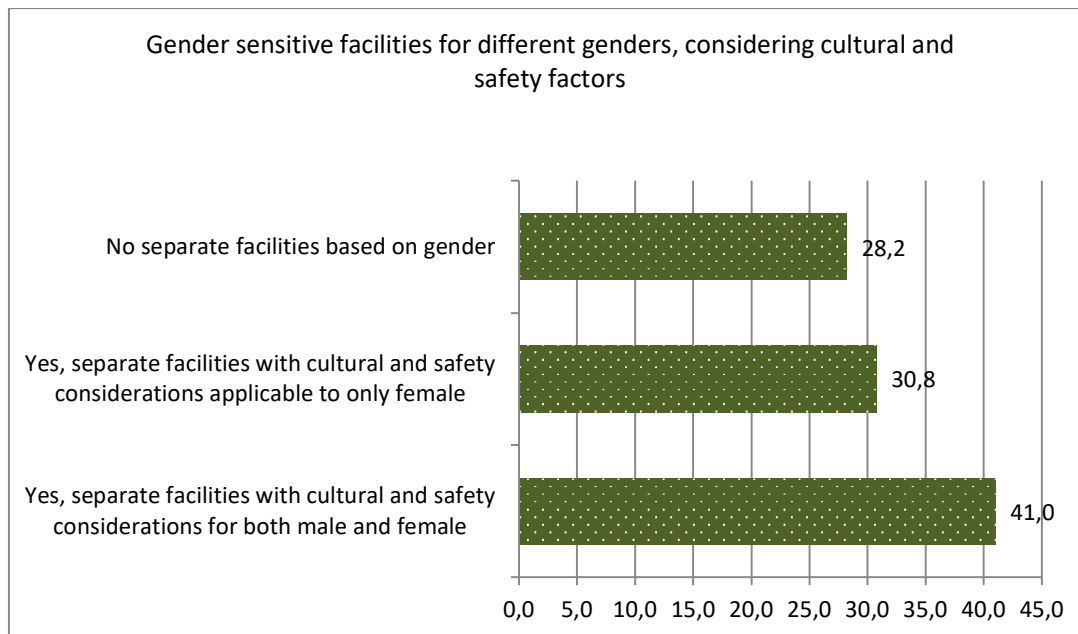
The implications drawn from Figure 25 provide valuable insights into the current state of gender-sensitive health and hygiene provisions in disaster-affected areas in Nigeria:

1. **Targeted Interventions for Limited Provisions:** The prevalence of limited provisions indicates a need for targeted interventions. Relief organizations should collaborate with health authorities to develop and implement strategies that specifically address the health and hygiene needs of different genders during disasters.
2. **Comprehensive Gender-Sensitive Planning:** The existence of provisions for both males and females is promising, but there is a need for comprehensive gender-sensitive planning. This involves not only recognizing the differences in needs but also ensuring that practical measures are in place to address them effectively.
3. **Gender Equity Advocacy:** The reported provisions exclusively for males or females highlight potential gender inequities in disaster response. Advocacy efforts should focus on raising awareness about the importance of gender equity in health and hygiene services during emergencies.
4. **Inclusive Needs Assessment:** The findings emphasize the importance of conducting inclusive needs assessments to identify specific health and hygiene requirements based on gender. This information is crucial for tailoring relief efforts and ensuring that the diverse needs of all genders are met.
5. **Capacity Building for Disaster Responders:** To bridge existing gaps, there is a need for continuous capacity building for disaster responders. Training programs should incorporate

modules on gender sensitivity in health and hygiene provisions to enhance the effectiveness of response efforts.

#### 4.5.2 Gender-sensitive facilities in disaster-affected areas

The findings presented in Figure 26 shed light on the existence of separate facilities for different genders in disaster-affected areas, taking into account cultural and safety factors. The data indicates that 41.0% of participants reported having separate facilities with cultural and safety considerations for both males and females. Additionally, 30.8% mentioned having separate facilities, but with these considerations applicable only to females, while 28.2% reported having no separate facilities based on gender.



**Figure 26: Separate facilities for different genders, considering cultural and safety factors**

#### Implications and recommendations gender-sensitive facilities in disaster-affected areas:

**1. Cultural and Safety Considerations:** The presence of separate facilities with cultural and safety considerations, whether for both genders or exclusively for females, reflects a positive step towards acknowledging the unique needs and vulnerabilities of individuals during disasters. These considerations are crucial for ensuring the dignity, safety, and well-being of affected populations.

**2. Gender Disparities and Inclusivity:** The variation in responses, particularly the 28.2% reporting no separate facilities based on gender, highlights potential gender disparities in relief services. Adequate facilities, tailored to diverse gender needs, are essential for fostering inclusivity and addressing the specific challenges faced by different groups during disasters.

**3. Safety Concerns for Females:** The finding that 30.8% reported separate facilities with considerations applicable only to females suggests recognition of the safety concerns that women may face during disasters. This underscores the importance of creating environments that mitigate risks and respect cultural sensitivities.

**4. Need for Further Investigation:** The data prompts a need for further investigation into the reasons behind the absence of separate facilities for certain respondents. Understanding the factors influencing this response is crucial for developing targeted interventions to enhance gender-sensitive relief services.

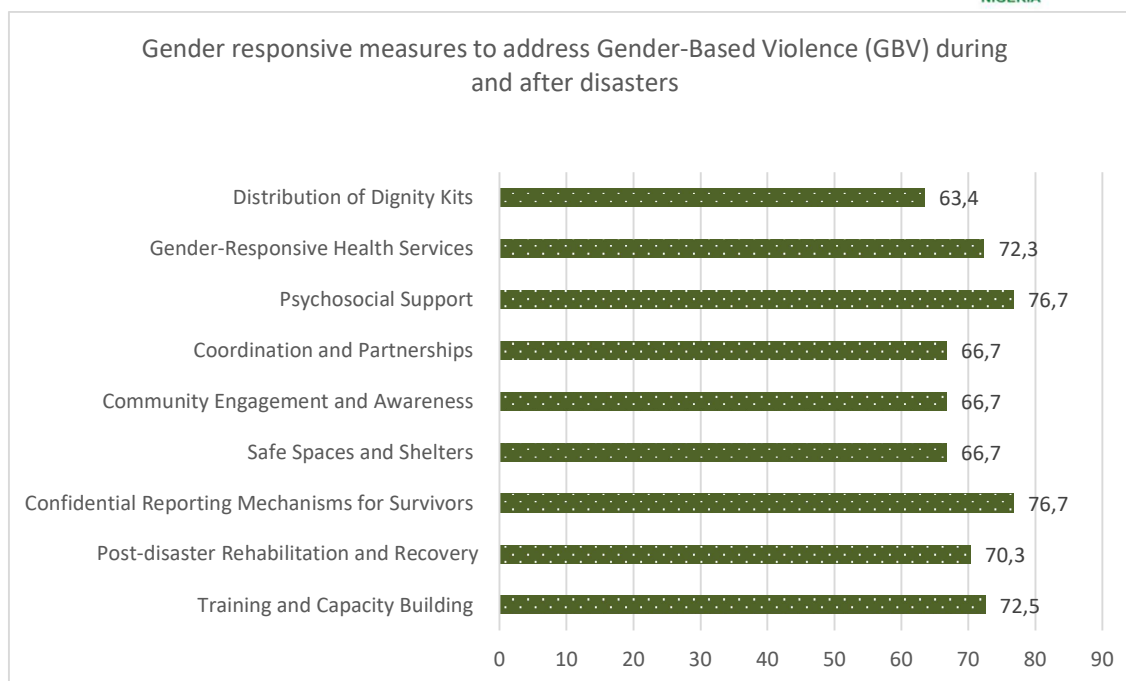
**5. Policy and Planning Implications:** The existence or absence of separate facilities based on gender has implications for disaster preparedness policies and planning. It underscores the necessity of integrating gender-sensitive approaches into emergency response strategies to ensure equitable and effective relief services for all.

#### **4.5.3 Gender responsive measures to address Gender-Based Violence (GBV) during and after disasters**

Results presented in Figure 27 outlines the various measures implemented to prevent and respond to Gender-Based Violence (GBV) during and after disasters. The findings reveal a clear emphasis on Training and Capacity Building, with over a bit over half of the participants (72.5%) highlighting its significance. This underscores recognition of the pivotal role education plays in addressing GBV, signaling a commitment to equip responders and communities with the necessary skills and knowledge. Moreover, the substantial focus on Post-disaster Rehabilitation and Recovery (69.1%) suggests an understanding of the enduring impact of GBV on survivors. This highlights a commitment to incorporating GBV considerations into long-term recovery plans, indicating a holistic and sustained approach to support survivors beyond immediate emergencies.

However, the relatively lower response may indicate a need for heightened attention to post-disaster support systems, survivor confidentiality, and the establishment of safe spaces. The inclusion of measures such as Confidential Reporting Mechanisms for Survivors, Safe Spaces and Shelters, and Community Engagement and Awareness (all at 76.7%) underlines a multifaceted strategy. Prioritizing confidential reporting mechanisms ensures survivors have secure channels to report incidents, emphasizing privacy and encouraging survivors to seek assistance. Additionally, the focus on creating safe spaces and community engagement demonstrates an understanding of the importance of immediate refuge and involving communities in prevention and response efforts. However, the relatively lower participation in these areas implies potential gaps in community involvement, collaboration among stakeholders, and mental health support for survivors.

Strengthening these aspects could lead to a more holistic and community-centered approach to GBV prevention and response. The allocation of resources to Coordination and Partnerships (66.7%) signifies a collaborative approach to GBV mitigation. Effective coordination enhances the impact of interventions, fostering a unified response across various stakeholders. Furthermore, the attention given to Psychosocial Supports and counseling (76.7%) and Gender-Responsive Health Services reflects a commitment to addressing the emotional and physical well-being of survivors, contributing to their overall recovery. While Distribution of Dignity Kits received a comparatively lower percentage (63.4%), its inclusion underscores a commitment to maintaining the dignity and hygiene of GBV survivors, acknowledging their specific needs.



**Figure 27: Measures implemented to prevent and respond to Gender-Based Violence (GBV) during and after disasters**

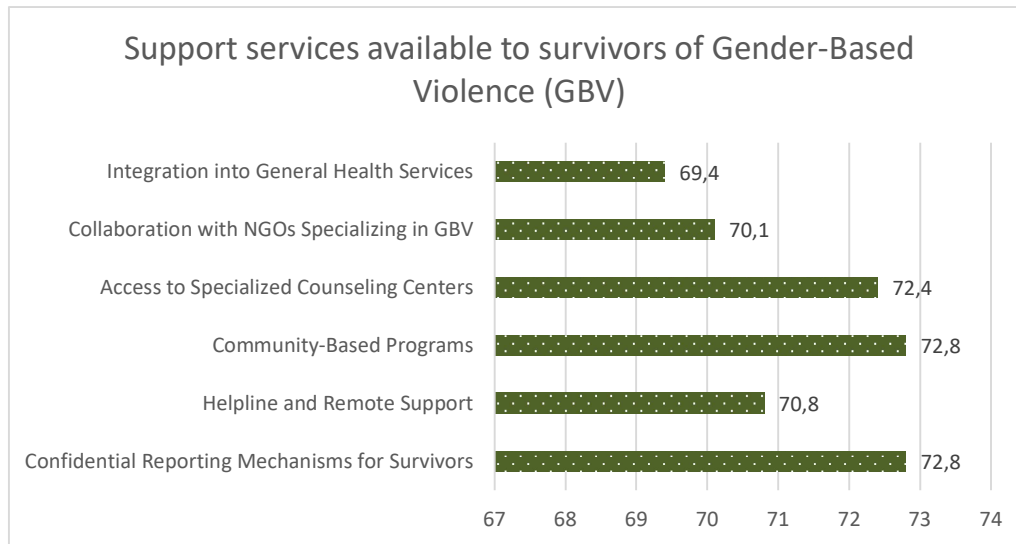
#### 4.5.4 Various support services available to survivors of Gender-Based Violence during and after disasters

In a multiple response given by participants, Figure 28 presents a comprehensive overview of the support services available to survivors of Gender-Based Violence (GBV) during and after disasters. The frequencies associated with each service highlight the prevalence and emphasis placed on various strategies. Notably, Confidential Reporting Mechanisms for Survivors stands out with a high percentage of 72.8%, indicating a strong commitment to providing survivors with channels to report incidents while maintaining confidentiality. This underscores the recognition of the importance of privacy and security for survivors, promoting a safe environment for seeking help.

Helpline and Remote Support, at 70.8%, signifies a significant acknowledgment of the need for remote assistance, allowing survivors to seek support and information through help-lines, which is particularly valuable during and after disasters when physical access to support services may be challenging. Similarly, Community-Based Programs, also at 72.8%, demonstrate a commitment to providing localized and community-driven support. This approach recognizes the essential role of communities in addressing GBV issues, fostering a community-centric approach to support. Access to Specialized Counseling Centers (72.4%), highlights the inclusion of professional mental health support for survivors, acknowledging the psychological impact of GBV. While lower in frequency, the integration of specialized counseling services adds a crucial layer to the overall support ecosystem.

Collaboration with NGOs Specializing in GBV (70.1%) and Integration into General Health Services (69.4%) both indicate recognition of the need for external expertise and the mainstreaming of GBV support within broader healthcare structures. The collaboration with NGOs enhances the

overall effectiveness and reach of support services, highlighting a cooperative and inclusive approach.



**Figure 28: Support services to survivors of Gender-Based Violence (GBV) during and after disaster**

**Implications and recommendations of the Findings on Support services available to survivors of Gender-Based Violence (GBV):**

The findings from Figure 28 have several implications for the approach to GBV support during and after disasters. The diverse range of support services reflects a holistic ecosystem designed to address the multifaceted needs of survivors. The high emphasis on confidential reporting mechanisms underscores the significance of safeguarding survivors' privacy, fostering an environment where survivors can seek help without fear of exposure. The substantial focus on community-based programs signifies a commitment to involving local communities in addressing GBV issues. This community-centric approach aligns with the notion that community engagement is crucial in combating GBV, recognizing the unique role communities play in providing support.

The inclusion of helpline and remote support services acknowledges the importance of accessibility, especially during and after disasters when physical access to support services may be challenging. This emphasis on remote support ensures that survivors can access assistance irrespective of their geographical location. Collaboration with NGOs specializing in GBV and the integration into general health services indicate a recognition of external expertise and the need to mainstream GBV support within broader healthcare structures. This collaborative and inclusive approach enhances the overall effectiveness and reach of support services.

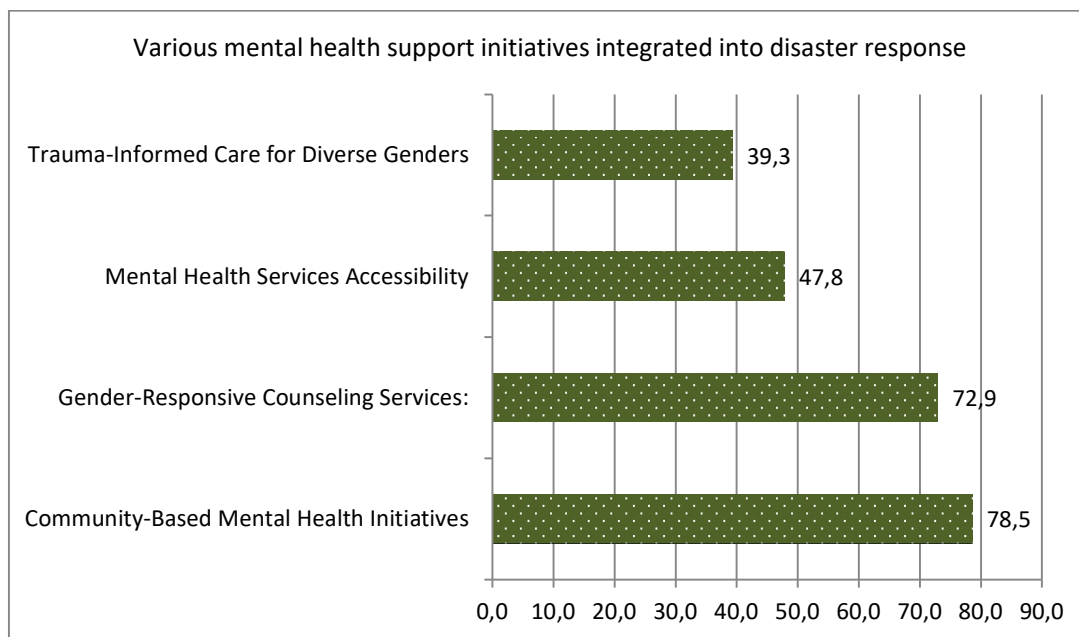
The provision of access to specialized counseling centers acknowledges the psychological impact of GBV, emphasizing the importance of mental health support for survivors. This recognizes the need for a comprehensive approach that addresses not only the physical but also the emotional and psychological well-being of survivors.

**4.5.5 Availability of various mental health support initiatives integrated into disaster response**

Results presented in Figure 29, illustrating the distribution of emphasis on various mental health support initiatives integrated into disaster response, reveals significant insights into the landscape

of health emergency and disaster risk management in Nigeria from a gender perspective. The foremost observation is the substantial focus on Community-Based Mental Health Initiatives, representing 78.5% of the overall distribution. This underscores a strategic approach to involve communities actively in mental health support during and after disasters. By engaging local communities, there is a potential to enhance overall resilience and contribute to a collective sense of well-being, aligning with a community-centric disaster response.

A significant aspect of the findings is the emphasis on Gender-Responsive Counseling Services, accounting for 72.9%. This signals a commendable recognition of the diverse and unique mental health needs across different genders. The prioritization of gender-sensitive counseling services reflects an understanding of the nuanced challenges faced by various gender groups during and after disasters. This approach is vital for tailoring mental health interventions to address the specific needs of individuals, contributing to a more inclusive and effective disaster response. However, the results also reveal a relatively lower emphasis on Mental Health Services Accessibility, standing at 47.8%. This prompts a critical examination of potential barriers that may hinder the accessibility of mental health services. Identifying and addressing these challenges is paramount to ensuring that mental health support reaches all individuals, especially in the aftermath of disasters when psychological well-being is acutely crucial. Additionally, Trauma-Informed Care for Diverse Genders is shown by (39.3%), emphasizing the recognition of the lasting psychological impact of disasters. This underscores the importance of tailoring mental health interventions to consider diverse identities and experiences. Such a trauma-informed approach aligns with acknowledging the intersections of gender and other factors, contributing to a more comprehensive and effective support system.



**Figure 29: Mental health support integrated into disaster response**

#### 4.5.6 Accessibility of counseling services to different gender groups in HEDRM

The results shown in Figure 30, outlining the accessibility of counseling services to different gender groups in the context of health emergency and disaster risk management in Nigeria, offers valuable insights into the state of mental health support infrastructure. The notable observation is the distribution across categories, with 11.5% reporting that counseling services are not available. This signals a critical gap in the existing support system, highlighting an immediate need to establish and strengthen counseling services, especially in the context of disaster preparedness and mitigation. Moreover, the acknowledgment of easily accessible services with cultural sensitivity considerations at 19.2% is a positive indication of efforts to align mental health support with diverse cultural contexts. Cultural sensitivity is crucial in ensuring that counseling services are not only available but also tailored to meet the unique needs and preferences of different gender groups. This approach fosters a more inclusive and effective mental health support system, contributing to the overall resilience of communities during and after disasters.

On the other hand, the data indicates that 26.9% of respondents perceive limited accessibility to counseling services. This finding underscores the existence of barriers or challenges that hinder the ease of access to mental health support. Identifying and addressing these limitations is imperative to bridge the gap between the demand for counseling services and their actual availability, thereby strengthening the overall disaster preparedness and response mechanisms. Lastly, the category reporting some accessibility but with improvements needed at 42.3% highlights a positive aspect of existing services. However, the recognition of the need for enhancements suggests that there is room for improvement in the quality, reach, or cultural responsiveness of the available counseling services. These findings call for a strategic and targeted approach to address specific areas of improvement to ensure that mental health support is comprehensive, accessible, and adapted to the diverse gender landscape.

In terms of implications, the data underscores the urgent need for a comprehensive and culturally sensitive approach to mental health support in the context of disaster risk management in Nigeria. The identified gaps in accessibility point to specific areas that require immediate attention and strategic interventions. Strengthening counseling services, ensuring cultural relevance, and addressing barriers to accessibility will contribute significantly to building a more resilient and responsive health emergency system, particularly concerning mental health, in the face of disasters.

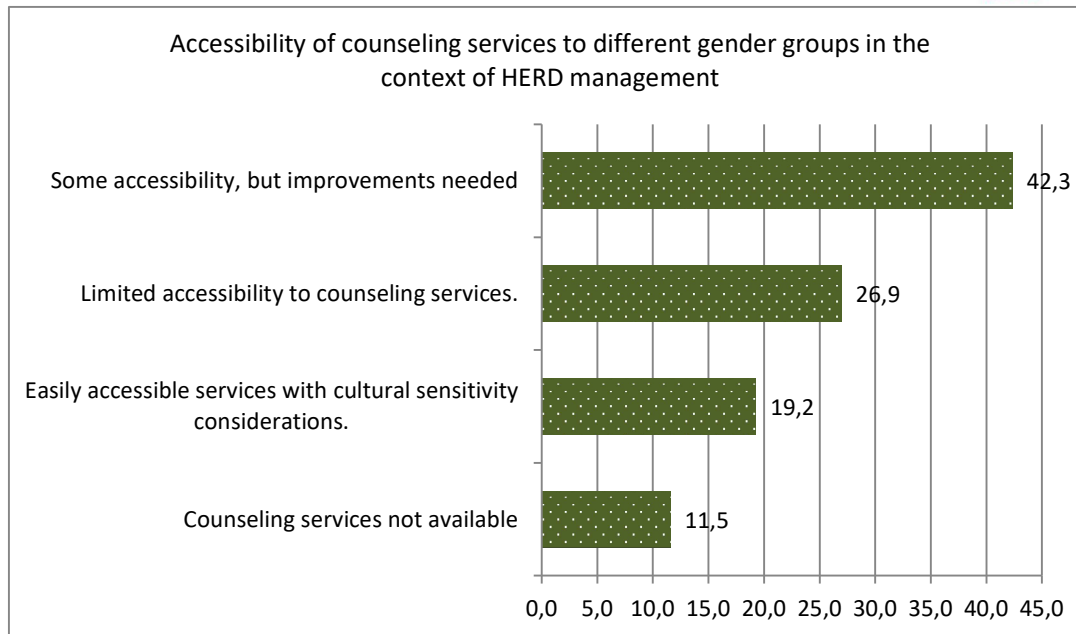


Figure 30: Accessibility of counseling services to all gender groups

#### 4.6 Gender-Disaggregated Data on Injuries and Illnesses

The distribution in Table 2 of reported disasters and illnesses reveals important variations between men and women on gender disaggregated data collection on injuries and illnesses during disaster outbreaks and epidemics. Among individuals reporting 50 or fewer incidents, men account for 46.8%, slightly higher than women at 40.5%. However, as the number of reported incidents increases, a significant shift occurs. In the category of 51 to 100 reported incidents, the proportion of men decreases to 38.0%, while women's representation sharply declines to 5.1%. For those reporting more than 100 incidents, women dominate, constituting 53.2%, while men comprise only 15.2%.

#### Implications and recommendations of the findings on gender disaggregated reports on disasters and illnesses:

1. **Gender Disparities in Reporting:** The findings highlight gender disparities in the reporting of disasters and illnesses. The lower percentage of women reporting fewer incidents may suggest potential barriers such as limited access to healthcare services, societal expectations, or communication gaps. Conversely, the higher percentage of women reporting more than 100 incidents signals a potential higher vulnerability or exposure to health risks.
2. **Healthcare Access and Seeking Behavior:** The observed variations may indicate differences in healthcare access and seeking behavior between men and women. Understanding these patterns is crucial for tailoring disaster preparedness and response strategies to address the unique needs and challenges faced by both genders.
3. **Disaster Preparedness Planning:** The gender-specific data necessitate a nuanced approach to disaster preparedness planning. Initiatives should consider the distinct vulnerabilities and strengths of men and women, ensuring that interventions are inclusive and responsive to the diverse impacts of disasters on physical health.
4. **Community Engagement and Education:** Addressing gender disparities in reporting requires community engagement and education. Promoting awareness, encouraging open



communication, and providing accessible channels for reporting incidents are essential steps toward fostering a more comprehensive understanding of the health landscape, especially during emergencies.

**Table 2: Gender distribution of Disaster and Illnesses reported in the last 6months**

Number of Reported disaster or illnesses in the last 6months	By Men		By Women	
	Freq	Percent	Freq	Percent
≤ 50	37	46.8	32	40.5
51 – 100	30	38.0	4	5.1
>100	12	15.2	42	53.2

Source: Gender fieldwork, 2024.

#### 4.6.1 Disaster/illness commonly reported

Results in Table 3 provides a comprehensive overview of the prevalent and types of disasters and illnesses reported in the context of Health Emergency and Disaster Risk Management in Nigeria, shedding light on the multifaceted challenges that communities face. The Table reveals distinct patterns, categorizing incidents into high, very high, moderate, and low rates, allowing for in-depth understanding of the health backdrop. The high rates of reported incidents, including Respiratory distress, Road Accident, High blood pressure and depression, Measles, Communal/religious conflicts, and others, signify the broad spectrum of health challenges faced by the population. These incidents demand a holistic and targeted approach in disaster preparedness, emphasizing the need for infrastructure development, public health campaigns, and community engagement to mitigate their impact.

Among the significant findings are the very high rates associated with Typhoid fever, Hypertension, Diphtheria and Cholera. These diseases emerge as critical focal points for resource allocation, interventions strategies, and public health campaigns. Addressing these health challenges requires concerted efforts in healthcare infrastructure development, sanitation improvement, and community education to reduce their prevalence and impact. Moderate rates of incidents, such as food poisoning, Sexual harassments, heat flashes and Abuse of various types, Lassa fever, Rabies, and flash floods, suggest a substantial occurrence. Tailoring interventions for these incidents is crucial, recognizing their unique characteristics and challenges. Additionally, the identified low-rate incidents, including Drought, Polio, Accidental Explosion, and others, should not be overlooked, as they can still have severe consequences requiring targeted disaster preparedness strategies.

**Table 3: Types of disaster/illness commonly reported**

S/N	Disaster/illness	Rate
1.	Respiratory distress	High
2.	Typhoid fever	Very High
3.	Hypertension	Very High
4.	Road Accident	High
5.	Drought	Low
6.	Polio	Low
7.	Accidental Explosion	Low

S/N	Disaster/illness	Rate
8.	Cholera	Very High
9.	Trans-boundary pests (locust, army worm, quail birds)	Low
10.	Oil Pipeline vandalization - fire incident	Low
11.	Snakebite	Low
12.	Windstorm	High
13.	High blood pressure and depression	High
14.	Building collapse	Low
15.	Food poisoning	Moderate
16.	Measles	High
17.	Sexual abuse	Moderate
18.	Communal/religious conflicts: Fractures, injuries, rape, arson, unwanted pregnancies, death	High
19.	Meningitis	Very High
20.	Lassa fever	Moderate
21.	Rabies	Moderate
22.	Flood	Moderate

Source: Field study, 2024

#### Implications of findings on Types of disaster/illness commonly reported

The implications of these findings extend beyond mere categorization. They underscore the importance of prioritizing resources based on the severity and frequency of incidents. Moreover, Table 3 highlights the need for tailored interventions that consider the specific challenges posed by each type of disaster or illness. This includes a gender-sensitive approach, particularly evident in incidents related to Communal/religious conflicts, emphasizing the importance of recognizing and addressing gender-specific vulnerabilities.

#### 4.6.2 Severity of Health Issues

**Figure 31** offers a concise yet insightful overview of different types of disasters and their associated consequences based on participants' responses, providing an overview of the potential impacts on public health and societal well-being.

**Infectious Diseases:** The Figure (31) underscores the potential severity of infectious diseases such as **MERS CoV, Lassa fever, Diphtheria, Yellow Fever, CSM, Measles, and Monkey-pox**. These diseases vary in terms of outbreak frequency, severity of injuries, and mortality rates. Particularly, Lassa fever stands out with a high occurrence of outbreaks, common severe injuries, and numerous deaths in the northern and central zones.

**Natural Disasters:** Floods, categorized as a natural disaster, emerge as a multifaceted challenge with possible outbreaks, many severe injuries, few deaths, overwhelming food shortages, and common displacement. This reflects the comprehensive impact of floods, affecting health, nutrition, and displacing communities in Southwest and part of central zones.

**Man-made Disasters:** Communal and religious conflicts, terrorism, kidnapping and road traffic accidents represent man-made disasters with distinct consequences. Terrorism, in particular, is

noted for common outbreaks, many severe injuries, and deaths, as well as common food shortages and displacement, highlighting its broad societal impact across all zones.

**Health Crises and Structural Failures:** The Figure (31) acknowledges health crises such as CSM, Measles, and Monkey-pox, where outbreaks are common, and consequences vary in terms of injuries, deaths, and displacement. Additionally, structural failures, typified by collapsed buildings, are recognized as rare events with varied consequences, emphasizing the importance of building safety measures.

TYPE OF DISASTER	CONSEQUENCES				
	OUTBREAKS	SEVERE INJURIES	DEATHS	FOOD SHORTAGES	DISPLACEMENT
<b>MERS CoV</b>	Many	Common	Few	Possible	Rare
<b>Lassa Fever</b>	Many	Common	Many	Rare	Rare
<b>Yellow Fever</b>	Common	Possible	Few	Rare	Rare
<b>Floods</b>	Possible	Many	Few	Overwhelming	Common
<b>Heavy Metal Poison</b>	Few	Common	Few	Rare	Rare
<b>Communal/ Religious Conflicts</b>	Rare	Many	common	Rare	Common
<b>Terrorism</b>	Common	Many	Many	Common	Common
<b>Road traffic accidents</b>	Common	Overwhelming	Many	Rare	Rare
<b>CSM</b>	Common	Few	Many	Rare	Rare
<b>Measles</b>	Many	Many	Common	Rare	Rare
<b>Collapsed building</b>	Rare	Few	Few	Rare	Common
<b>Monkey pox</b>	Common	Few	Few	Rare	Rare

**Figure 31: Disaster types and Consequences in Nigeria (Source: NCDC 2020)**

#### 4.6.3 Prevalence of Mental Health Issues: 1. PTSD, Anxiety, and Depression

Table 4 serves as a critical investigation into the often-neglected realm of mental health issues post-disaster, presenting findings that carry reflective implications for the broader framework of Health Emergency and Disaster Risk Management in Nigeria. The categorization of mental health issues, including PTSD, anxiety, and depression, as moderate post-disaster reveals a significant impact on the mental well-being of the affected population. This underscores the necessity of integrating

mental health considerations into disaster response strategies to ensure a holistic approach to health emergencies.

The gender-specific breakdown in mental health prevalence reveals compelling comprehensions. The high prevalence among women signifies a disproportionate burden and distinctive challenges they face in the aftermath of disasters. The moderate prevalence among men calls attention to their different experiences. Recognizing and addressing these gender disparities in prevalence of mental health issues is paramount, emphasizing the need for gender-sensitive mental health support services and personalized interventions that acknowledge and respond to the diverse needs of both men and women.

Furthermore, results shown in Table 4 sheds light on the prevalence of mental health issues among boys and girls, highlighting the vulnerability of the younger demographic post-disaster. The moderate and high categorizations emphasize the importance of prioritizing mental health services for children and adolescents. This requires a collaborative effort involving healthcare providers, educators, and community leaders to create a supportive environment that addresses the unique challenges faced by the younger population.

**Table 4: Prevalence of mental health issues**

Mental Health Issues	Rate
Prevalence of mental health issues, including PTSD, anxiety, and depression, post-disaster	Moderate
Prevalence of mental health issues among men	Moderate
Prevalence of mental health issues among women	High
Prevalence of mental health issues among boys	High
Prevalence of mental health issues among girls	Moderate

Source: field study, 2024

**Implications of findings on prevalence of mental health issues**

The implications of these findings are far-reaching. Integrating mental health into disaster response becomes imperative, necessitating the inclusion of mental health professionals in disaster response teams. Gender-sensitive mental health support services are crucial for the comprehensive recovery of communities, recognizing and addressing the specific challenges faced by men and women. Prioritizing mental health services for children and adolescents demands a proactive approach, emphasizing community education to reduce stigma and enhance awareness

**4.6.4 Gender-Specific Coping Mechanisms in HEDRM**

The findings shown in Figure 32 highlight the coping mechanisms employed by various demographic groups in the context of health emergencies and disaster risk management in Nigeria. The coping strategies, categorized by gender (Men, Women, Boys, and Girls), encompass diverse approaches such as Community Engagement, Religious or Spiritual Practices, Creative Expressions, Professional Counseling, Self-Reflection and Mindfulness, Problem-Solving and Planning, Substance Use, and Physical Exercise or Outdoor Activities.

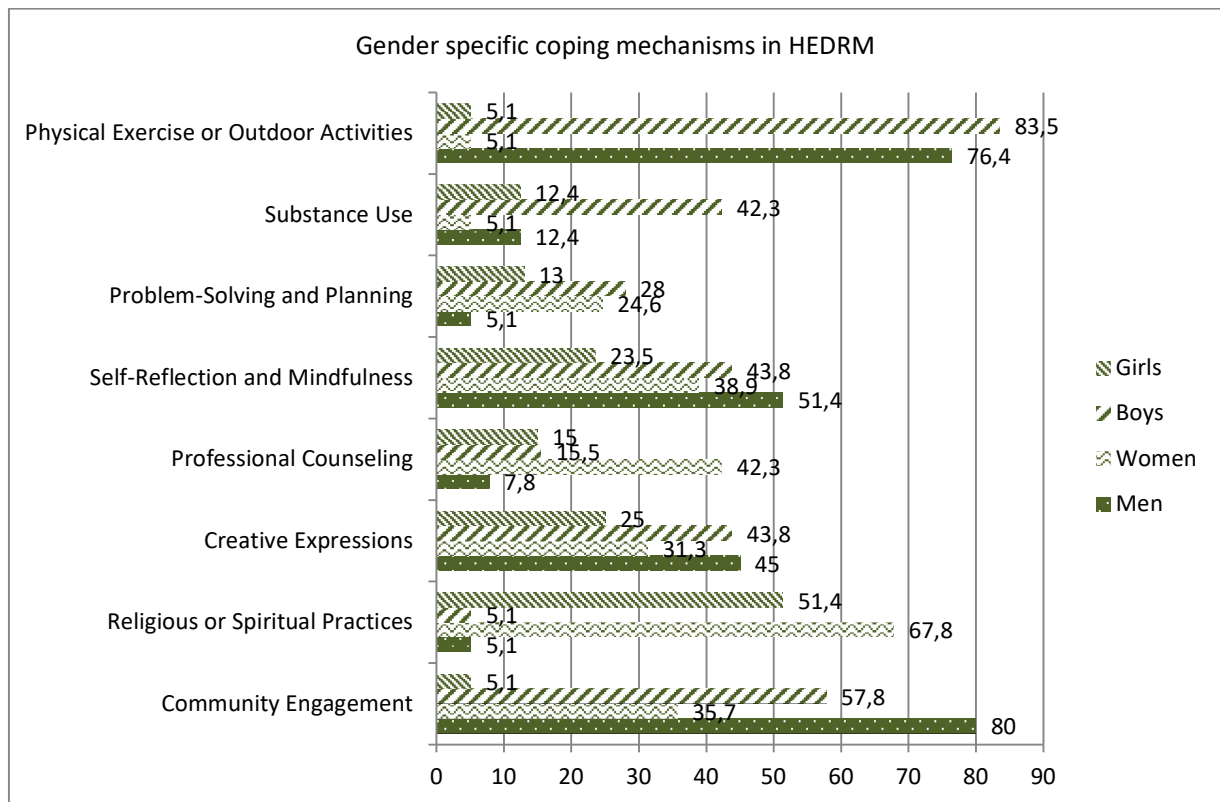
In analyzing the results shown in Figure 32, it is evident that community engagement stands out as a prominent coping strategy, particularly for men and boys. This suggests a community-centric approach to resilience among these groups. On the other hand, women and girls exhibit a

substantial reliance on religious or spiritual practices, underscoring the importance of faith-based coping mechanisms during health emergencies. The data also indicates varying preferences in coping mechanisms, with men and boys showing higher inclinations toward creative expressions and physical activities, while women demonstrate a proactive approach to seeking familial and professional counseling.

**Implications and recommendations of the Study Findings on gender specific coping mechanisms in HEDRM:**

Implications of the findings are far-reaching, emphasizing the need for gender-specific considerations in disaster risk management. The distinct coping patterns observed underscore the importance of modifying interventions to address the unique needs of each gender. For instance, recognizing the prevalence of familial and professional counseling among women suggests an increased focus on mental health services for this particular group. Meanwhile, the higher engagement of men and boys in physical activities signals an opportunity to leverage such preferences in resilience-building initiatives.

The findings also convey implications for preventive measures and targeted awareness campaigns. The higher reliance on substance use among men and boys calls for proactive measures to address potential health risks associated with maladaptive coping strategies. Integrating culturally sensitive mental health support, especially through religious or spiritual practices, emerges as a critical aspect of disaster management frameworks.



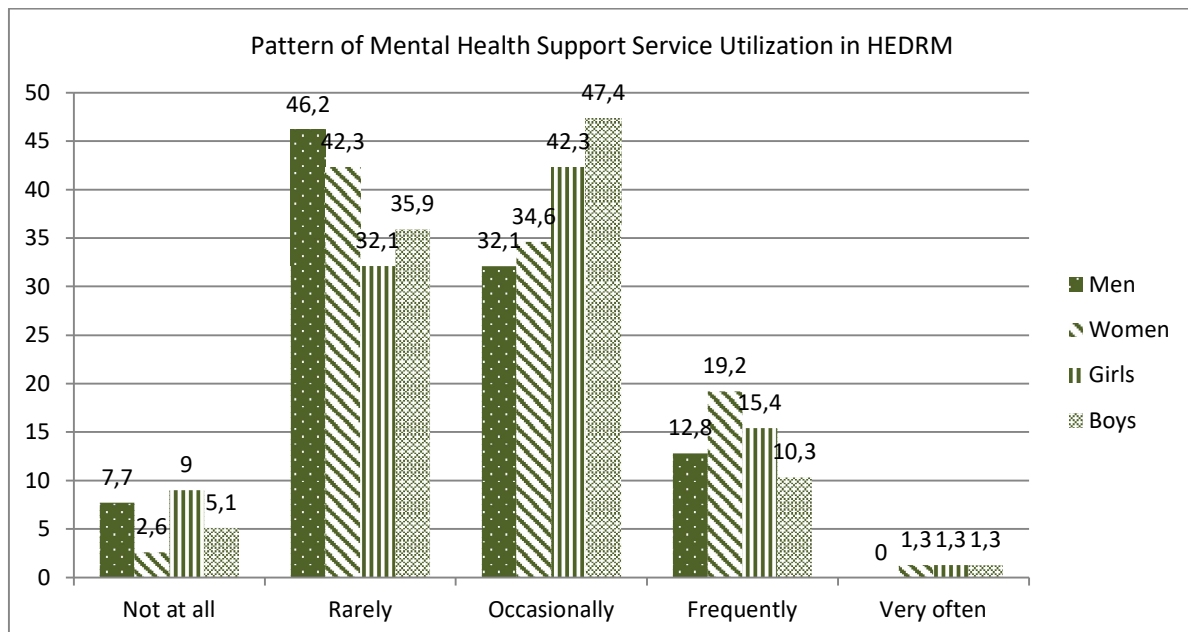
**Figure 32: Gender Specific Coping Mechanism in HEDRM**

**4.6.5 Pattern of Mental Health Support Service Utilization in HEDRM**

In Figure 33, the frequency of mental health support service utilization is presented across different gender groups (Men, Women, Girls, Boys) on a scale ranging from "Not at all" to "Very often." The findings provide valuable insights into the patterns of mental health support utilization in the context of health emergency and disaster risk management in Nigeria. Among men, the majority (46.2%) reported utilizing mental health support services rarely, while 32.1% mentioned doing so occasionally. An important 12.8% reported frequent usage, indicating a substantial proportion seeking mental health support in the wake of disasters. Interestingly, none of the men studied reported using mental health services very often, suggesting that consistent or intensive utilization is less common among this gender.

For women, results shown in Figure 33 indicates a similar trend, with 42.3% reporting rare utilization and 34.6% using mental health support services occasionally. A significant proportions 19.2% mentioned frequent use, highlighting the importance of mental health services for women in disaster-affected areas. A small percentage (1.3%) reported very often, indicating that consistent use is less prevalent among women. Among girls, 42.3% reported occasional use, while 32.1% mentioned rare utilization. Particularly, 15.4% reported frequent use, emphasizing the need for mental health support services tailored to the unique challenges faced by girls during emergencies. A minimal percentage (1.3%) reported very often, consistent with the findings for women and suggesting that sustained use is less common in this group.

Boys, on the other hand, displayed a slightly different pattern, with 35.9% reporting rare utilization and 47.4% mentioning occasional use. Interestingly, only 10.3% reported frequent use, and a small percentage (1.3%) reported very often. This suggests that boys, similar to men, may not consistently utilize mental health support services at a high frequency.



**Figure 33: Pattern of Use of Mental Health Support service**

**Implications and recommendations of findings on Pattern of Mental Health Support Service Utilization in HEDRM**

Implications of the findings highlight the need for targeted mental health interventions, particularly for men and boys, who seem less likely to engage in consistent use. Understanding these utilization patterns can guide the development of gender-sensitive mental health programs in disaster-prone regions, ensuring that services are steered to the specific needs of diverse gender groups. Additionally, efforts to reduce the stigma associated with seeking mental health support and increasing awareness about available services could contribute to more widespread and regular utilization across all gender.

#### 4.7 CONCLUSION

This comprehensive study conducted an in-depth gender analysis of the health sector in Nigeria to examine the intersection of gender dynamics with health emergency and disaster risk management. The findings of this study shed light on various aspects of gender disparities, vulnerabilities, and interventions within the Nigerian healthcare system, providing valuable insights for policymakers, healthcare practitioners, and stakeholders.

##### 4.7.1 Summary of Key Findings

The study revealed several significant findings regarding gender dynamics in the Nigerian health sector during emergencies:

1. **Primary Caregiver Role:** Females were perceived as primary caregivers in 61.3% of households during health emergencies.
2. **Consideration of Gender Roles:** 57.8% acknowledged considering gender roles in health intervention planning.
3. **Access to Health Services:** 51.1% perceived limited access for women during epidemics.
4. **Access to Healthcare Services:** Women were disproportionately affected, facing limited access to essential healthcare services during epidemics, while men also encountered challenges, albeit to a lesser extent.
5. **Effectiveness of Gender Inclusive Interventions:** Involving both men and women significantly enhanced the overall effectiveness of health interventions during crises, emphasizing the importance of gender-responsive approaches.
6. **Measures Addressing Gender-Based Vulnerabilities:** While specific measures were taken to address potential gender-based vulnerabilities during health emergencies, there remained gaps in effectively addressing gender-specific needs and vulnerabilities.
7. **Gender Inequalities in Access to Information:** Gender inequalities persisted in access to information during health emergencies, with a notable percentage reporting limited access among certain gender groups.
8. **Gender Sensitivity within Health Organizations:** The study highlighted both strengths and areas for improvement in gender sensitivity within health organizations, with varying levels of commitment and initiatives observed across different aspects of gender integration.

##### 4.7.2 Recommendations

Based on the key findings, the following recommendations are proposed to enhance gender integration in health emergency and disaster risk management within the Nigerian health sector:

1. **Gender-Inclusive Emergency Planning:** Develop emergency plans with a gender-inclusive approach.
2. **Community Awareness:** Implement targeted awareness campaigns to overcome gender biases.
3. **Enhanced Data Collection:** Improve data collection for nuanced gender insights.
4. **Strengthen Policies:** Reinforce gender-responsive policies to mitigate disparities.
5. **Gender-Responsive Policies and Planning:** Develop and implement gender-responsive policies and emergency plans that consider the unique needs of different genders, ensuring equitable access to healthcare services during emergencies.
6. **Comprehensive Gender Training:** Provide comprehensive gender-sensitive training programs for healthcare workers to enhance their capacity in addressing gender-specific health concerns during emergencies.
7. **Community Engagement and Awareness:** Develop tailored communication strategies and inclusive outreach programs to raise awareness and ensure information dissemination reaches all genders, especially vulnerable populations.
8. **Data Collection and Monitoring:** Strengthen gender-disaggregated data collection mechanisms and monitoring frameworks to assess and address gender disparities in health service provision during emergencies.
9. **Collaborative Efforts:** Foster collaboration with gender-focused organizations to enhance the gender responsiveness of health services and interventions during emergencies.
10. **Inclusive Health Policies:** Ensure the integration of gender perspectives in health policies, programs, and interventions, promoting inclusivity and equitable access to healthcare services for all genders.
11. **Capacity Building:** Invest in capacity-building initiatives that empower women and promote their active participation in decision-making processes related to health emergency and disaster risk management.
12. **Gender-Responsive Healthcare Services:** Develop and implement healthcare services that are tailored to address the specific needs of different genders, including reproductive health, mental health, and psychosocial support.
13. **Prevention of Gender-Based Violence:** Implement strategies for the prevention of gender-based violence and provide support services for survivors, ensuring a safe and supportive environment during health emergencies.



14. **Childcare Support and Economic Empowerment:** Address childcare support needs and implement economic empowerment initiatives to mitigate the impact of emergencies on women's caregiving responsibilities and economic participation.
15. **Accessible Infrastructure:** Ensure the availability of accessible reproductive health services, emergency shelters, sanitation facilities, and other infrastructure that cater to the diverse needs of all genders during emergencies.

In conclusion, addressing gender disparities and integrating gender perspectives in health emergency and disaster risk management is essential for building a resilient and inclusive healthcare system in Nigeria. By implementing the above recommendations, stakeholders can work towards a more gender-responsive approach, ultimately improving health outcomes and reducing vulnerabilities among all genders during emergencies.

### Action Plan for Gender Integration in Health Emergency and Disaster Risk Management

#### Action 1. Policy Development and Implementation:

**Action Plan:** Develop gender-responsive policies and emergency plans within the healthcare sector

#### Key Activities

- Conduct a thorough review of existing policies to identify gaps in addressing gender-specific needs during emergencies.
- Engage stakeholders, including gender-focused organizations, to gather input and ensure inclusivity in policy development.
- Draft and finalize gender-responsive policies and emergency plans, incorporating feedback from stakeholders.
- Develop guidelines for implementing and monitoring the effectiveness of these policies.

Responsible Agencies: Ministry of Health, Women Affairs Department, NEMA NCDC

Timeline:

#### Key Indicators

- 1.1 The inclusion of gender experts and representatives of women's and other vulnerable groups' organizations in the policy design, monitoring, and evaluation processes.
- 1.2 The collection and analysis of sex- and age-disaggregated data and gender analysis to inform the policy objectives, strategies, and indicators.
- 1.3 The allocation of adequate resources and budget for gender mainstreaming and gender-specific interventions in the policy implementation plan.
- 1.4 The provision of gender-sensitive and inclusive health services, information, and communication that address the specific needs and preferences of different groups, especially those who face multiple forms of discrimination and barriers to access.
- 1.5 The promotion of women's leadership and participation in decision-making and coordination mechanisms at all levels of the O&E health response.
- 1.6 The protection and promotion of the rights and dignity of women and girls, especially those who are survivors of gender-based violence, in the O&E health policy framework.

#### Action 2: Capacity Building and Training (CBT):

**Action Plan2:** Provide gender-sensitive training programs for healthcare workers.

**Responsible Party:** Ministry of Health, Training and Development Department

**Timeline:**

**Key Activities:**

- Develop training modules on gender-sensitive response strategies, tailored to the specific needs of healthcare workers.
- Conduct training sessions for healthcare workers across all levels, including frontline staff, supervisors, and managers.
- Integrate gender-sensitive training into the regular professional development curriculum for healthcare workers.
- Establish mechanisms for monitoring and evaluating the impact of training programs on healthcare practices and outcomes.

**Key Indicators**

- 2.1 The proportion of women and men participants in CBT activities, disaggregated by occupation, sector, and level of responsibility.
- 2.2 The extent to which CBT curricula and materials incorporate gender analysis, gender mainstreaming, and gender-sensitive approaches to O&E health issues.
- 2.3 The degree to which CBT facilitators and trainers are trained and equipped with gender knowledge and skills to deliver gender responsive CBT.
- 2.4 The level of satisfaction and feedback from women and men participants on the relevance, quality, and impact of CBT on their O&E health outcomes.
- 2.5 The evidence of changes in knowledge, attitudes, behaviors, and practices of women and men participants related to O&E health, as well as the organizational and policy changes that support gender equality in O&E health sector.

**Action3: Community Engagement and Awareness (CEA):**

**Action Plan 3:** Develop tailored communication strategies and inclusive outreach programs.

**Responsible Party:** Ministry of Health, Public Relations Department

**Timeline:**

**Key Activities:**

- Conduct a community needs assessment to identify barriers to information access for different gender groups.
- Develop culturally sensitive and gender-inclusive communication materials, including pamphlets, posters, and digital media content.
- Implement outreach programs in collaboration with local community leaders, gender-focused organizations, and healthcare providers.
- Monitor the reach and effectiveness of communication strategies, gathering feedback from community members to inform adjustments.

**Key indicators**

- 3.1 The number and proportion of women and girls who participate in CEA activities, such as consultations, feedback mechanisms, awareness campaigns, etc.
- 3.2 The extent to which CEA activities are tailored to the specific needs, preferences, and barriers of different groups of women and girls, such as age, disability, ethnicity, religion, etc.
- 3.3 The level of satisfaction and trust that women and girls express towards the health services and providers, as well as the CEA activities themselves.
- 3.4 The degree to which CEA activities influence the health-seeking behaviors and outcomes of women and girls, such as increased access, utilization, adherence, retention, etc.

**Action 4: Data Collection and Monitoring:**

**Task:** Strengthen gender-disaggregated data collection mechanisms.

**Responsible Party:** Ministry of Health, Research and Data Analysis Unit

**Timeline:**

**Key Activities:**

- Review existing data collection systems to ensure they capture gender-disaggregated information related to health emergencies.
- Train data collectors on the importance of gender-disaggregated data and how to collect and analyze such data.
- Implement data collection tools and protocols that prioritize the collection of gender-disaggregated data during emergencies.
- Regularly analyze and report on gender-disaggregated data, identifying trends and disparities to inform evidence-based decision-making.

**Key indicators**

- 4.1 The use of sex-disaggregated and gender-sensitive data to capture the differences and inequalities between men, women, and other gender identities in terms of health status, access, utilization, quality, and satisfaction of health services.
- 4.2 The inclusion of gender analysis and gender mainstreaming in the design, implementation, and evaluation of health policies, programs, and projects, to identify and address the underlying causes and consequences of gender gaps and disparities in health.
- 4.3 The participation and representation of diverse stakeholders, especially those who are marginalized or vulnerable, in the data collection and monitoring processes, to ensure that their voices, perspectives, and experiences are reflected and considered.
- 4.4 The application of ethical principles and human rights standards in the data collection and monitoring processes, to protect the privacy, confidentiality, dignity, and safety of the data providers and users, and to prevent any harm or discrimination based on gender or other factors.
- 4.5 The dissemination and utilization of the data and findings to inform evidence-based decision making, advocacy, accountability, and learning in the O&E health sector, to improve the quality, equity, and effectiveness of health interventions.

**Action 5: Collaborative Efforts:**

Action Plan 5: Foster collaboration with gender-focused organizations.

Responsible Party: Ministry of Health, Partnerships and Collaboration Unit

Timeline: Ongoing

**Key Activities:**

- Establish partnerships with gender-focused organizations, NGOs, and community groups working on gender equality and health issues.
- Organize regular meetings and forums to exchange knowledge, share resources, and coordinate efforts in addressing gender disparities in health emergencies.
- Collaborate on joint projects and initiatives aimed at improving gender integration in health emergency and disaster risk management.
- Monitor and evaluate the effectiveness of collaborative efforts, adjusting strategies as needed to maximize impact.

- 5.1 The number and diversity of stakeholders involved in the planning, implementation and evaluation of O&E health programs and policies.
- 5.2 The degree of gender responsive alignment and integration of O&E health goals, objectives and strategies with those of other relevant sectors, such as education, environment, social protection and economic development.

- 5.3 The extent and quality of genders responsive communication, coordination and information sharing among O&E health partners, both within and across sectors and levels.
- 5.4 The availability and utilization of inclusive resources, such as funding, technical expertise, data and infrastructure, to support O&E health activities and outcomes.
- 3.1 The evidence of inclusive accountability and mutual learning among O&E health partners, such as through regular monitoring, reporting and feedback mechanisms, joint reviews and evaluations, and recognition of achievements and challenges.

**Action 6: Monitoring and Evaluation:**

Task: Establish mechanisms for monitoring and evaluating gender integration efforts.

Responsible Party: Ministry of Health, Monitoring and Evaluation Unit, NEMA

Timeline:

**Key Activities:**

- Develop a monitoring and evaluation framework to assess the implementation and impact of gender integration initiatives.
  - Collect and analyze data on key performance indicators related to gender integration in health emergency and disaster risk management.
  - Conduct regular reviews and evaluations of gender integration efforts, soliciting feedback from stakeholders and community members.
  - Use findings from monitoring and evaluation activities to make evidence-based decisions and continuous improvements to gender integration strategies.
- 6.1 The extent to which gender analysis informs the design, implementation and assessment of health interventions.
  - 6.2 The availability and use of sex-disaggregated and gender-sensitive data to measure health outcomes and impacts.
  - 6.3 The participation and representation of women and men, as well as different groups of women and men, in health decision-making and governance structures.
  - 6.4 The identification and mitigation of potential gender-related risks and challenges that may affect the quality and effectiveness of health services.
  - 6.5 The incorporation of gender-responsive feedback mechanisms to ensure accountability and learning from beneficiaries and stakeholders.

# SECTION B

## **IN-DEPTH GENDER ANALYSIS ON DISASTER RISK MANAGEMENT AND FINANCING (DRM&F) SECTOR**

## Executive Summary

The study encompassed a broad spectrum of organizations involved in the Disaster Risk Management & Financing (DRM&F) sector in Nigeria. Key stakeholders, including Ahmadu Bello University Medical Center (ABUMC) Zaria in Kaduna State, Nigerian Forum for Agricultural Advisory Services (NiFAAS), Federal Ministry of Health, Women Affairs Ministry, NEMA, NCDC and various State Health and Environment ministries, as well as NGOs participated in the study. A diverse array of positions, from consultants and doctors to nurses and administrative staff, provided a comprehensive understanding of the sector.

The findings from the study revealed a nuanced situation within the DRM&F sector. Notably, most stakeholders insisted that there is prevalent acceptance in gender neutrality in leadership positions during disasters and outbreaks (61.1%). However, a very significant percentage of Stakeholders expressed a preference for male leadership (79.9%), underscoring existing gender biases. Challenges identified included gaps in effective monitoring for gender-responsive interventions (64.4%), a gender diversity gap in decision-making bodies (74.4%), and limited inclusion of gender-specific needs in disaster preparedness (58.3%). There was awareness of some existing gender-responsive measures (61.1%), their integration into policies and strategies was deemed inadequate majority of stakeholders (72.2%). While there is a general acknowledgment of the importance of gender-responsive measures, there exists a significant gap in understanding, with 472.4% expressing a lack of comprehension. Collaborations and partnerships within the sector vary, with 61.1% acknowledging ongoing efforts to incorporate innovative approaches, yet 58.9% reported a lack of such initiatives. Challenges were identified in resource allocation for gender-responsive measures, training inadequacies, limited community engagement (Figure 25), and the absence of a systematic reporting mechanism.

To address the identified gaps, several recommendations are proposed. This include policy reforms be initiated to institutionalize gender-responsive approaches within DRM&F frameworks, developing clear guidelines and protocols and the need to prioritize resource allocation for gender-responsive measures and implement targeted training programs to enhance personnel knowledge. Stakeholders also proposed increasing community engagement, particularly involving women in decision-making processes, and establishing feedback mechanisms are crucial steps. More funding should be dedicated and financial commitments on the part of government and non-governmental and other stakeholders to the issues of risks reduction during disasters and outbreaks are strongly recommended. Also, encouraging collaborations and partnerships, fostering knowledge exchange, and replicating successful models will enhance the sector's effectiveness. Lastly, strengthening monitoring and evaluation mechanisms will ensure continuous improvement in financing and accountability.

## 5.0 INTRODUCTION

### 5.1.1 Background and Rationale

The Disaster Risk Management & Financing (DRM&F) sector plays a pivotal role in mitigating and responding to the multifaceted challenges posed by disasters and emergencies. Recognizing the need for a comprehensive understanding of gender dynamics within this sector, this study was initiated. Gender inclusivity and sensitivity in disaster management are critical for effective response and recovery. The backdrop of traditional gender norms influencing decision-making prompted this study to explore perceptions, practices, and existing gender-responsive measures within the DRM&F sector in Nigeria.

### 5.1.2 Objectives of the Study:

The primary objectives of this study were to assess the current state of gender sensitivity and inclusivity within the DRM&F sector. Specific goals included understanding perceptions of gender dynamics, evaluating existing gender-responsive measures, and identifying gaps and challenges. The study aimed to provide insights into the effectiveness of policies, strategies, and interventions concerning gender disparities during disasters. By addressing these objectives, the study sought to offer actionable recommendations for enhancing gender integration and promoting inclusivity within the DRM&F sector.

### 5.1.3 Scope and Limitations:

The study used Rapid Appraisal and Response methods to solicit responses from a diverse range of organizations involved in DRM&F activities, including healthcare institutions, government bodies, non-governmental organizations, Faith and Community level organizations. However, the scope was limited to three (3) regions presently experiencing varied kinds of risk and outbreaks, epidemic emergencies. This selection may not represent the totality of Nigeria because of the diversity and differentials but a good reflection of happenings in other regions not covered. The study focused on key positions within these organizations to capture a comprehensive view of perceptions and practices. Despite efforts to ensure a balanced representation, certain limitations, such as potential response bias, are acknowledged.

### 5.1.4 Methodology

Three (3) Zones were purposively selected to proffer answers to the an in-depth gender analysis on DRM&F, identify gaps and challenges, and propose recommendations in policies, strategies, and activities to ensure a gender-responsive and transformational DRM sector in Nigeria.

In order to ensure true representation of spread, this study was purposive in selecting three areas within identified zones that have documented history of Outbreaks, Epidemics and Disaster and Risks, Management and Financing. The States chosen purposively are: In South West, Lagos and Ogun States due to their peculiar flashfloods, outbreaks, risks; North West – Kano and Kaduna States due to climate risks and disasters such as, diphtheria, Lassa Fever, droughts and restiveness. North Central – Nasarawa (presently experiencing Lassa fever outbreaks) and the Capital Territory – Abuja which has huge presence of government and non-government organizations and other stakeholders that can shed more light on O & E and DRM & F in relations to gender inclusivity and

responsiveness. Some of the selected States will give true representation of occurrences of O & E and disaster DRM & F situations in Nigeria because they also have wide representations of local communities experiencing DRM&F. The methodology used Rapid Appraisal to triangulate evidence and include both internal and external evaluation. This method ensures that the data obtained are reliable, and reflects both tangible and intangible outcomes.

Study Instruments developed to gather information included structured questionnaire, interview guides for in-depth information during FGDs and Key informants interview designed to gather quantitative and qualitative data. The study targeted key organizations and individuals involved in DRM&F activities, including healthcare professionals, policymakers, and first responders during emergencies. The methodology included both online and offline modes of data collection to ensure a broad and inclusive response. A combination of closed and open-ended questions facilitated a nuanced analysis of gender dynamics within the DRM&F sector. For the FGDs - One (1) Gender-disaggregated and one-mixed FGDs were conducted in each selected Zone. This consisted of one (1) women only, one (1) men only and a mixed group FGDs making 9 FGDs in all. For the key informant interviews, selected government officials, identified first Responders, NEMA and NCDC officials and community leaders were interviewed to provide in-depth firsthand information on O&E, and DRM&F.

The responses were analyzed to develop meaningful insights and conclusions.

## **Results and Discussions**

### **5.2.0 Perceptions on Gender Roles in DRM&F**

#### **5.2.1 Influence of Traditional Gender Roles on Leadership Positions**

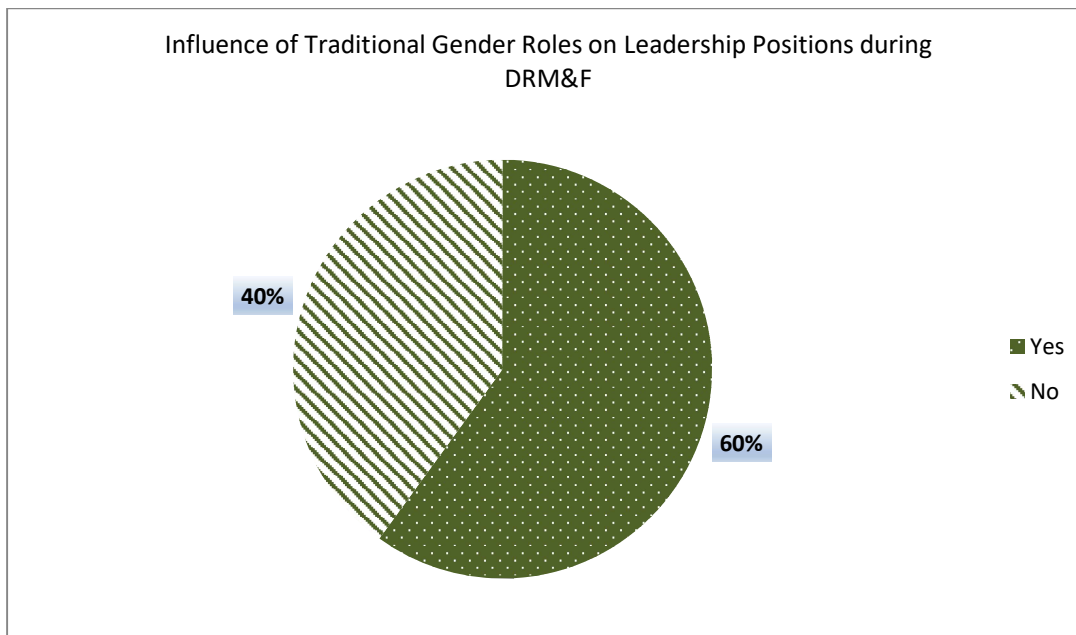
Data presented in Figure 34 shows the influence of traditional gender roles during disaster risk management and financing tend to influence who assume leadership positions during such disasters and outbreaks. Majority (60.0%) of Stakeholders affirmed that male gender are given and played leadership roles more than their female counterparts due to the societal norms and expectations that permeate such society. This they explained that when disasters occur, women and children are perceived to be generally weak, helpless and very vulnerable and may not be in position to provide leadership in such situations because they assumed caregiving roles. During the FGDs conducted for this study, majority of the discussants also agreed to this in principle but explained that there are exceptions if such roles are assigned officially. However, more men than women are assigned leadership roles officially. They explained that society and all agencies involved in DRM&F would rather give leadership roles to males compared to their female counterparts because females are perceived to be less competent and may not be qualified. Again, a key informant explained that men are viewed as natural leaders, religion and tradition has a bearing on who assumed leadership positions.

*“During any outbreaks, women are at the receiving end and plays the role of passive observers, running from pillar to posts to ensure that everyone in the family is ok but are not necessarily given leadership roles since their spouses are automatically assigned such roles. Most men are assumed to be Heads of Households who are representatives but little do they know that most homes are female maintained”.*



The 40.0% who indicated that traditional gender roles do not influence leadership positions highlights and suggests a perception of gender neutrality or evolving attitudes recognizing competencies irrespective of gender. Regardless of the majority opinion, the existence of any perception that traditional gender roles influence leadership roles indicates room for improvement.

Irrespective of the majority opinion, the existence of any perception that traditional gender roles influence leadership roles implies room for improvement. Policies and initiatives geared toward actively promoting diversity and inclusivity could play a pivotal role in addressing any underlying biases. These results, therefore, offer insights that could inform strategies for gender mainstreaming within the DRM&F sector. If there is a perception problem hindering women's access to leadership roles, the implementation of awareness campaigns and targeted initiatives may be deemed necessary. Organizations in the DRM&F sector should critically evaluate their existing policies to ensure they foster a gender-inclusive culture. Implementing interventions such as diversity training and mentorship programs can actively contribute to breaking down gender-related barriers.



**Figure 34: Influence of Traditional Gender Roles on Leadership Positions**

### 5.2.2 Factors influencing leadership positions during disasters within the DRM&F Sector

Figure 35 provides insights into the factors influencing leadership positions during disasters within the Disaster Risk Management & Financing (DRM&F) Sector in Nigeria. The interpretation of the results and their implications are detailed below:

**Preference for Male Leadership:** The majority of respondents, accounting for 43%, expressed a preference for male leadership during disasters. This stark preference suggests a significant gender bias in the perception of leadership capabilities. Examples of this bias may manifest in the selection of male leaders over equally or more qualified female counterpart based on traditional stereotypes rather than competencies. Such a bias may hinder the promotion of gender diversity within

leadership roles in the DRM&F sector, reinforcing traditional gender norms and limiting opportunities for female leaders.

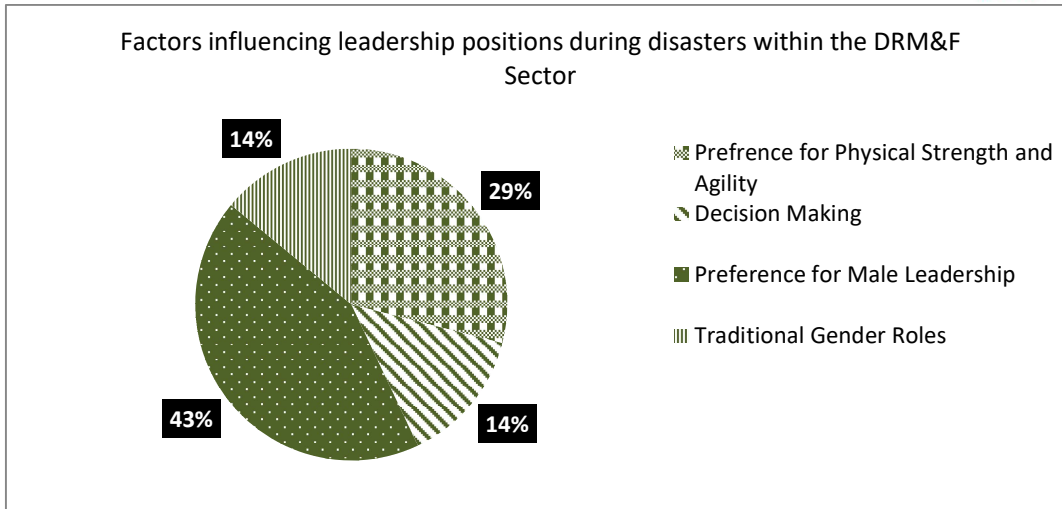
**Preference for Physical Strength and Agility:** A substantial number of respondents, constituting 29%, expressed a preference for physical strength and agility in leadership roles during disasters. This finding suggests a prevalent belief in the significance of these physical attributes in disaster management leadership.

*“Participants at the mixed FGDs explained that a physically strong leader is preferred, even if lacking in decision-making skills, adaptability, or strategic thinking”*, which are crucial for effective disaster response. The implications of such preferences are that there might be overemphasis on physical prowess, potentially neglecting other crucial leadership qualities that contribute to effective prompt disaster response.

As shown in Figure 35 depict a physical attributes, decision-making skills, and traditional gender roles collectively influence perceptions of leadership during disasters in the DRM&F sector in Nigeria. The overwhelming preference for male leadership (43.0%) signals a need for targeted interventions and awareness campaigns to challenge existing gender biases and promote inclusivity in DRM&F leadership roles.

**Traditional Gender Roles:** About 14% of Stakeholders identified traditional gender roles as influencing leadership positions during disasters. This finding underscores the persistence of entrenched gender norms, shaping perceptions of leadership and reinforcing gender stereotypes. For instance, the expectation that women should primarily play supportive or care giving roles rather than taking on leadership positions might limit their opportunities for leadership in the DRM&F sector. Addressing this aspect is crucial for fostering inclusivity and breaking down barriers that hinder individuals from diverse gender backgrounds from assuming leadership roles.

**Decision Making:** Decision-making was identified by 14% of Stakeholders as a factor influencing leadership positions during disasters. While this aspect is recognized, its relatively lower ranking compared to other factors, this indicates a potential area for improvement. Strengthening the emphasis on gender considerations decision-making skills in DRM&F leadership roles could be beneficial for more effective response and recovery.

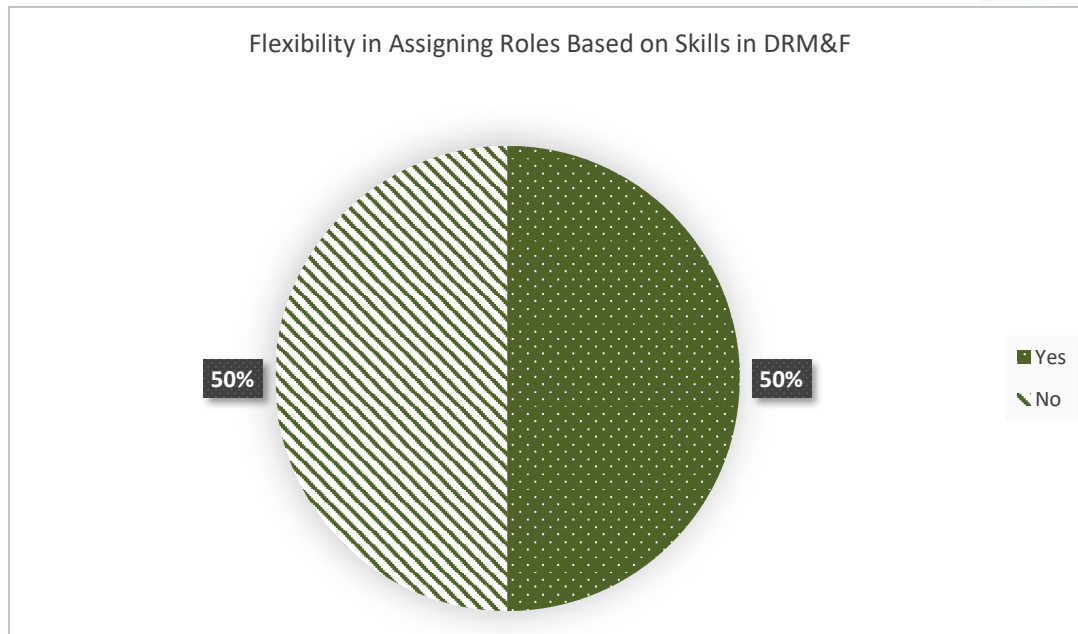


**Figure 35: Factors influencing leadership positions during disasters within the DRM&F Sector**

### 5.2.3 Flexibility in Assigning Roles Based on Skills in DRM&F

Results shown in Figure 36 presents equal split (50:50) in responses suggests a divided perception within the Disaster Risk Management & Financing (DRM&F) Sector in Nigeria regarding the flexibility to assign roles during disaster response based on skills rather than traditional gender norms. The 50% of Stakeholders who affirm flexibility in role assignments based on skills indicate a positive trend. This suggests that, to a significant extent, there is recognition of the importance of skills and competencies over rigid adherence to traditional gender norms. This positive outlook aligns with contemporary approaches to disaster management that emphasize meritocracy, ensuring that individuals are assigned roles based on their abilities rather than predetermined gender expectations. Conversely, the other 50% expressing a lack of flexibility in assigning roles based on skills points to areas where improvement are needed. This might indicate instances where traditional gender norms still play a dominant role in determining roles during disaster response. In such cases, individuals may be assigned roles based on their gender rather than their qualifications or expertise, potentially limiting the effectiveness of the disaster response efforts.

The absence of flexibility in role assignments based on skills can perpetuate gender bias within the sector. This bias might result in assigning individuals to roles for which they are not optimally qualified, leading to inefficiencies in disaster response. A lack of flexibility may mean missing opportunities to leverage the diverse skills and expertise individuals bring to the table. If roles are predetermined by gender rather than skill sets, the sector may fail to harness the full potential of its workforce. Addressing this divide is essential for fostering a disaster response system that maximizes the capabilities of its workforce, irrespective of gender, and ensures a more effective and resilient approach to disaster management.

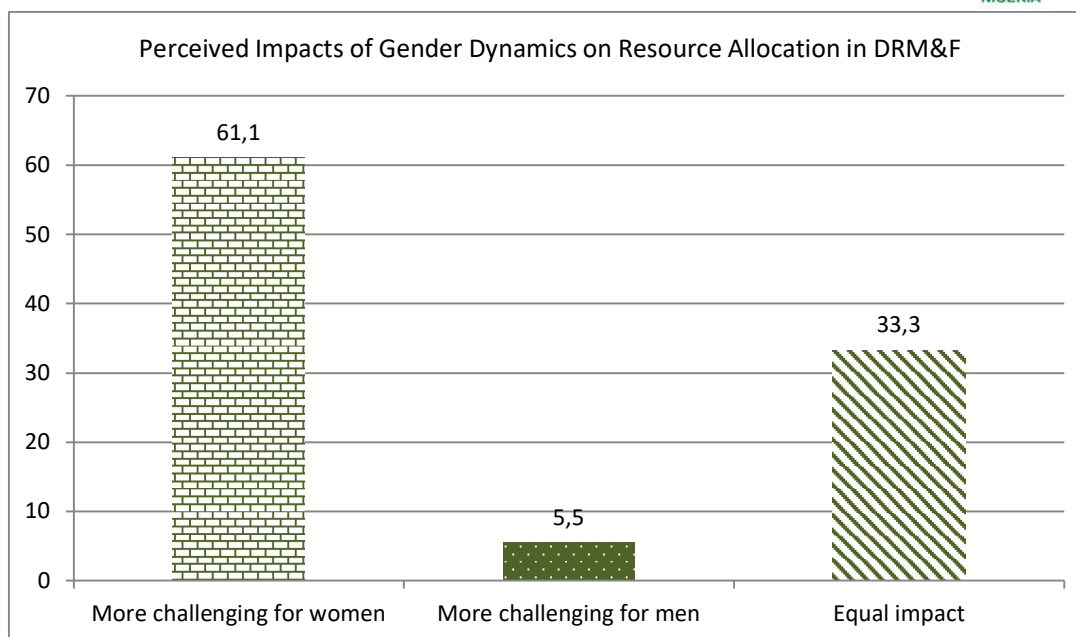


**Figure 36: Flexibility in Assigning Roles Based on Skills in DRM&F**

#### 5.2.4 Perceived Impacts of Gender Dynamics on Resource Allocation in DRM&F

Results in Figure 37 present information on the perceived impact of gender dynamics on resource allocation within the Disaster Risk Management & Financing (DRM&F) Sector in Nigeria. Majority of respondents (61.1%) perceive that resource allocation during disasters is more challenging for women. This finding signals a gender disparity in accessing crucial resources during disaster situations. This perception could be rooted in various factors, such as traditional gender norms that might put women at disadvantage or systemic gender biases in resource distribution. One-third (33.3%) perceives an equal impact on men and women in terms of resource allocation during disasters. This suggests recognition that, at least in a third of the responses, there is an attempt to ensure fairness and equality in resource distribution irrespective of gender. A small percentage (5.5%) believes that resource allocation is more challenging for men. This result suggests a perception that, in comparison to women, men face fewer challenges in accessing resources during disasters. However, the low percentage indicates that this is not a widely held view within the sector.

The perception that resource allocation is more challenging for women raises concerns about potential gender biases within the DRM&F Sector. If women indeed face more obstacles in accessing resources, it could result in a disproportionate impact on their ability to respond effectively during disasters. These results underscore the need for targeted interventions to address gender biases and ensure that resource allocation is equitable and responsive to the diverse needs of both men and women during disasters. A proactive approach toward gender-sensitive policies can contribute significantly to enhancing the effectiveness and inclusivity of disaster response efforts.



**Figure 37: Perceived Impact of Gender Dynamics on Resource Allocation in DRM&F**

### 5.3.1 Effectiveness of gender-inclusive participation in DRM&F Interventions

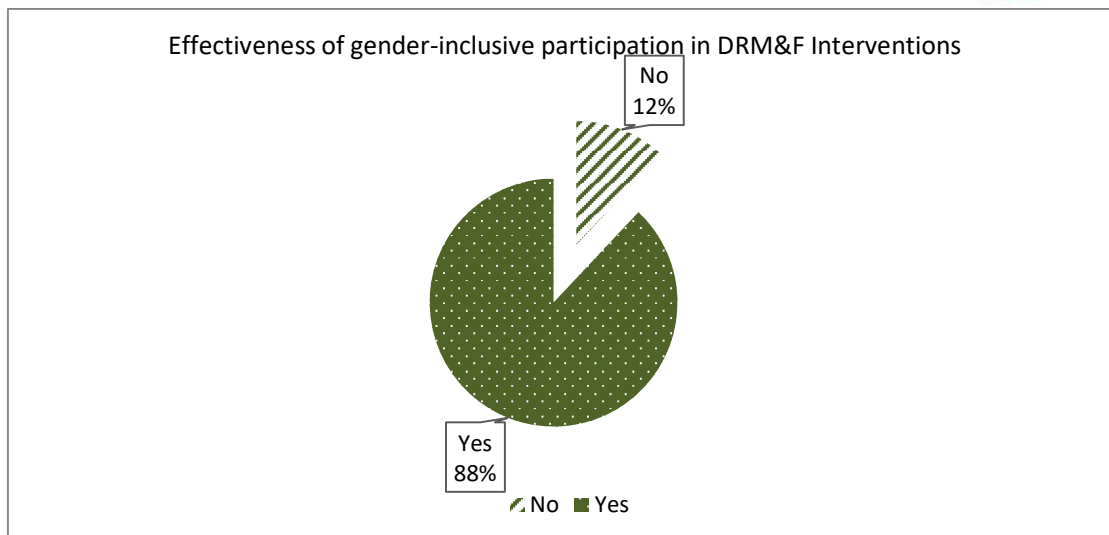
Results shown in Figure 38, highlighting the overwhelming agreement that gender-inclusive participation enhances the effectiveness of health interventions during crises provides valuable insights into the perceptions within the Disaster Risk Management & Financing (DRM&F) Sector in Nigeria. The substantial agreement (88.0%) among Stakeholders that involving both men and women enhances the overall effectiveness of health interventions during crises indicates a strong consensus within the DRM&F Sector. This acknowledgment suggests an understanding of the value that diverse perspectives, expertise, competence experiences, and skills rather than gender bring to health interventions during disaster situations.

The high percentage of respondents affirming the positive impact of gender-inclusive participation signals recognition that addressing health crises requires a comprehensive and inclusive approach. Involving both genders in planning, decision-making, and implementation is seen as essential for achieving more effective and distinctive health interventions.

The outcome underscores the importance of strengthening gender-responsive approaches in disaster health interventions. Policies and practices that actively promote the involvement of both genders can contribute to more comprehensive and impactful health outcomes.

For the Stakeholders (12.0%) who expressed a contrary opinion, there may be underlying perceptions or biases that need attention. On the importance of how gender inclusive participation in disaster health intervention outcomes, a mixed groups during FGDs in Abuja explained that:

*“Exploring the reasons behind gender biases in DRM&F could uncover specific challenges or misconceptions that, if addressed, could further strengthen the sector's commitment to inclusivity which can present opportunity to advance gender-responsive practices and policies, ultimately contributing to more effective disaster health interventions”.*



**Figure 38: Effectiveness of gender-inclusive participation in DRM&F Interventions**

### 5.3.2 Availability of Gender-Focused Measures for addressing Vulnerability in DRM&F

On gender focus measures for addressing measures to address vulnerabilities during disasters and outbreaks, 61.0% of Stakeholders agreed that such measures are in progress as against 39.0% who are in disagreement as shown in Figure 39.

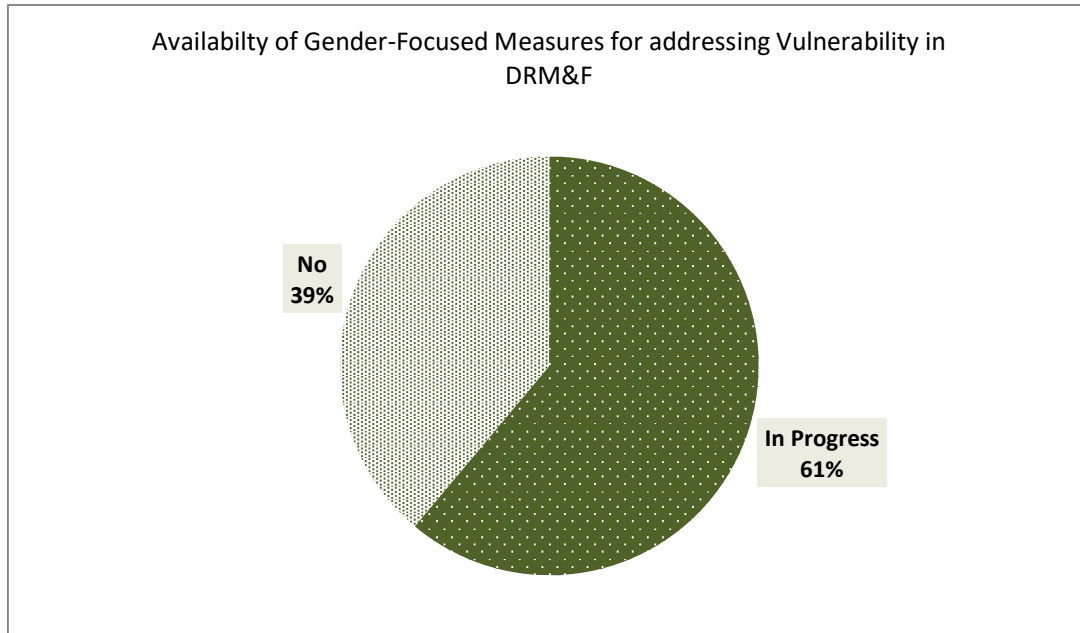
During one of the in-depth interviews in Nasarawa State, discussants insisted that deliberate efforts are not put in place to address gender vulnerabilities during disasters at the community levels but measures are put in place in urban areas where funding and resources are provided to achieve better outcomes.

*“In local communities, little concerted efforts are put in place except for the usual different sleeping areas and conveniences but when it comes to other allocations such as food and sanitation arrangements, the urban communities are quickly reached and enjoy more interventions. People and most especially women are hardly involved in planning during such interventions, its only agencies that plan but later people are called to be responders only”.*

*“What we should note is disasters and outbreaks come suddenly, people hardly plan for such occurrences, no one prays for such”.*

Incorporating the insights from Figure 39 adds a stratum of specificity to the ongoing planning and measures identified in Figure 40. Stakeholders identified two methods used to address vulnerability during disasters and outbreaks. These are House-to-House assessment to conduct vulnerability Assessment on level of risks (45.7%) and the other method identified is community level assessment (54.3%) where different expertise (community leaders, agencies, ministries) use their unified efforts to work together in both pre and post-disaster planning in community disaster recovery and management. These identified methods have direct applications to epidemic responses as each provides a framework to map out and plan activities in DRM&F for vulnerable groups and community engagement. Such an integrated methods may aid practical and action-oriented dimension particularly reflects commitment to understanding and addressing vulnerabilities at the

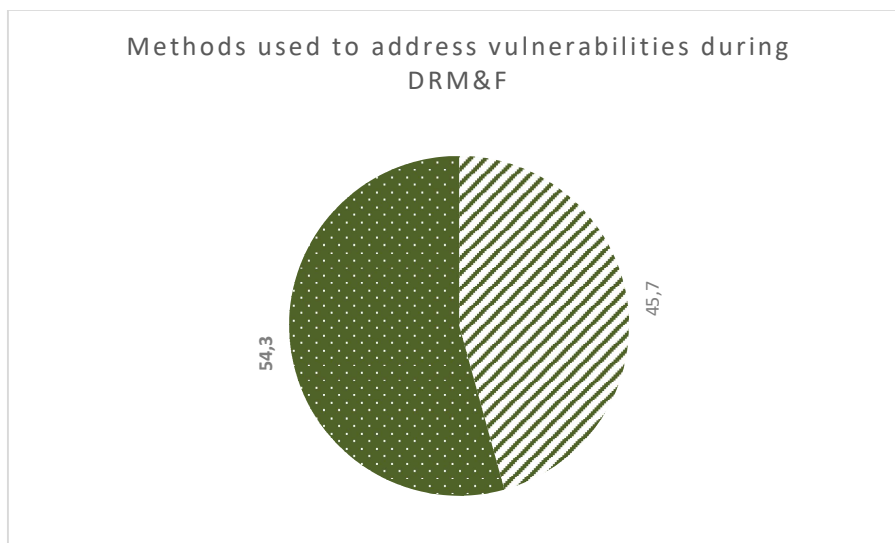
grassroots level to combat vulnerabilities in achieving a more resilient and inclusive approach to DRM&F framework.



**Figure 39: Availability of gender specific measures for addressing vulnerabilities during disasters**

*“These methods facilitate community participation in disaster preparedness and response. Engaging communities in these assessments can foster a sense of ownership and empowerment, contributing to more effective disaster resilience”.*

*“There are trust issues among stakeholders. During the COVID 19 outbreak, we were recruited as first Responders all over the State and we collaborated with other responders but we were differently remunerated. In some places, they short paid women and in other cases, they short paid staff from private and state owned agencies”*



**Figure 40: Methods used to address vulnerabilities during DRM&F**

#### 5.4 Mitigation of Gender Inequalities in Policies and Strategies

Stakeholders established that outbreaks and disasters are gender neutral because it affects both men, young people and women and people with special needs differently but the effects and or impacts are not and each category use different coping strategies to mitigate such risks. A key informant in a rural community in Kano State revealed during an in-depth interview:

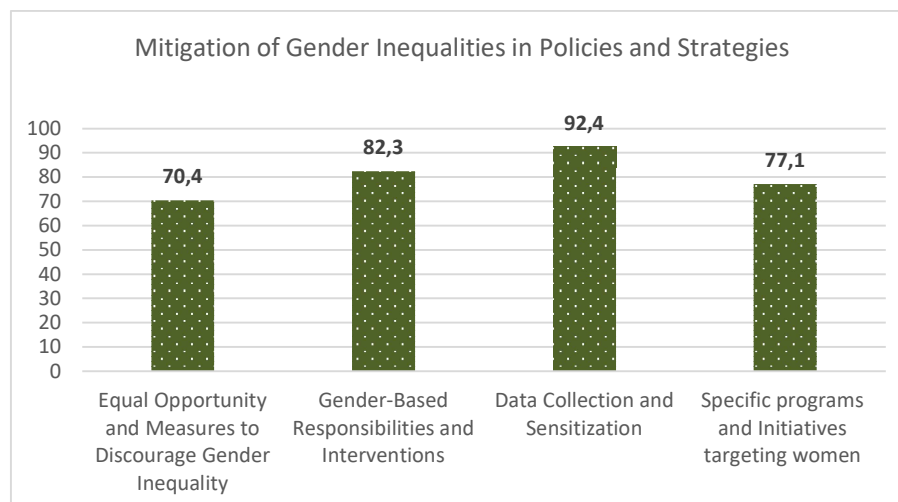
*“In households, more women and children are affected mostly during disease outbreaks. During the COVID 19 outbreak, my husband ran away and was living in the bush while I was left to cater for our extended family members. One of the family members became ill and put in isolation. I had to take care of him and the family. I also became ill in the process. My husband stayed away out of fear and lack of money”.*

On how organizations and agencies mitigate gender inequalities in DRM&F policies and strategies, results shown in Figure 41 underscore the proactive stance of organizations within the DRM&F Sector in Nigeria in addressing gender inequalities in policies and strategies. Some mitigation of gender inequalities in policies and strategies are identified. Multiple responses are given to address these inequalities. These are:

**Equal Opportunity and Measures to Discourage Gender Inequality:** Approximately 70.4% of Stakeholders indicated that organizations should mitigate gender inequalities through the promotion of equal opportunities and measures to discourage gender-based discrimination. This suggests a commitment to fostering an inclusive environment where individuals, regardless of gender, have equal access to opportunities and resources.

**Gender-Based Responsibilities and Interventions:** Stakeholders (82.3%) in their multiple responses highlighted the implementation of gender-based responsibilities and interventions as means of mitigating gender inequalities. These approaches will likely involve recognizing and addressing gender-specific needs and vulnerabilities in disaster management strategies and interventions.

**Inclusive Data Collection, Analyses and Sensitization:** Majority (92.4%) of Stakeholders identified inclusive data collection and sensitization efforts as a key strategy for mitigating gender inequalities. This indicates recognition of the importance of data-driven decision-making and awareness-raising initiatives to address gender disparities within the DRM&F Sector.





**Figure 41: How organizations mitigate gender inequalities in DRM&F policies and strategies**

Some of the discussants and key informants across agencies visited identified they are on medium level in data collection in DRM&F and that they need to do more provided, they have supporting resources and more training in gender disaggregated data collection techniques and analyses.

*“We sometimes collect sex disaggregated data but do not know how to carry out gender analyses. We need capacity strengthening to conduct gender responsive data collection, analyses and interpretations”*

**Specific Programs and Initiatives Targeting Women:** Similarly, 77.1% of Stakeholders emphasized the implementation of specific programs and initiatives targeting women as a means of mitigating gender inequalities. These programs should likely focus on empowering more women, building their capacities, and addressing gender-specific vulnerabilities in disaster response and management.

However, the high percentages across these categories collectively highlight potential areas for enhancement within the DRM&F Sector in Nigeria. Stakeholders highlighted the needs to enable them to be gender responsive include but not limited to the following:

- 1. Comprehensive Training and Sensitization:** There may be a need for more comprehensive training and sensitization programs within organizations to ensure that staff at all levels understand the importance of gender-sensitive approaches in disaster management.
- 2. Policy Review and Enhancement:** The results imply that organizations may benefit from reviewing and enhancing existing policies to strengthen the integration of gender-responsive measures. This could involve adopting best practices from other sectors or regions.
- 3. Stakeholder Collaboration:** Collaborative efforts with external stakeholders, including gender-focused organizations and experts, might be valuable. External partnerships can bring in diverse perspectives and expertise to strengthen gender mainstreaming efforts.
- 4. Continuous Monitoring and Adaptation:** The findings underscore the importance of continuous monitoring and adaptation of strategies. Organizations should be agile in responding to emerging challenges and opportunities related to gender inclusivity in disaster management.

#### **5.4.2 Consideration of Gender Equality in Decision-Making in DRM&F**

The results shown in Figure 42 shed light on how gender equality is considered in decision-making processes related to disaster management and health emergencies within the DRM&F Sector in Nigeria. Multiple responses are analyzed.

**Equal Participation and Rights in decision-making:** Only 42.4% of Stakeholders indicated the need for equal participation and rights in DRM&F. The relatively higher percentage indicated here suggests that there is recognition, to a certain extent, of the importance of equal participation and rights in decision-making processes compared with other components. This is seen as a positive indication that a significant numbers of Stakeholders acknowledges the need for equality in participation and rights to garner gender-inclusive decision-making.

Some representatives of selected agencies concluded that:

*“A lot still need to be achieved on equal participation and rights in decision-making practices for women in DRM&F”.*

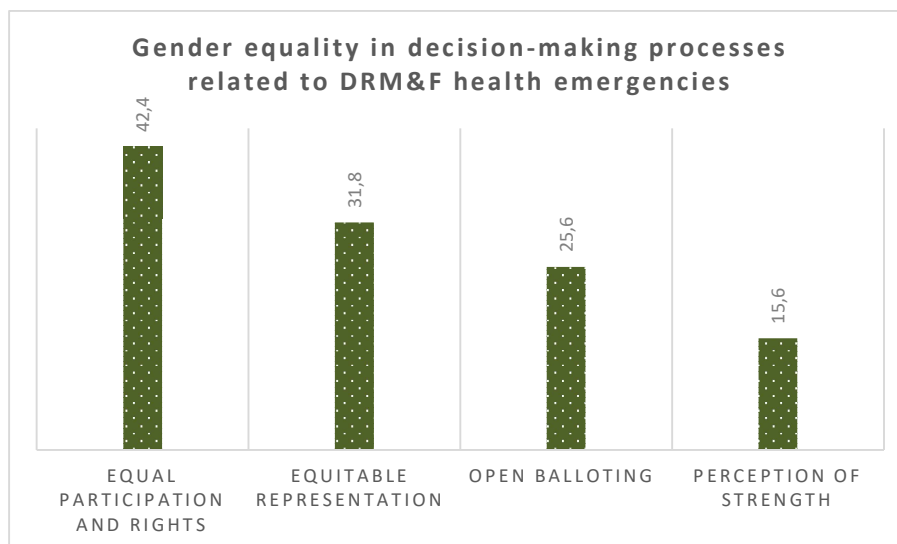
*“In Nigeria, decision making both at household level, in the community and even at notable agencies and within the governmental organizations are negatively skewed against women even on policies and strategies that concerns them. Majority of women compared to men are not aware of policies and if they are aware may not be involved at the roundtable where such are discussed”*

*“When women are present at the roundtable to discuss issues, they are mostly there for representation only and may not be able to contribute meaningfully or influence policies because they are not ‘savvy’. More women need to be empowered to make concrete decisions even when they are in leadership positions because they are usually accused of been ‘too forward, proud or arrogant’.*

**Equitable Representation:** The response rate indicated that 31.8% consider equitable representation in decision-making is important. This implies that a proportion of organizations recognizes the significance of having diverse perspectives, including gender and diversity, in decision-making bodies. However, the percentage suggests that this consideration might not be as widespread as desired, indicating a potential area for improvement in ensuring that decision-making bodies are representative of diverse gender perspectives.

*“Representation is not enough, can you influence policies? Even when you talk, decisions may be taken in your absence and without considering your contributions just because you are a woman. Are your opinions taken into consideration? Are women just at the table to complete the ‘proverbial and political’ 33.3% quota?”*

**Open Balloting and Transparency:** The lower percentage (25.6%) in open balloting indicates that a relatively small proportion of organizations adopt transparency measures in decision-making. While open balloting does not explicitly focus on gender considerations, transparency is a key factor in ensuring that decisions are made fairly and without bias. The lower percentage suggests a potential need for organizations to enhance transparency practices in decision-making processes.



**Figure 42: Gender equality in decision-making processes related to DRM&F health emergencies**

**Perception of Strength:** The response indicates that 15.6% consider the perception of strength in decision-making is a critical observation. This suggests that, to a limited extent, some decision-making processes might be influenced by traditional gender stereotypes related to physical

strength. The relatively low percentage indicates a minority perspective though very important. From the foregoing, there are implications of the findings. Implications include:

### **Implications and recommendations of the Gender analysis in equality in decision-making process in DRM&F**

**Advocacy for Equal Participation:** The results highlight the importance of continued advocacy for equal participation and rights in decision-making processes. Organizations may benefit from awareness campaigns and training programs that emphasize the value of diverse perspectives in decision-making and taking affirmative actions on equal participations in DRM&F.

**Promotion of Equitable Representation:** The findings underscore the need to actively promote equitable representation and involvement in decision-making bodies. This could involve targeted efforts to ensure gender diversity in leadership positions and decision-making roles.

**Enhancement of Transparency Measures:** Organizations may consider enhancing transparency measures, such as open balloting, to build trust and ensure fairness in decision-making. Transparent processes can help mitigate potential biases and perceptions related to strength.

**Challenge Perceptions of Strength:** The relatively low percentage related to the perception of strength indicates the importance of challenging traditional gender norms. This involves fostering an environment where decision-making is based on competence, skills, and qualifications rather than preconceived notions of physical strength. More constant and continuous dialogues and stakeholders engagements are needed to influence, challenge and change orthodoxies around traditional gender norms widening disparities in all forms.

## **5.5 Gender sensitivity and inclusivity within the DRM&F**

### **5.5.1 Assessing Gender Sensitivity in DRM&F health emergency policies**

Table 5 shows evaluation of gender sensitivity within Nigeria's DRM&F Sector, shedding light on several key dynamics. The responses reflect a commendable commitment to inclusive policy development, as evidenced by a substantial majority (72.2%) expressing agreement with the inclusive development of health emergency policies. However, the findings also point to critical areas demanding attention on gender sensitivity. For instance, the split opinions on gender-sensitive budgeting where only 44.4% agreed and 55.6% disagreed on deliberate budgeting on gender responsive financing and provision of resources on gender related activities DRM&F sector underscore a notable gap in current practices. Similarly, the 50% disagreement regarding gender-inclusive representation in decision-making bodies signals a lack of consensus, indicating the imperative for more concerted efforts in this regard. While strengths exist, such as gender-inclusive post-disaster support services and integrated gender sensitivity training initiatives, the study identifies specific opportunities for targeted interventions. This includes bolstering gender-sensitive budgeting practices, ensuring equitable representation, and fostering a more comprehensive approach to gender sensitivity within the broader DRM&F Sector. These insights present valuable avenues for improvement, emphasizing the need for a holistic strategy to enhance gender responsiveness across diverse facets of disaster management in Nigeria.

**Table 5: Assessing Gender Sensitivity in DRM&F**

	Agree (%)	Disagree (%)	Mean
Inclusive Development of Health Emergency Policies Incorporating Diverse Gender Perspectives	72.2	27.8	3.78
Systematic Integration of Gender-Disaggregated Data in DRM&F Policies for Targeted Interventions	55.6	44.4	3.44
Gender-Sensitive Budgeting in DRM&F for Addressing Specific Needs and Vulnerabilities.	44.4	55.6	3.22
Gender-Inclusive Early Warning Systems for Tailored Disaster Responses	55.6	44.4	3.44
Gender-Inclusive and Responsive Post-Disaster Support Services.	55.6	44.4	3.61
Integrated Gender Sensitivity Training in DRM&F Capacity-Building Initiatives	61.1	38.9	3.61
Gender-Inclusive Representation in Decision-Making Bodies for DRM&F	50.0	50.0	3.39
Policies Mitigate Gender-Based Violence Risks in Disaster and Emergency Settings	66.7	33.3	3.61
Community Engagement Strategies in DRM&F Embrace Diverse Gender Roles.	50.0	50.0	3.41
Flexible Resource Allocation Addressing Gender-Specific Needs Across Disaster Phases	44.4	55.6	3.44
<b>Average Mean</b>			3.47
<b>Percentage ≤3</b>	22.2		
<b>Percentage &gt;3</b>	77.8		

Source: Field survey, 2024

Table 6 presents a comprehensive evaluation of gender inclusivity within Nigeria's DRM&F Sector, uncovering key insights into the sector's current state. Observable remarkable strides have been made; the findings indicate distinctive perceptions and areas for improvement.

On the average (55.6%) stakeholders suggests a positive attitude on inclusive decision-making (55.6% agreement) and training initiatives catering to diverse gender needs (61.1% in agreement). However, a substantial percentage (77.8%) disagrees with the equitable resource allocation addressing gender-specific needs, emphasizing a critical gap that requires immediate attention.

The even split (50% agreement, 50% disagreement) regarding equal access to opportunities and diverse gender representation in leadership roles highlights the need for a more nuanced approach to fostering gender inclusivity at higher organizational levels. Additionally, the disagreement (61.1%) with the inclusivity of post-disaster support services signals potential disparities in the current support framework.

The findings, when considered collectively, underscore the multi-faceted nature of gender inclusivity within DRM&F operations. The sector exhibits strengths in certain domains, such as decision-making and training, but faces challenges in resource allocation and post-disaster support. These insights offer a roadmap for strategic interventions aimed at enhancing gender inclusivity, including targeted efforts to bridge existing gaps and foster a more equitable and inclusive DRM&F

sector in Nigeria. These findings have implications on inclusivity in decision-making and training needs. Implications include

#### **Implications and recommendations of findings on gender sensitivity in DRM&F:**

1. **Uneven Progress in Gender Inclusivity:** The mixed agreement and disagreement percentages indicate that while progress has been made in some aspects (decision-making, training), there are significant challenges in others (resource allocation, post-disaster support). This highlights the need for a targeted approach to address specific areas lagging behind.
2. **Leadership Representation:** The even split in responses regarding diverse gender representation in leadership roles suggests that efforts to promote gender diversity in leadership positions may be insufficient or face resistance. Organizations need to evaluate existing policies and practices to ensure they facilitate equal opportunities for all genders.
3. **Resource Allocation Challenges:** The notable disagreement (77.8%) with equitable resource allocation indicates a significant concern. The sector may be struggling to address gender-specific needs adequately during disasters. This suggests a need for a comprehensive review of resource allocation strategies to ensure they consider diverse gender requirements.
4. **Post-Disaster Support Disparities:** The disagreement (61.1%) with the inclusivity of post-disaster support services reveals potential disparities in the assistance provided. This calls for a reevaluation of existing support structures to guarantee they are responsive to the diverse needs of all genders affected by disasters.
5. **Opportunities for Improvement:** The study provides a roadmap for targeted interventions, training programs, and policy revisions. The disparities highlighted present opportunities for improvement, indicating specific areas where the DRM&F sector can enhance gender inclusivity to create a more equitable and supportive environment.
6. **Strategic Communication:** The even split on transparent communication (50% agreement, 50% disagreement) underlines the importance of clear communication strategies. To foster inclusivity, organizations should ensure transparent communication that incorporates diverse gender perspectives to bridge gaps in understanding.
7. **Policy and Strategy Development:** The study underscores the need for ongoing evaluation of existing policies and strategies to ensure they align with principles of gender equality. It is an opportunity for organizations to actively review and update their frameworks to better address the specific needs of all genders.

#### **5.5.2 Gender inclusivity within the DRM&F**

The results presented in Table 6 shed light on the nuanced perceptions regarding gender inclusivity within the Disaster Risk Management & Financing (DRM&F) Sector in Nigeria. Each dimension provides valuable insights into the sector's current state and the challenges it faces in fostering an inclusive and equitable environment.

**Table 6: Gender inclusivity within the DRM&F**

	Agree (%)	Disagree (%)	Mean
Inclusive Decision-Making in DRM&F Operations Across Genders	55.6	44.5	3.50
Equal Access to Opportunities in Gender-Neutral DRM&F Operations.	50.0	50.0	3.28
Diverse Gender Representation in Leadership Roles of DRM&F Operations.	50.0	50.0	3.33
Inclusive Training for Diverse Gender Needs in Capacity-Building Initiatives	61.1	38.9	3.56
Equitable Resource Allocation Addressing Gender-Specific Needs in DRM&F Operations.	22.2	77.8	2.83
Gender-Inclusive Early Warning Systems Addressing Needs and Vulnerabilities	61.1	38.9	3.56
Inclusive and Responsive Post-Disaster Support Services for All Genders	38.9	61.1	3.22
Active Mitigation of Gender-Based Violence Risks in DRM&F Policies and Strategies	50.0	50.0	3.44
Active Consideration of Diverse Gender Roles in Community Engagement Strategies	61.1	38.9	3.39
Transparent Communication in DRM&F Operations Incorporating Diverse Gender Perspectives	50.0	50.0	3.11
Average Mean			3.32
Percentage mean $\leq$ 3	27.8		
Percentage mean $>$ 3	72.2		

Source: Field survey, 2024

The findings as shown in Table 6 regarding gender inclusivity within Nigeria's DRM&F sector underscore critical areas for improvement. Although there is acknowledgment of the need for inclusive decision-making, training, and early warning systems, disparities exist in resource allocation and post-disaster support services. The split opinions on gender-based violence risks mitigation highlight potential weaknesses in existing policies.

The observed lack of consensus on equal access to opportunities and diverse gender representation in leadership roles indicates challenges in maintaining a truly gender-neutral operational environment. The substantial disagreement on resource allocation and post-disaster support services implies a need for comprehensive reviews and reforms in these aspects.

#### **Implications and recommendations of findings on gender inclusivity in DRM&F:**

**Inclusive Decision-Making in DRM&F Operations across Genders:** The 50:50 agreement-disagreement ratio on inclusive decision-making suggests a moderate consent on this aspect. This indicates a positive trend but emphasizes the need for continuous efforts to enhance inclusivity in decision-making processes. This inclusivity is vital for a comprehensive and well-rounded approach to DRM&F operations.

**Equal Access to Opportunities in Gender-Neutral DRM&F Operations:** The even split in perceptions regarding equal access to opportunities underscores a significant challenge in maintaining a gender-neutral operational environment. This finding emphasizes the necessity for a critical review of existing opportunities, focusing on policies and practices that guarantee equal access to all genders.

**Diverse Gender Representation in Leadership Roles of DRM&F Operations:** The lack of consensus on diverse gender representation in leadership roles suggests a need for active initiatives to encourage and facilitate diverse gender representation. This is crucial for fostering an inclusive decision-making process that reflects the diversity of perspectives and experiences.

**Inclusive Training for Diverse Gender Needs in Capacity-Building Initiatives:** The positive trend in inclusive training indicates recognition of diverse gender needs. It highlights a potential area of strength that should be built upon, ensuring that capacity-building initiatives effectively address and accommodate the unique needs of all genders.

**Equitable Resource Allocation Addressing Gender-Specific Needs in DRM&F Operations:** The significant disagreement on equitable resource allocation implies a perceived gap in addressing gender-specific needs during resource allocation. This finding underscores the need for strategic measures to revise resource allocation strategies, ensuring they adequately consider and address the unique needs and vulnerabilities of different genders.

**Gender-Inclusive Early Warning Systems Addressing Needs and Vulnerabilities:** The majority agreement on the importance of gender-inclusive early warning systems reflects a positive acknowledgment. This presents an opportunity to further enhance and integrate early warning systems that effectively address the specific needs and vulnerabilities of all genders.

**Inclusive and Responsive Post-Disaster Support Services for All Genders:** The significant disagreement indicates perceived shortcomings in the inclusivity and responsiveness of post-disaster support services. This signals a critical need to reassess and enhance post-disaster support services to be more responsive to the diverse needs of all genders, ensuring an effective and equitable disaster response.

**Active Mitigation of Gender-Based Violence Risks in DRM&F Policies and Strategies:** The equal split on the effectiveness of policies and strategies in mitigating gender-based violence risks indicates a lack of consensus. Policies and strategies should be revisited and strengthened to actively mitigate gender-based violence risks within the DRM&F sector.

**Active Consideration of Diverse Gender Roles in Community Engagement Strategies:** The majority agreement indicates a positive trend in considering diverse gender roles in community engagement. This finding suggests that the DRM&F sector is on the right path. The sector should continue with efforts to actively consider and integrate diverse gender roles in community engagement strategies.

**Transparent Communication in DRM&F Operations Incorporating Diverse Gender Perspectives:** The even split (50:50) on transparent communication suggests challenges in effectively integrating diverse gender perspectives into operational communications. Initiatives should be undertaken to improve communication strategies, ensuring they are transparent and inclusive of diverse gender perspectives.

### **5.5.3 Gaps and challenges in addressing gender disparities related to disasters**

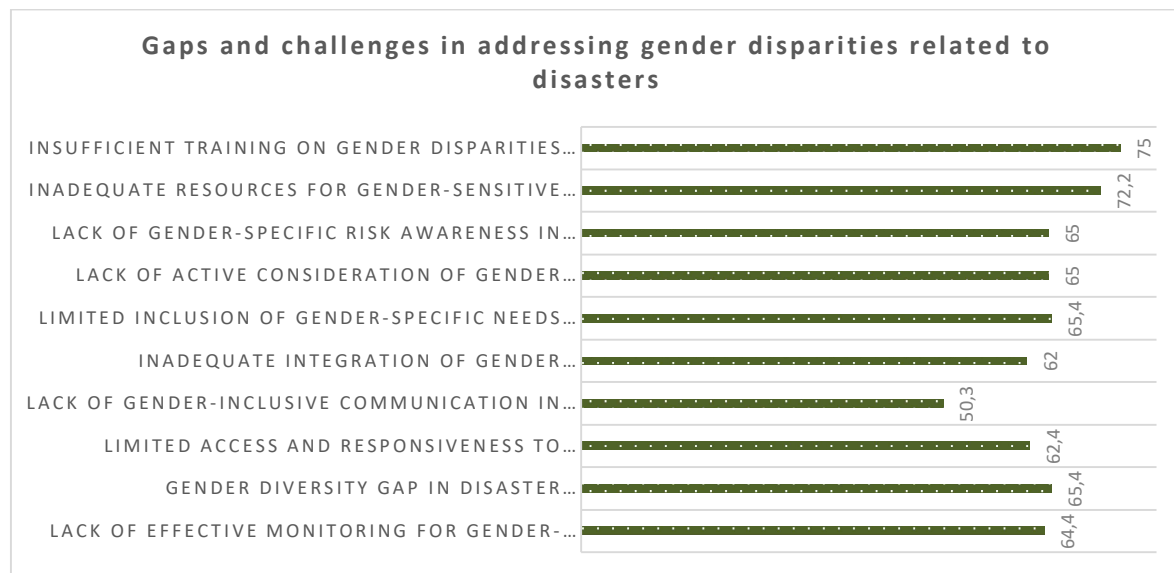
Figure 43 provides a comprehensive overview of the gaps and challenges in addressing gender disparities related to disasters within Nigeria's DRM&F sector identified by stakeholders. The consistent percentages across various aspects highlight systemic issues that require urgent attention.

The lack of effective monitoring for gender-responsive disaster interventions (64.4%) indicates a need for robust evaluation mechanisms to ensure that interventions align with gender-sensitive goals. The parallel gender diversity gap in disaster management decision-making bodies (65.4%) and limited access and responsiveness to gender-specific needs in post-disaster services (both at 65.4%) highlight persistent challenges in achieving gender parity at decision-making levels and addressing diverse gender needs in the aftermath of disasters.

A significant finding is the inadequate integration of gender considerations in emergency response plans (62.0%). This underscores the importance of incorporating gender perspectives from the outset of response planning to enhance effectiveness. Similarly, the limited inclusion of gender-specific needs in disaster preparedness (65.4%) suggests gaps in proactive measures to address gender-specific vulnerabilities before disasters strike.

The lack of active consideration of gender roles in community engagement for risk reduction (65.0%) and insufficient gender-specific risk awareness in disaster planning (65.6%) point to a need for more targeted community involvement and awareness initiatives that consider diverse gender dynamics.

Moreover, the higher percentages of inadequate resources for gender-sensitive disaster interventions (72.2%) and insufficient training on gender disparities for emergency responders (75.2%) are critical areas that demand urgent attention.



**Figure 43: Gaps and challenges in addressing gender disparities related to disasters**

*“During the last outbreak, we were haphazardly recruited based on our areas of specialty as first responders with no cogent plan to retain responders on subsequent outbreaks. We put our lives and those of our families at risk. We were given insignificant tokens which is not commensurate with the risk and efforts and dedication we put in. All the promises made are yet to be fulfilled and what we keep hearing is that government is yet to make budget for payment” – A group of nurses in Kano city Hospital*

*“No training before or even after outbreaks, I almost lost my life when I could not get new safety gadget to use to treat patients in isolation. They even locked the door against me so I don’t go out. No one is trained to handle such situations” – A medical Doctor*



*We ‘begged’ for a common certificate of participation as first responders, they promised to give us but up until now nothing is done. We are disenfranchise”! – A group of medical practitioners in Nasarawa State.*

Without adequate resources and training, achieving gender-responsive disaster interventions may be very challenging.

#### **The implications and recommendations of the findings:**

Implications are multifaceted and require targeted interventions:

1. **Need for inclusive comprehensive Policies:** The identified gaps in monitoring, gender and diversity considerations in decision-making bodies, and limited responsiveness to gender-specific needs underscore the necessity for comprehensive policies. The DRM&F sector should prioritize the development and implementation of policies that actively monitor and address gender disparities at all levels.
2. **Enhanced Emergency Response Planning:** The inadequacy in integrating gender considerations in emergency response plans signals a need for a paradigm shift. There is an opportunity for the sector to enhance its emergency response planning by incorporating gender perspectives from the initial stages. This could lead to more effective and inclusive disaster responses.
3. **Proactive Disaster Preparedness:** The limited inclusion of gender-specific needs in disaster preparedness highlights a gap in proactive measures. To address this, the sector should focus on integrating gender-specific considerations into preparedness activities, ensuring that vulnerable groups are adequately accounted for before disasters occur.
4. **Community Engagement and Awareness:** The lack of active consideration of gender roles in community engagement and insufficient gender-specific risk awareness indicate the importance of community-oriented strategies. The DRM&F sector should engage in community-based initiatives that actively involve diverse gender groups, raising awareness about specific risks and encouraging participation in risk reduction efforts.
5. **Resource Allocation and Training:** The overwhelming percentages regarding inadequate resources for gender-sensitive disaster interventions and insufficient training for emergency responders underscore critical challenges. To address this, there is a need for increased resource allocation and targeted training programs that equip responders with the skills to address gender disparities effectively.

In essence, the findings call for a holistic and transformative approach in the DRM&F sector in Nigeria. Policymakers and stakeholders should collaboratively work towards developing gender-responsive policies, improving emergency response planning, enhancing disaster preparedness, fostering community engagement, and ensuring adequate resources and training for effective gender-sensitive interventions.

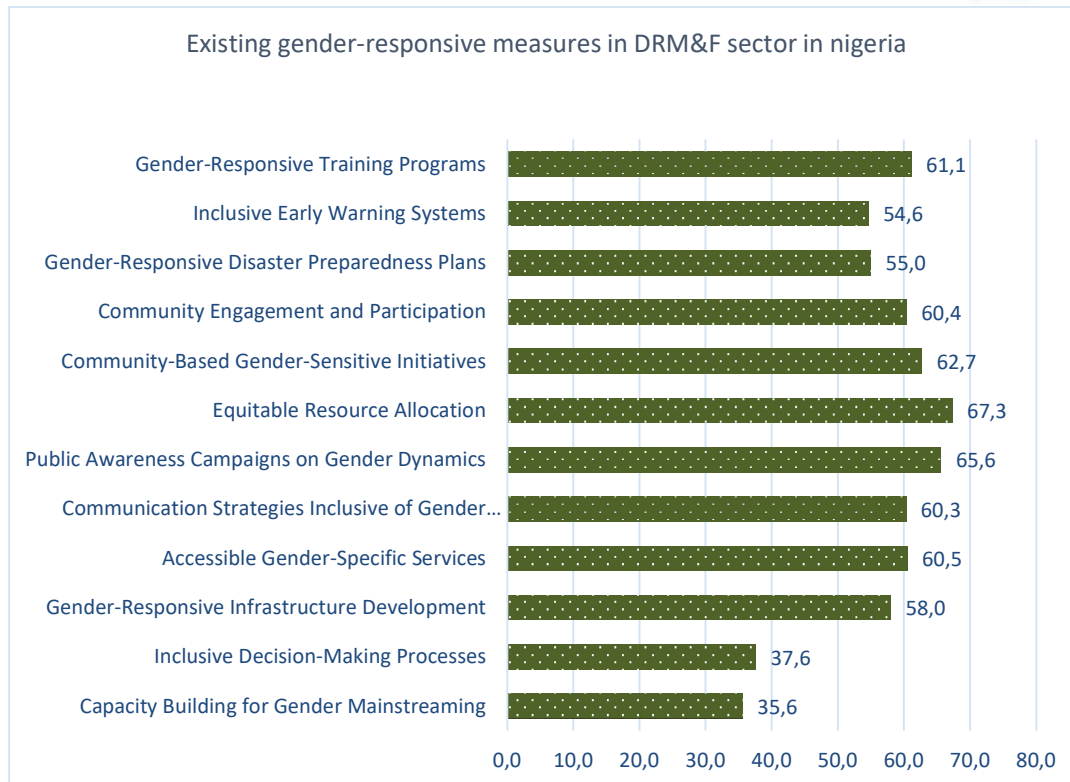
#### **5.5.4 Existing Gender-responsive measures in DRM&F Sector in Nigeria**

Stakeholders’ responses are represented in Figure 11, this representation provides valuable insights into the existing gender-responsive measures within the DRM&F sector in Nigeria with particular reference to impact of disasters on different groups: men, women, boys, and girls, the elderly and differently able people within the DRM&F context. These measures are grouped in to four thematic

areas which include: The aspect of gender dynamics of disasters risk and resilience, gender differentiated impacts, gender sensitive approaches for disaster management and embedding gender equality in emergency management planning. All these dynamics are subsumed in the results shown in figure 44.

The results indicate the prevalence and distribution of various gender responsive measures aimed at addressing gender disparities embedded in the sector.

1. **Capacity Building for Gender Mainstreaming:** The low percentage (35.6%) in capacity building for gender mainstreaming suggests a potential gap in training and capacity building. Strengthening initiatives to educate and empower stakeholders in gender mainstreaming is crucial.
2. **Inclusive Decision-Making Processes:** Similarly, the minimal (37.6%) emphasis on inclusive decision-making processes implies a need for reforms in how decisions are made within the sector. Inclusivity is vital for comprehensive and effective decision-making.
3. **Equitable Resource Allocation:** Stakeholders (67.3%) acknowledges equitable resource allocation, which signifies room for improvement. This aspect is fundamental for ensuring that resources are distributed fairly and address specific gender needs.
4. **Gender-Responsive Disaster Preparedness Plans:** A bit above half (55.0%) of Stakeholders in agreement indicates a positive acknowledgment of gender-responsive disaster preparedness plans but more efforts are needed to ensure preparedness plans considers gender issues rather than mere awareness. This is a significant stride, demonstrating an awareness of the importance of considering gender dynamics in preparedness.
5. **Inclusive Early Warning Systems:** The equal percentage (54.6%) for inclusive early warning systems echoes the significance of disseminating warnings that consider diverse gender needs, enhancing the effectiveness of disaster responses.
6. **Gender-Responsive Training Programs:** The high (61.1%) agreement regarding gender-responsive training programs is encouraging. This reflects a proactive approach in equipping stakeholders with the necessary skills and knowledge to address gender disparities. The questions that beg for answers here is – Does gender responsive training measured in just the number of male to female attendance or the quality of such training to include gender issues.



**Figure 44: Existing Gender-responsive measures in DRM&F**

**Implications of the findings and recommendations on Existing Gender-responsive measures in DRM&F**

- **Need for Comprehensive Training:** The low percentages in capacity building and decision-making processes suggest a critical need for comprehensive training programs. Stakeholders should prioritize initiatives that educate and empower individuals at all levels of the DRM&F sector.
- **Resource Allocation and Policy Reforms:** The acknowledgment of equitable resource allocation is positive but indicates room for improvement. There is a need for targeted efforts to ensure that resources are distributed in a manner that addresses the specific needs of different genders. Good disaster risk management should take into considerations gender differentials impacts of disasters and outbreaks. Policies, reforms and interventions should be put in place in areas where gender inequality and disaster impacts connect.
- **Building on Positive Trends:** The higher percentages in gender-responsive disaster preparedness plans, inclusive early warning systems, and training programs signify positive trends. These aspects should be leveraged and expanded upon to create a more robust and gender-inclusive DRM&F framework.
- **Community Engagement and Participation:** The significant percentages for community-based gender-sensitive initiatives and community engagement highlight the importance of

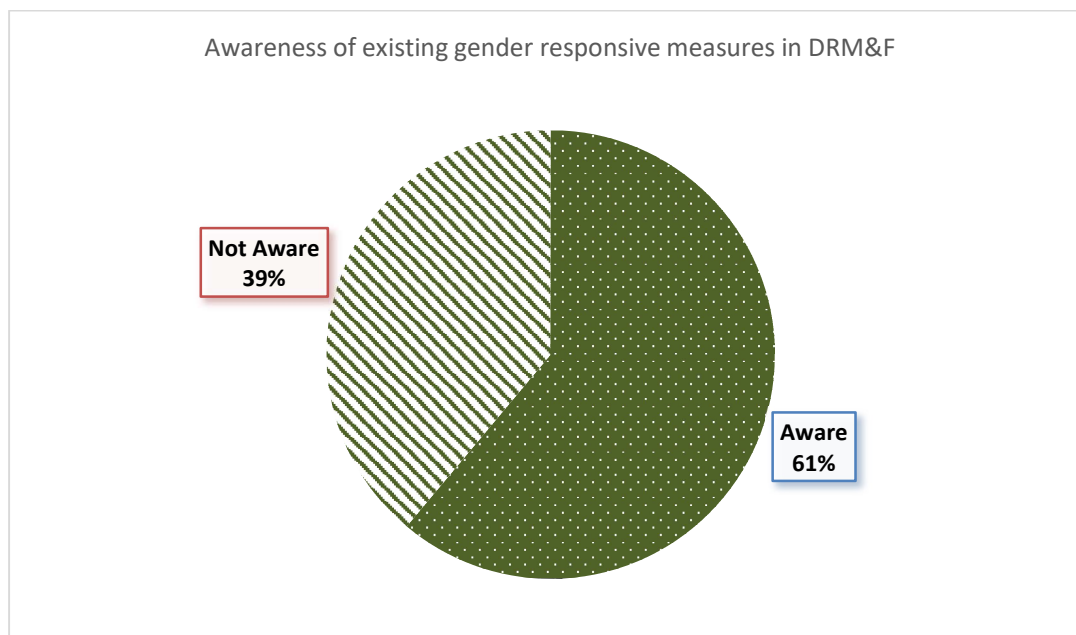
involving communities. This suggests that the DRM&F sector should continue prioritizing community-led strategies to enhance gender inclusivity.

## 5.6 Assess the effectiveness of existing Gender-Responsive Measures in DRM&F

### 5.6.1 Awareness and Understanding

The results shown in Figure 45 reveal stakeholders' awareness of existing gender-responsive measures within the Disaster Risk Management & Financing (DRM&F) sector in Nigeria.

- **Aware:** Majority (61.1%) of stakeholders are aware of existing gender-responsive measures in DRM&F. This indicates a positive level of knowledge and understanding among stakeholders regarding initiatives aimed at addressing gender disparities and promoting inclusivity within the sector.
- **Not Aware:** However, a significant percentage (38.9%) of stakeholders are not aware of existing gender-responsive measures. This suggests a gap in communication or dissemination of information regarding gender-focused initiatives within the DRM&F sector.



**Figure 45: Stakeholders awareness of existing gender-responsive measures in DRM&F**

### Implications and recommendations on assessing the effectiveness of existing gender responsive measures in DRM&F:

1. **Need for Increased Awareness:** The findings highlight the importance of increasing awareness among stakeholders about existing gender-responsive measures in DRM&F. Efforts should be made to enhance communication channels and disseminate information effectively to ensure that all stakeholders are informed about gender-focused initiatives and their significance.

2. **Enhanced Engagement:** Stakeholders who are aware of existing gender-responsive measures are likely to be more engaged and supportive of gender-inclusive policies and strategies within the DRM&F sector. Therefore, increasing awareness can lead to greater stakeholder engagement and participation in initiatives aimed at addressing gender disparities and promoting inclusivity.
3. **Capacity Building/Strengthening:** For stakeholders who are not aware of existing gender-responsive measures, there is a need for capacity-building initiatives to educate and inform them about the importance and benefits of gender-inclusive approaches in DRM&F. For Stakeholders who are aware, their capacities need to be strengthened to be in tandem with demand for expertise in gender responsiveness. Training programs and workshops can be organized to enhance stakeholders' knowledge and understanding of gender-related issues within the sector.
4. **Policy Advocacy:** Increased awareness among stakeholders can also facilitate policy advocacy efforts aimed at mainstreaming gender considerations in DRM&F policies and strategies. Stakeholders who are aware of existing gender-responsive measures are more likely to advocate for the adoption and implementation of gender-inclusive policies within the sector.

### 5.6.2 Understanding of importance of existing gender-responsive measures

Stakeholders' responses presented in Figure 46 indicates that 55.6% of key personnel understand the importance and objectives of gender-responsive measures in Disaster Risk Management and Financing (DRM&F), while 44.4% do not. The implications of the findings from Figure 46, are multifaceted and can influence various aspects of disaster risk management and gender equality efforts.

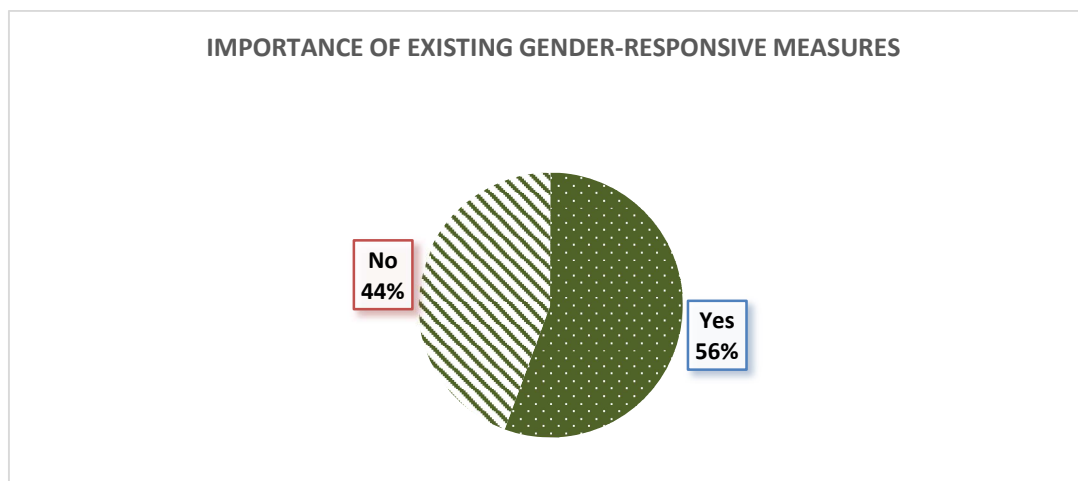


Figure 46: Understanding of importance of existing gender-responsive measures

Some of the key implications and recommendations on importance of existing gender-responsive measures in DRM&F include:

1. **Effectiveness of Gender-Responsive Measures:** The understanding of key personnel regarding gender-responsive measures directly affects the effectiveness of DRM&F initiatives. A lack

of understanding among nearly half of the key personnel suggests potential gaps in implementing gender-responsive approaches, which could undermine the effectiveness of disaster, risk management efforts.

2. **Inclusivity and Equity in Disaster Response:** Gender-responsive measures are essential for ensuring that disaster response and recovery efforts are inclusive and equitable. The findings highlight the need to strengthen efforts to promote gender mainstreaming in DRM&F to address the specific needs and vulnerabilities of diverse populations, including women, children, the elderly, and other marginalized groups.
3. **Risk Mitigation Strategies:** Understanding the importance of gender-responsive measures can influence the development and implementation of risk mitigation strategies. Key personnel who grasp the significance of addressing gender dynamics in disaster risk management are more likely to prioritize interventions that consider gender-specific vulnerabilities and capacities, leading to more effective risk reduction measures.
4. **Resource Allocation and Prioritization:** The level of understanding among key personnel can affect resource allocation and prioritization within DRM&F initiatives. Organizations and agencies may need to allocate resources for targeted training programs and capacity-building efforts to enhance the understanding of gender-responsive measures among key personnel, potentially reallocating resources from other areas.
5. **Policy and Program Development:** The findings can inform policy and program development processes related to disaster risk management and gender equality. Policymakers and program developers may need to review existing policies and guidelines to ensure they integrate gender-responsive approaches effectively, based on the understanding levels of key personnel.
6. **Organizational Culture and Practices:** The understanding of gender-responsive measures among key personnel reflects the organizational culture and practices related to gender equality and disaster risk management. Addressing gaps in understanding requires not only targeted training but also efforts to foster a gender-sensitive organizational culture that values diversity and inclusivity.
7. **Data Collection and Analysis:** Adequate understanding of gender-responsive measures is crucial for collecting and analyzing gender-disaggregated data in disaster risk management. Improved data collection can lead to better-informed decision-making processes and more targeted interventions to address gender-specific vulnerabilities and needs.
8. **Collaboration and Partnerships:** Collaboration and partnerships between stakeholders in disaster risk management and gender equality efforts are essential for addressing the findings' implications effectively. Strengthening collaboration can facilitate knowledge sharing, resource mobilization, and coordinated action to promote gender-responsive approaches in DRM&F.

#### 5.7 Degree of Gender Responsive measures integration in DRM&F Policies and Strategies

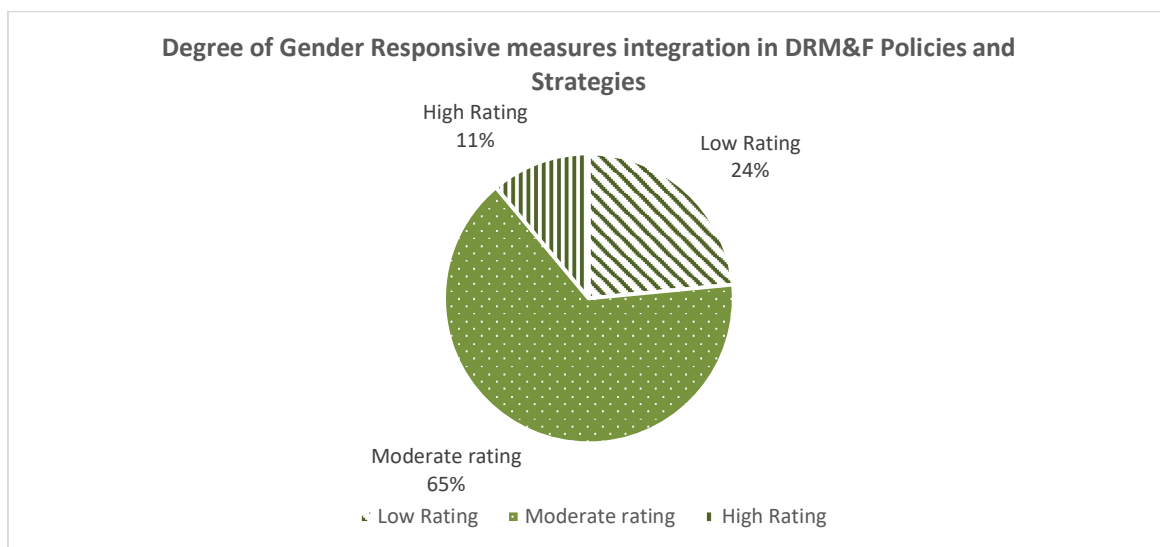
The results from Figure 4 7 provide insights into the degree to which gender-responsive measures have been integrated into Disaster Risk Management & Financing (DRM&F) policies and strategies

in Nigeria. Ratings are spread across the scale, with responses ranging from 1 to 10. The most common ratings fall within the mid-range (2 to 6), suggesting a moderate level of integration.

**Low Ratings (1-3):** The combined percentage of respondents who rated integration as low (1-3) is 23.5%. This indicates that a substantial portion perceives a limited integration of gender-responsive measures into DRM&F policies and strategies.

**Moderate Ratings (4-7):** The mid-range ratings (4-7) constitute 65.4% of responses, suggesting a moderate level of integration. This may imply that while there is some integration, it might not be comprehensive or uniformly implemented across all aspects of DRM&F sector.

**High Ratings (8-10):** Only 11.1% of Stakeholders s rated the integration as high (8-10), indicating a relatively small proportion believes that gender-responsive measures are extensively integrated into policies and strategies.



**Figure 47: Degree of integration of gender responsive measures in DRM&F policies and strategies**

**Implications and recommendations on integration of gender responsive measures in DRM&F policies and strategies:**

**Room for Improvement:** The findings indicate that there is room for improvement in the integration of gender-responsive measures into DRM&F policies and strategies. The substantial percentage of Stakeholders with low to moderate ratings suggests that efforts are needed to enhance the comprehensiveness and effectiveness of gender integration.

**Identifying Gaps:** The diverse distribution of ratings can help identify specific areas or aspects within DRM&F policies and strategies where gender-responsive measures may be lacking or inadequately implemented. This information is crucial for targeted interventions and improvements.

**Advocacy and Awareness:** The results suggest a need for increased advocacy and awareness regarding the importance of gender-responsive measures. Stakeholders, including policymakers and practitioners, may benefit from a better understanding of the positive impacts of gender integration on the effectiveness of DRM&F.

**Capacity Building:** Training and capacity-building initiatives could be beneficial to ensure that those involved in DRM&F are equipped with the knowledge and skills needed to integrate gender-responsive measures effectively. This may contribute to higher ratings in the future.

**Policy Review and Revision:** The findings provide a basis for reviewing and potentially revising existing DRM&F policies to strengthen gender integration. Policymakers can use this information to address gaps and enhance the overall effectiveness of gender-responsive measures.

### 5.7.1 Examples of Success

Examples of successful implementation of gender-responsive measures in recent Disaster Risk Management & Financing (DRM&F) activities (COVID - 19) in Nigeria. Examples of such successful implementations were given by Stakeholders and listed below:

- **Gender consideration in provision of ‘KayanAmariya’ (Women Kits)** for use by women during lockdown and isolation
- **Gender Equality and Sensitization Programmes for Old Age Care:** This program, encompassing care for older individuals, indicates a focus on addressing specific vulnerabilities related to gender and age. It suggests a comprehensive approach to inclusivity.
- **Provision of Amenities Differentiating Between Genders:** The provision of amenities that consider the specific needs and differences between men and women emphasizes a commitment to gender-sensitive infrastructure and services.
- **Accessible Mobile Sanitation Facilities:** The provision of easily accessible mobile sanitation facilities demonstrates a practical effort to address gender-specific needs, particularly concerning privacy and hygiene during disaster situations.
- **Training on Gender-Based Violence:** Training health personnel on gender-based violence is a crucial step in addressing a prevalent issue during disasters. It indicates a commitment to creating a safe and supportive environment for all, particularly women who may be more vulnerable to gender-based violence in emergencies.

### Implications and recommendations on integration of gender responsive measures in DRM&F policies and strategies:

- **Best Practices for Replication:** These examples serve as best practices that can be replicated in other DRM&F activities. Sharing successful implementations across different regions and contexts can contribute to a more standardized and effective approach to gender-responsive measures.
- **Comprehensive Approach:** The diverse nature of the examples, ranging from sensitization programs to infrastructure provisions and training, suggests a comprehensive approach to gender responsiveness. This indicates an understanding that gender inclusivity involves various aspects beyond infrastructure alone.
- **Capacity Building:** The example of training health personnel highlights the importance of capacity-building initiatives. It implies a recognition that those involved in disaster



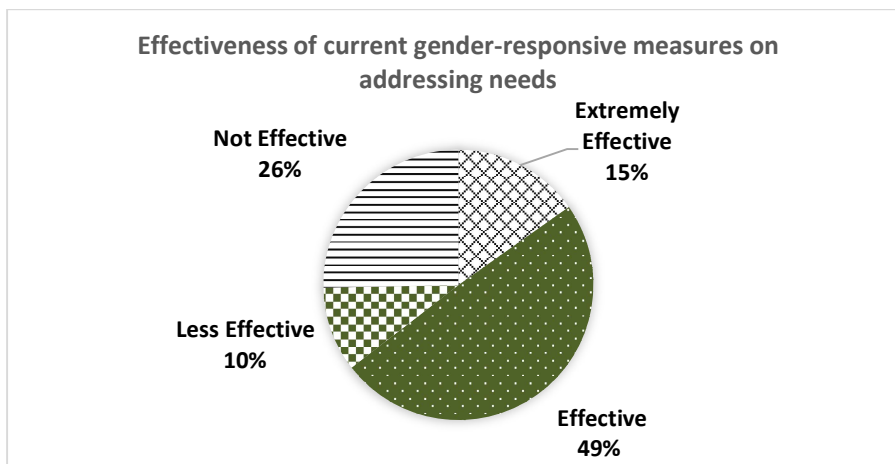
response need specific knowledge and skills related to gender dynamics, especially concerning issues like gender-based violence.

- **Enhancing Accessibility:** The provision of easily accessible sanitation facilities addresses a common challenge during disasters. This example indicates a commitment to ensuring that facilities are designed to be inclusive and easily accessible for all genders.
- **Holistic Gender Equality:** The focus on old age care, beyond just gender, suggests a holistic approach to inclusivity that considers not only gender but also age-related vulnerabilities. This aligns with the broader goal of promoting equality and addressing various dimensions of vulnerability.

### 5.7.2 Effects of current gender-responsive measures in addressing the needs of Vulnerable Groups

The findings in Figure 48 present insights into the perceived effectiveness of current gender-responsive measures in addressing the needs of vulnerable groups within the DRM&F sector in Nigeria.

- **Effective:** Half of all Stakeholders (50%) perceived the current gender-responsive measures as effective. This suggests that, according to their judgment, these measures are making a positive impact in addressing the needs of vulnerable groups during disasters.
- **Extremely Effective:** A lower percentage (15.0%) perceived the measures to be extremely effective, indicating a subgroup of respondents who have a particularly positive view of the current initiatives.
- **Less Effective:** However, a smaller percentage (10.0%) perceived that the effectiveness of the measures is less than optimal. This indicates a level of dissatisfaction or skepticism among this subset of respondents.
- **Not Effective:** A quarter percentage (25.0%) perceived the identified measures as not effective. This group's opinion suggests a need for improvement and perhaps a reconsideration of the current strategies.



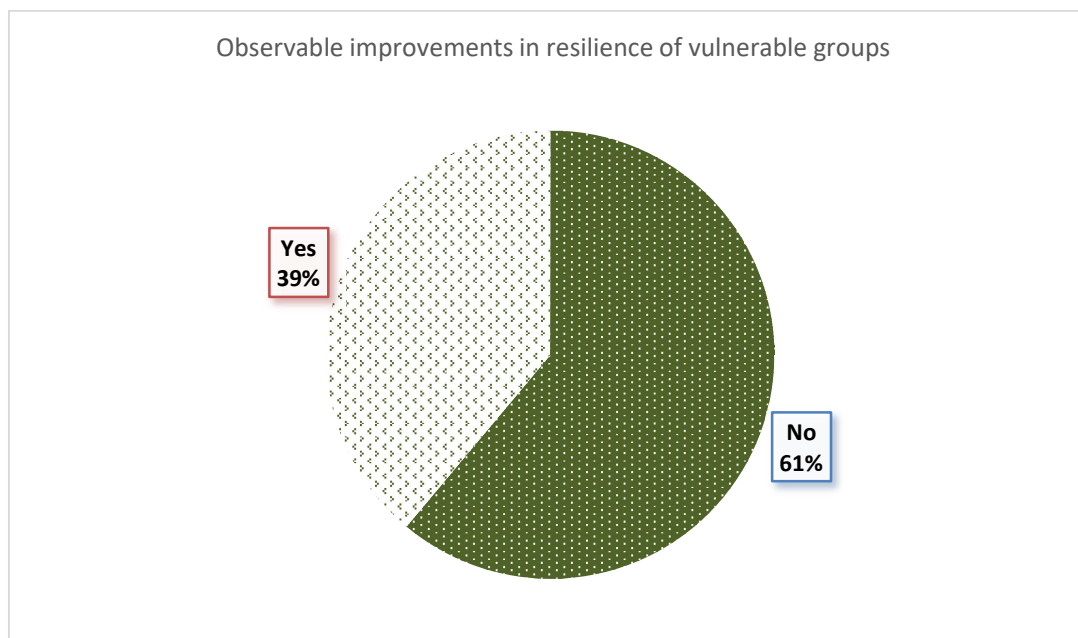
**Figure 48: Effectiveness of current gender-responsive measures for addressing the needs of vulnerable groups within DRM&F**

**Implications and recommendations on effectiveness current gender responsive measures for addressing needs of vulnerable groups:**

- **Positive Recognition:** The fact that a majority perceives the measures as effective or extremely effective is positive. It indicates that, to a significant extent, the gender-responsive measures in place are meeting the intended objectives.
- **Room for Improvement:** The acknowledgment that some respondents find the measures less effective or not effective signals room for improvement. This could involve refining existing strategies, introducing new ones, or addressing specific concerns raised by those who find the measures less effective.
- **Diverse Perspectives:** The varying degrees of effectiveness perceptions highlight the diverse perspectives within the DRM&F sector. This diversity underscores the importance of considering different viewpoints when designing and implementing programmes and activities.

**5.7.3 Improvements in the resilience of vulnerable groups**

The results presented in Figure 49 indicates that 61.1% of respondents have not observed improvements in the resilience of vulnerable groups due to measures implemented in the Disaster Risk Management & Financing (DRM&F) sector in Nigeria, while 38.9% have observed improvements.



**Figure 49: Observable improvements in the resilience of vulnerable groups**

**Stakeholders highlighted factors contributing to Lack of Observable Improvements:**

**Inadequate Implementation:** The majority of respondents perceive that measures aimed at enhancing the resilience of vulnerable groups are not effectively implemented or are insufficient in addressing their needs.

**Resource Constraints:** Limited resources allocated to vulnerable groups within DRM&F initiatives could hinder the effectiveness of interventions, resulting in minimal observable improvements in resilience.

**Lack of Targeted Approaches:** The absence of personalized approaches, reforms and policies on gender responsive DRM&F addressing the unique vulnerabilities of different groups within the population might contribute to the lack of observable improvements.

**Insufficient Data and Monitoring:** Inadequate data collection and monitoring mechanisms may hinder the ability to accurately assess the impact of measures on the resilience of vulnerable groups, leading to a perception of no observable improvements.

#### **Implications and recommendations on lack of observable improvement on vulnerable groups in DRM&F**

**Policy Reevaluation:** The findings suggest a need to reevaluate existing policies and strategies in the DRM&F sector to ensure they effectively address the needs of vulnerable groups. This includes revisiting resource allocation priorities and implementing more targeted approaches.

**Capacity Building:** Efforts should be directed towards capacity building among stakeholders involved in DRM&F to enhance their understanding of the unique vulnerabilities of different groups and improve the design and implementation of resilience-building measures.

**Enhanced Monitoring and Evaluation:** Strengthening monitoring and evaluation mechanisms is crucial for accurately assessing the impact of interventions on vulnerable groups' resilience. This requires robust data collection systems and regular assessments to track progress and identify areas for improvement.

**Community Engagement:** Increased community engagement and participation are necessary to ensure that interventions are contextually relevant and responsive to the needs of vulnerable groups. Involving local communities in decision-making processes can enhance the effectiveness and sustainability of resilience-building efforts.

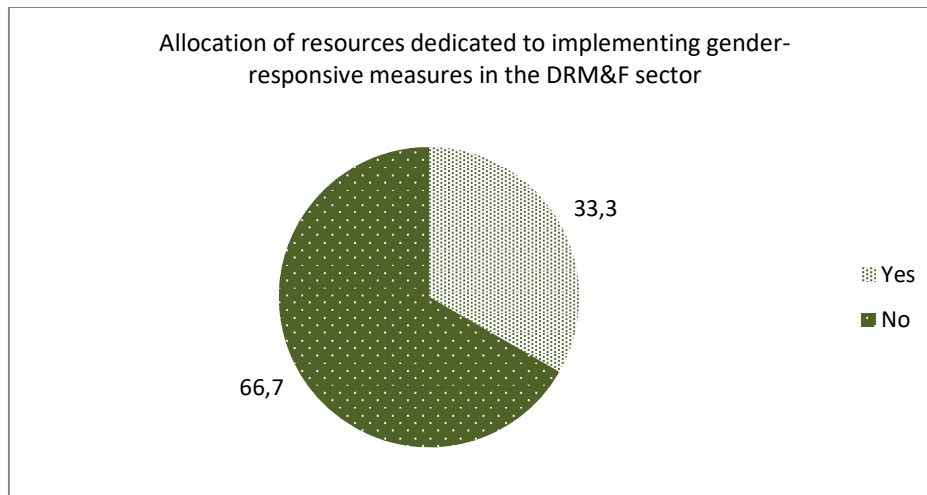
**Partnership and Collaboration:** Collaboration between government agencies, NGOs, international organizations, and local communities is essential for addressing the multifaceted challenges faced by vulnerable groups. Partnerships can leverage resources, expertise, and networks to implement comprehensive and sustainable interventions.

**Advocacy and Awareness:** Advocacy efforts are needed to raise awareness among policymakers, stakeholders, and the general public about the importance of prioritizing vulnerable groups in DRM&F initiatives. Increased awareness can lead to greater support and resources allocated towards addressing their needs.

#### **5.7.4 Allocation of resources to implement gender-responsive measures in the DRM&F sector**

The results in Figure 50 reveals that 33.3% of Stakeholders indicated that there is a clear allocation of resources specifically dedicated to implementing gender-responsive measures in the DRM&F sector in Nigeria, while 66.7% indicate inadequacy of such dedicated resource allocation.

Stakeholders highlighted possible contributory factors for inadequacy of dedicated resource allocation.



**Figure 50: Allocation of resources dedicated to implementing gender-responsive measures in the DRM&F sector**

**Perceived Factors contributing to inadequacy of Clear resource allocation in DRM&F:**

**Limited Awareness and Understanding:** Stakeholders may be limited in the extent of awareness or a comprehensive understanding of what constitutes gender-responsive measures, leading to a perception that resources are not explicitly allocated for these purposes.

**Policy and Implementation Gaps:** The absence of clear policies or the ineffective implementation of existing policies that mandate the allocation of resources for gender-responsive measures could contribute to the observed inadequacies.

**Resource Constraints:** Budgetary constraints and competing priorities may result in a lack of dedicated resources for gender-responsive initiatives within the DRM&F sector.

**Inadequate Integration into Planning Processes:** Gender-responsive measures may not be adequately integrated into the planning and budgeting processes of DRM&F initiatives, resulting in a lack of specifically earmarked resources.

**Inadequate Leadership and political commitments** to adequately commit and allocate resources to gender responsive initiatives and activities in DRM&F

**Implications and recommendations on perceived factors contributing to clear resource allocation in DRM&F of Findings:**

**Reevaluation of Policies and Guidelines:** The study suggests a need to review and strengthen existing policies and guidelines related to DRM&F to ensure explicit provisions for the allocation of resources to gender-responsive measures. This can enhance the sector's capacity to address gender-specific vulnerabilities and needs.

**Capacity Building and Awareness:** Addressing the lack of understanding and awareness regarding gender-responsive measures is crucial. Training and awareness programs can be

implemented to educate stakeholders about the importance of such measures and their integration into DRM&F initiatives.

**Advocacy for Gender Mainstreaming:** The findings highlight the importance of advocacy efforts to promote gender mainstreaming within the DRM&F sector. Advocacy can encourage policymakers and organizations to prioritize and allocate resources specifically for gender-responsive initiatives.

**Integration into Planning Processes:** Efforts should be made to integrate gender-responsive measures into the planning and budgeting processes of DRM&F initiatives. This involves incorporating gender considerations into project proposals, resource allocation plans, and monitoring frameworks.

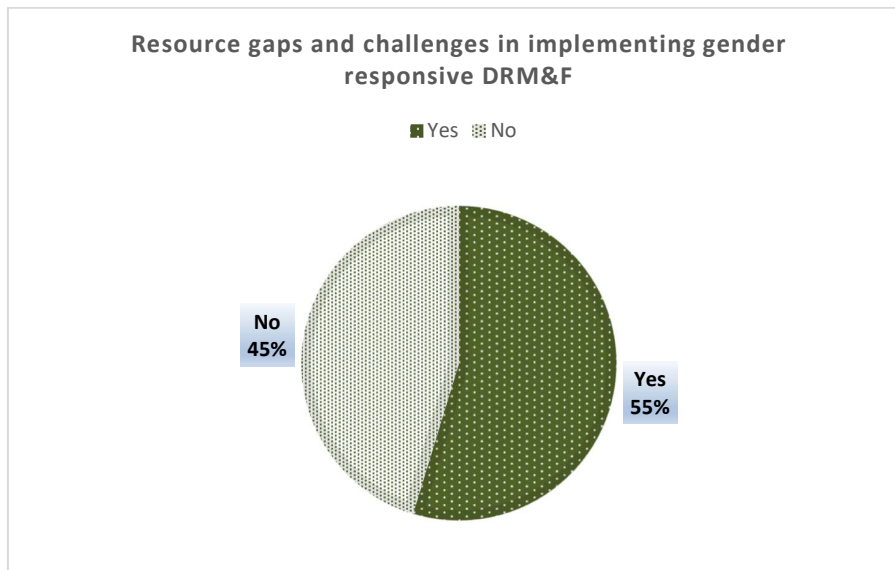
**Monitoring and Accountability:** Establishing robust monitoring and accountability mechanisms can help track the allocation and utilization of resources for gender-responsive measures. Regular assessments can ensure compliance with policies and identify areas for improvement.

**Collaboration with Stakeholders:** Collaboration with relevant stakeholders, including government agencies, NGOs, and international organizations, is essential. Partnerships can facilitate resource mobilization, knowledge sharing, and coordinated efforts to address gender-specific vulnerabilities.

**Inclusive Decision-Making Processes:** Promoting inclusive decision-making processes that involve diverse voices, including those of women and marginalized groups, can contribute to the effective allocation of resources for gender-responsive measures.

**5.7.5 Resource gaps and challenges in implementing gender responsive measures within the DRM&F sector in Nigeria**

The results displayed in Figure 51 indicates that 55.0% of Stakeholders acknowledge instances of resource gaps or challenges in implementing measures within the DRM&F sector in Nigeria, while 45.0% claim not to face such challenges.



**Figure 51: Distribution of Stakeholders on Resource Gaps and challenges in implementing gender responsive DRM&F**

Stakeholders gave possible reasons for instances of resource gaps in DRM&F. The perceived reasons given are:

**Perceived Reasons for perceived Resource Gaps and challenges in implementing gender responsive DRM&F:**

**Budgetary Constraints:** A portion of insisted that *“agencies may be grappling with limited budgets, making it challenging to allocate sufficient resources for effective implementation of DRM&F measures”*.

**Competing Priorities:** *“In some cases, the DRM&F sector is facing competing priorities, diverting resources away from specific measures and creating challenges in their implementation”*.

**Ineffective Resource Allocation:** *“Even if resources are available, there might be issues related to how these resources are allocated, managed, or distributed, leading to challenges in implementation”*.

**Lack of Coordination:** *“Instances of resource gaps may result from a lack of coordination among stakeholders involved in DRM&F, leading to inefficiencies and resource mismanagement”*.

**Implications and recommendations of Findings on Resource Gaps and challenges in implementing gender responsive DRM&F:**

**Enhanced Resource Mobilization:** The study suggests a need for strategic efforts to enhance resource mobilization within the DRM&F sector. This could involve exploring alternative funding sources, engaging in partnerships, and advocating for increased budget allocations.

**Prioritization of Measures:** The identification of resource gaps emphasizes the importance of prioritizing measures based on their impact and effectiveness. This requires a strategic approach to ensure that limited resources are directed toward initiatives with the highest potential for positive outcomes.

**Efficient Resource Utilization:** Ensuring the efficient use of available resources is crucial. The DRM&F sector should conduct periodic reviews of resource allocation mechanisms, identifying areas for improvement and optimizing resource use to address challenges effectively.

**Stakeholder Collaboration:** Collaborative efforts among government agencies, NGOs, and international organizations can facilitate resource-sharing and reduce challenges related to resource gaps. Establishing platforms for coordination and information exchange is essential.

**Capacity Building and Training:** Providing capacity-building programs for stakeholders involved in DRM&F can enhance their skills in resource management and utilization. Training programs can focus on efficient budgeting, cost-effective implementation, and strategies for overcoming resource challenges.

**Regular Assessments and Monitoring:** Implementing regular assessments and monitoring mechanisms can help identify resource gaps early on. This allows for timely interventions, adjustments in resource allocation, and the prevention of potential challenges in implementing DRM&F measures.

**Advocacy for Increased Funding:** The findings underscore the need for advocacy efforts to highlight the importance of the DRM&F sector and secure increased funding. Demonstrating the sector's impact on community resilience and disaster risk reduction can be instrumental in garnering support.

### 5.8 Extent of Personnel Training and Capacity Building in Gender Responsive DRM&F

The Stakeholders perceptions presented in Figure 52 provides insights into the extent to which personnel involved in DRM&F in Nigeria are trained in gender-sensitive methodologies.

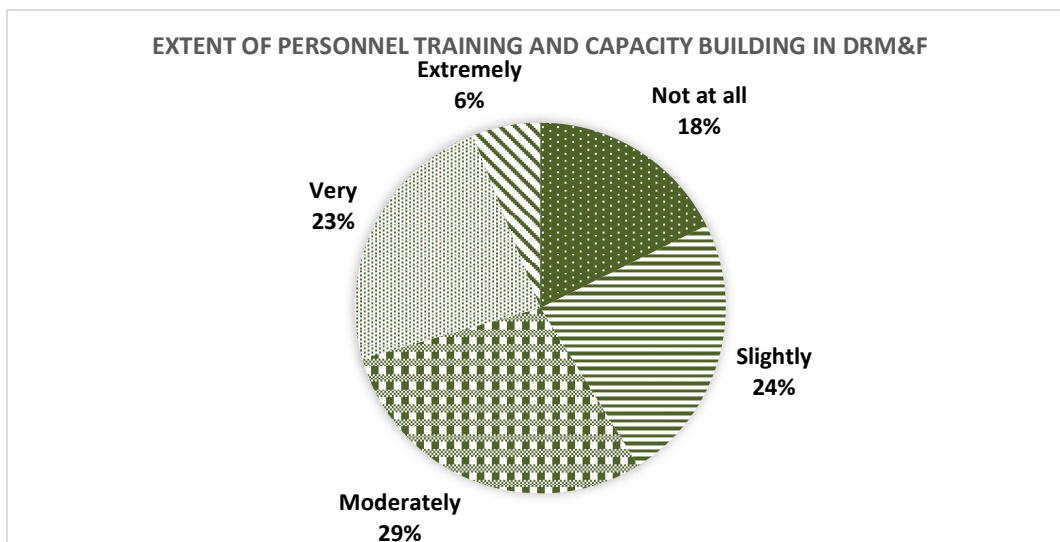
**Not at all:** A proportion (18.0%) of personnel report a lack of training in gender-sensitive approaches, suggesting a need for comprehensive training initiatives.

**Slightly:** A significant portion (24.0%) of personnel indicates minimal training, highlighting the potential gaps in understanding and application of gender-sensitive approaches among personnel.

**Moderately:** A considerable percentage (29.0%) of personnel reported a moderate level of training, indicating a baseline level of knowledge and awareness but with room for improvement.

**Very well:** A sizeable percentage (23.0%) suggests a high level of training, implying that a significant portion of personnel is adequately equipped with knowledge and skills in gender-sensitive approaches.

**Extremely Trained (6.0%):** A small percentage (6.0%) reports an extremely high level of training, representing a group of personnel with advanced expertise in gender-sensitive approaches.



**Figure 52: Distribution of Stakeholders on Extent of Personnel Training and Capacity Building in Gender Responsive DRM&F**

## Implications and recommendations on Extent of Personnel Training and Capacity Building in Gender Responsive DRM&F:

**Need for Targeted Training Programs:** The distribution of responses suggests a need for targeted training programs to bridge the gaps in understanding gender-sensitive approaches. Programs should be designed to cater to personnel at various levels of expertise, ensuring comprehensive coverage.

**Enhanced Curriculum Development:** The findings underscore the importance of reviewing and enhancing existing training curricula to incorporate gender-sensitive elements. This can involve integrating real-world case studies, practical exercises, and diverse perspectives into training materials.

**Identification of Specific Training Needs:** The variation in responses indicates that different personnel have varying levels of training needs. Identifying specific areas where training is lacking or insufficient can guide the development of tailored training modules.

**Continuous Learning Culture:** The study emphasizes the importance of fostering a continuous learning culture within the DRM&F sector. Regular training sessions, workshops, and opportunities for skill development should be provided to ensure personnel stay updated on evolving gender-sensitive approaches.

**Monitoring and Evaluation of Training Programs:** To ensure the effectiveness of training initiatives, there is a need for robust monitoring and evaluation mechanisms. Regular assessments can gauge the impact of training programs, identify areas for improvement, and measure the overall competency of personnel.

**Institutionalizing Gender Sensitivity:** The findings highlight the importance of institutionalizing gender sensitivity within the DRM&F sector. This involves integrating gender considerations into organizational policies, practices, and decision-making processes.

**Empowering Personnel for Inclusive Practices:** Adequate training in gender-sensitive approaches empowers personnel to adopt inclusive practices in disaster risk management. This can lead to more effective and equitable outcomes in responding to and mitigating the impact of disasters.

**Promoting Diversity in Decision-Making:** Training programs should not only focus on individual skills but also emphasize the importance of diverse perspectives in decision-making processes. Encouraging inclusivity in leadership and decision-making can contribute to more comprehensive and effective strategies.

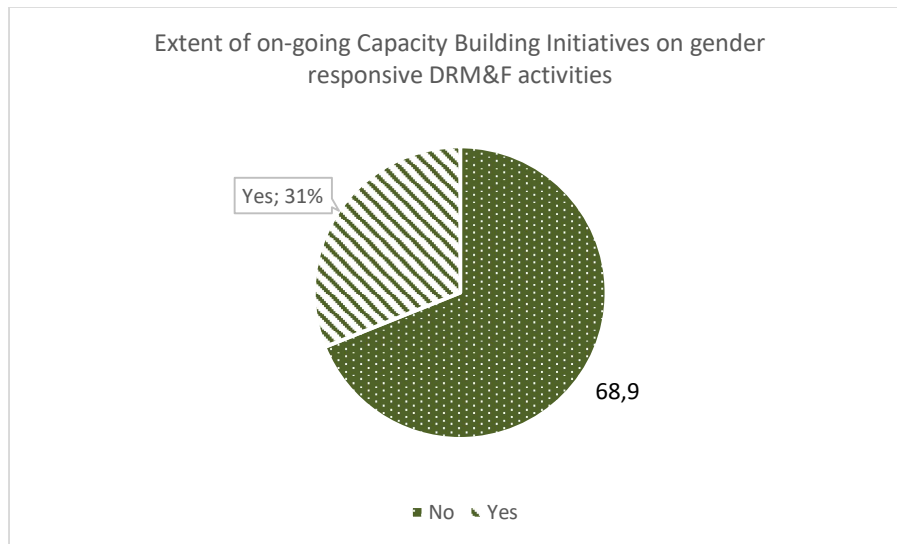
### 5.8.1 Assessment of on-going Capacity-Building Initiatives on gender responsive DRM&F

The data presented in Figure 53 provides insights into whether there are ongoing capacity-building initiatives aimed at enhancing gender responsiveness in Disaster Risk Management & Financing (DRM&F) activities in Nigeria.



**Yes:** Majority of Stakeholders (31.1%) indicate the existence of ongoing capacity-building initiatives, suggesting a commitment to enhancing gender responsiveness within the DRM&F sector.

**No:** Majority of stakeholders (68.9%) report the absence of such initiatives, highlighting potential gaps in efforts to build capacity for gender-responsive practices in DRM&F activities.



**Figure 53: Ongoing capacity-building initiatives on gender responsive DRM&F activities**

**Implications and recommendation of Findings on Ongoing capacity-building initiatives on gender responsive DRM&F activities:**

**Opportunities for Gender Mainstreaming:** Majority of Stakeholders affirm the absence of ongoing capacity-building initiatives, indicating huge opportunities and room for immediate affirmative actions towards mainstreaming gender considerations within the DRM&F sector.

**Need for Expanded Initiatives:** While the presence of ongoing initiatives is not encouraging, the findings also highlight the need for further expansion and strengthening of capacity-building efforts. This may involve diversifying training programs, reaching a broader audience, and ensuring the sustainability of initiatives over time.

**Identification of Gaps and Opportunities:** The existence of ongoing initiatives provides an opportunity for stakeholders to assess their effectiveness and identify areas for improvement. This involves conducting regular evaluations to measure the impact of capacity-building efforts and address any gaps in training.

**Resource Allocation for Training:** The findings underscore the importance of allocating resources for capacity-building initiatives. Adequate funding and support are crucial to sustaining and expanding training programs, ensuring they meet the evolving needs of personnel involved in DRM&F.

**Integration into Organizational Culture:** The presence of ongoing initiatives provides an opportunity to embed gender responsiveness into the organizational culture of the DRM&F

sector. This involves not only training individuals but also fostering an environment that value and prioritize gender-sensitive approaches.

**Collaboration and Knowledge Sharing:** Organizations involved in ongoing capacity-building initiatives can collaborate and share best practices. This can facilitate the development of standardized and effective training materials, methodologies, and approaches for enhancing gender responsiveness.

**Engagement with Stakeholders:** The presence of capacity-building initiatives allows for increased engagement with various stakeholders, including government agencies, NGOs, and local communities. Collaborative efforts can ensure a holistic and inclusive approach to gender mainstreaming in DRM&F activities.

**Periodic Review and Adaptation:** The dynamic nature of gender dynamics and disaster management requires ongoing review and adaptation of capacity-building initiatives. Regular assessments can help ensure that training programs remain relevant and responsive to emerging challenges.

## 5.9 Gender Responsive Reporting and Documentation in DRM&F in Nigeria

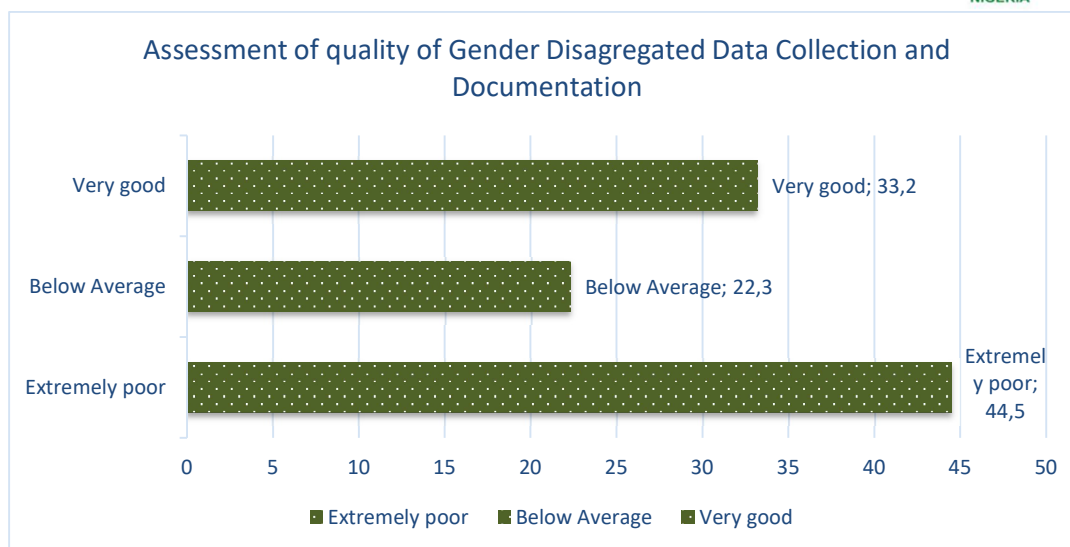
### 5.9.1 Assessment of Gender Disaggregated Data Collection and Documentation Quality

The data presented in Figure 54 provides insights into the perceived quality of gender-disaggregated data collection and documentation in the context of Disaster Risk Management & Financing (DRM&F) in Nigeria.

**Extremely Poor:** A significant proportion of Stakeholders (44.5%) rates the quality of gender-disaggregated data collection and documentation as extremely poor, indicating substantial room for improvement.

**Below Average:** Some (22.3%) respondents perceive the quality to be at below-average level, suggesting a mixed assessment of the current state of gender-disaggregated data practices.

**Very Good:** One-third (33.2%) of Stakeholders rates the quality as very good, indicating that there are pockets of effective data collection and documentation practices within the DRM&F sector.



**Figure 54: Assessment of gender-disaggregated are data collected and documented in the context of DRM&F**

**Implications and recommendations on Findings on quality gender disaggregated data collection and documentation:**

- **Critical Need for Improvement:** The prevalence of poor and below-average ratings signals a critical need for improvement in the quality of gender-disaggregated data collection and documentation. This is essential for informed decision-making and the development of targeted interventions.
- **Identifying Specific Challenges:** The range of responses allows for the identification of specific challenges in gender-disaggregated data practices. Stakeholders can use this information to pinpoint areas requiring attention, whether it be in data collection methodologies, documentation processes, or overall data management.
- **Capacity Building for Data Collection:** The findings underscore the importance of capacity-building initiatives focused on enhancing skills related to gender-disaggregated data collection and documentation. Training programs can address gaps in knowledge, methodologies, and tools.
- **Investment in Technology and Infrastructure:** Improving data practices may involve investing in technology and infrastructure to facilitate more efficient and accurate data collection and documentation. This could include the adoption of digital tools and systems designed for gender-disaggregated data.
- **Standardization of Data Practices:** There is a need for standardization of data collection and documentation practices within the DRM&F sector. Developing and implementing standardized protocols can ensure consistency and comparability across different initiatives.
- **Regular Monitoring and Evaluation:** Establishing regular monitoring and evaluation mechanisms for gender-disaggregated data practices is crucial. This involves assessing the effectiveness of current practices, identifying bottlenecks, and adapting strategies based on continuous feedback.

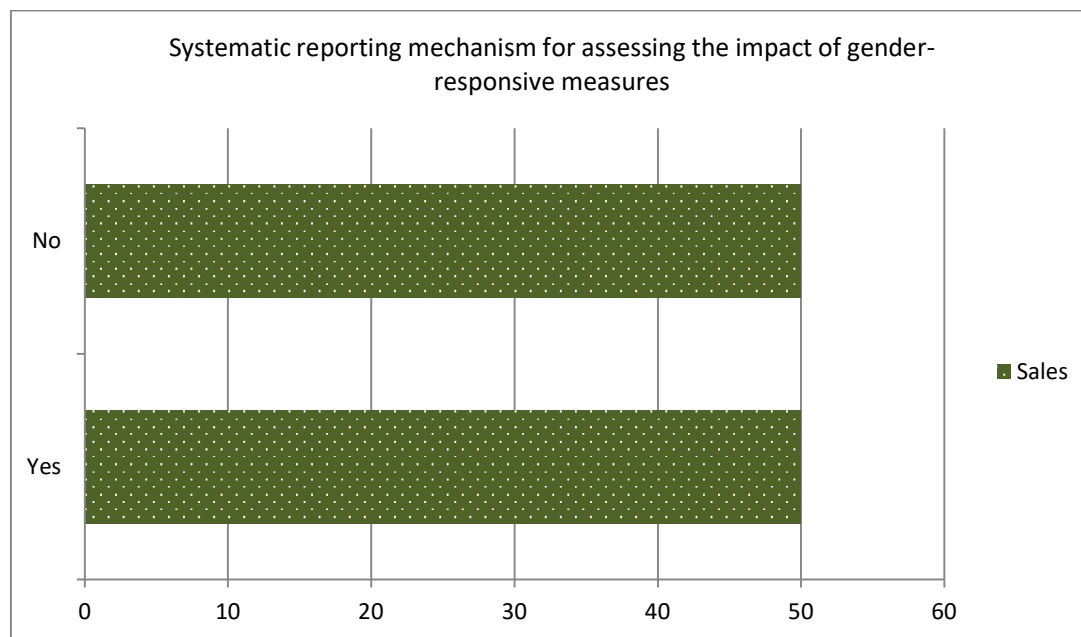
- **Inclusion of Diverse Perspectives:** The study findings emphasize the importance of including diverse perspectives in data collection and documentation processes. Ensuring representation from different genders and marginalized groups contributes to more comprehensive and accurate data.
- **Integration into Decision-Making Processes:** Improving data practices should be coupled with efforts to integrate gender-disaggregated data into decision-making processes. This ensures that policies and strategies are informed by a nuanced understanding of gender dynamics in disaster risk management.

### 5.9.2 Systematic reporting mechanism for assessing the impact of gender-responsive measures in DRM&F in Nigeria

The results shown in Figure 55 indicates that stakeholders are evenly split, with 50% reporting the existence of a systematic reporting mechanism for assessing the impact of gender-responsive measures, and the other 50% indicating the absence of such a mechanism.

**Systematic Reporting Mechanism (50%):** This group suggests that some entities within the DRM&F sector have established structured reporting mechanisms to assess the impact of gender-responsive measures. It implies a commitment to accountability, evaluation, and continuous improvement.

**No Systematic Reporting Mechanism (50%):** The other half suggests that there are entities or aspects within the sector where systematic reporting mechanisms for assessing the impact of gender-responsive measures are lacking. This may indicate a gap in tracking and evaluating the effectiveness of gender-sensitive initiatives.



**Figure 55: Systematic reporting mechanism for assessing the impact of gender-responsive measures in DRM&F**

### Implications of Findings on Systematic mechanisms for assessing impacts of gender responsive measures in DRM&F in Nigeria:

- **Opportunity for Improvement and Standardization:** The even split signals an opportunity for improvement and standardization within the DRM&F sector. Entities lacking reporting mechanisms could learn from those with established systems, fostering a more consistent and effective approach to assessing gender-responsive measures.
- **Enhancing Accountability and Transparency:** The existence of reporting mechanisms promotes accountability and transparency. Entities with established systems are likely more equipped to communicate their efforts, outcomes, and challenges related to gender-responsive measures to stakeholders, fostering trust and support.
- **Identification of Knowledge Gaps and Best Practices:** The study findings can guide further research to understand why some entities have reporting mechanisms while others do not. Identifying knowledge gaps and disseminating best practices can contribute to a more informed and standardized approach across the sector.
- **Promoting Learning and Adaptation:** Entities with systematic reporting mechanisms are better positioned to learn from their experiences and adapt their gender-responsive measures based on data-driven insights. This promotes a culture of continuous improvement and responsiveness to evolving challenges.
- **Resource Allocation and Prioritization:** The absence of reporting mechanisms may hinder effective resource allocation and prioritization of gender-responsive measures. Entities without systematic reporting may struggle to demonstrate the impact of their initiatives, potentially affecting future funding and support.
- **Advocacy for Reporting Standards:** The findings underscore the importance of advocating for reporting standards within the DRM&F sector. Establishing guidelines for systematic reporting can help ensure consistency, comparability, and a shared understanding of impact assessment across different entities.
- **Capacity Building for Reporting:** The study suggests a need for capacity-building initiatives focused on developing and implementing reporting mechanisms. Training programs can help organizations establish effective systems for assessing the impact of gender-responsive measures.
- **Collaboration and Knowledge Sharing:** Entities with established reporting mechanisms can play a role in mentoring and sharing insights with those without such systems. Collaborative efforts can contribute to the overall improvement of impact assessment practices in gender-responsive measures.

#### 5.9.3 Gender responsive Stakeholder' Engagement in DRM&F in Nigeria

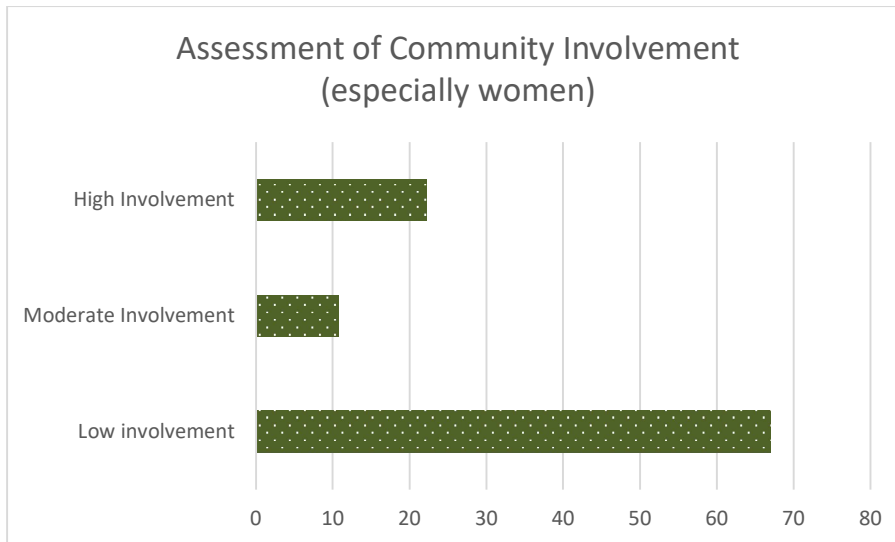
The results in Figure 56 illustrate the perceived level of involvement of local communities, particularly women, in the design and implementation of gender-responsive measures within the Disaster Risk Management & Financing (DRM&F) sector in Nigeria.

**Assessment of Community Involvement in gender responsive RDM&F in Nigeria: Low Involvement (67.0%):** Majority of Stakeholders perceived very low levels of involvement of local communities, especially women, in the design and implementation of gender-responsive measures. This suggests a potential disconnect between the planning process and the needs of the communities.

*“Where there might be some engagement, it may not be sufficient to ensure meaningful participation in influencing decision-making processes related to gender responsive measures”.*

**Moderate Involvement (10.8%):** A substantial number of Stakeholders report moderate levels of involvement. This suggests some efforts to engage local communities, but there may still be room for improvement in ensuring their active participation in the design and implementation phases.

**High Involvement (22.2%):** A notable percentage perceives high levels of involvement, indicating recognition of the importance of community engagement, particularly involving women, in shaping and implementing gender-responsive measures.



**Figure 56: Assessment of community involvement in the design and implementation of gender-responsive measures in DRM&F**

**Implications and recommendations of Findings on community engagement in design and implementations of gender responsive measures in DRM&F**

- **Need for Enhanced Community Engagement Strategies:** The distribution of responses suggests a need for more effective strategies to involve local communities, especially women, in the DRM&F sector. Initiatives should aim to empower communities to actively contribute to the design and implementation of gender-responsive measures.
- **Capacity Building for Community Empowerment:** Capacity-building initiatives should focus on empowering local communities, providing them with the knowledge and skills necessary to actively participate in decision-making processes. This could include training programs, workshops, and awareness campaigns.
- **Inclusive Decision-Making Processes:** The findings emphasize the importance of fostering inclusive decision-making processes within the DRM&F sector. Efforts should be directed towards creating spaces for diverse voices, ensuring that the perspectives and needs of local communities, particularly women, are considered.
- **Partnerships and Collaboration:** Collaborative efforts between government agencies, NGOs, and local communities are crucial for enhancing community involvement. Establishing

partnerships can facilitate the exchange of knowledge, resources, and expertise, leading to more effective gender-responsive measures.

- **Community-Led Initiatives:** The findings suggest an opportunity to encourage and support community-led initiatives. Empowering local communities to take the lead in designing and implementing gender-responsive measures can contribute to interventions that are contextually relevant and sustainable.
- **Regular Feedback Mechanisms:** Establishing regular feedback mechanisms can enhance communication between stakeholders and local communities. This ensures that the needs and preferences of the communities are continuously considered and integrated into the DRM&F activities.
- **Advocacy for Inclusive Policies:** The study's implications highlight the need for advocacy efforts to promote policies that prioritize and mandate the active involvement of local communities, particularly women, in the DRM&F decision-making processes.
- **Continuous Monitoring and Evaluation:** Implementing continuous monitoring and evaluation mechanisms can help assess the effectiveness of community involvement strategies. Regular assessments enable adjustments to be made based on feedback, contributing to more responsive and community-driven measures.

#### 5.10 Assessment of feedback mechanisms on gender responsive DRM&F in Nigeria

The results in Figure 57 outline the reported feedback mechanisms in place within the DRM&F sector in Nigeria. In a multiple response, Stakeholders indicate the various methods through which feedback is received.

##### 5.10.1 Assessment of Feedback Mechanisms

**Availability of Focal Persons at the Community:** A little above average percentage (55.6%) of Stakeholders mention the presence of focal persons at the community level, suggesting few designated individuals who act as points of contact for feedback.

**Provision of Designated Email Addresses:** Similarly, a small percentage (10.6%) indicates the provision of designated email addresses for feedback. This method suggests an electronic means for stakeholders to communicate their input.

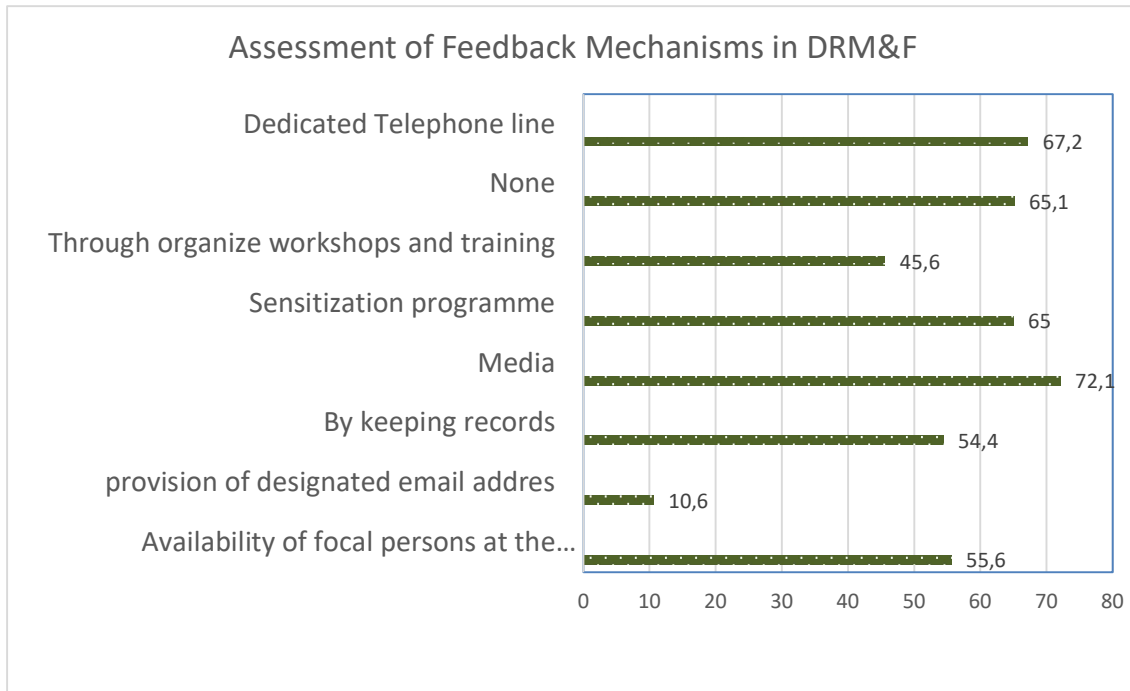
**Keeping Records:** A little above average (54.4%) mentions keeping records as a feedback mechanism. This could involve maintaining documentation of interactions, concerns, and suggestions from community members.

**Media:** Media is identify as a feedback mechanism by majority (72.1%) Stakeholders. This could include leveraging various communication channels such as radio, television, or newspapers to receive and disseminate information.

**Sensitization Programmes:** Another large (65.6%) proportion indicate the use of sensitization programs as a means to gather feedback. This suggests the use of awareness campaigns to engage communities and receive their input.

**Organizing Workshops and Training:** Some (45.6%) mention the organization of workshops and training sessions as a feedback mechanism. This approach indicates interactive sessions to gather input and share information.

**None:** The majority of stakeholders, representing 65.1%, state that no specific feedback mechanisms are in place within the DRM&F sector. This suggests a significant gap in structured processes for receiving input and insights from stakeholders.



**Figure 57: Assessment of Feedback Mechanisms in DRM&F**

**Implications and recommendation of Findings on gender responsive feedback mechanisms in DRM&F:**

**Urgent Need for Feedback Mechanism Development:** The overwhelming majority of stakeholders indicating the absence of feedback mechanisms highlights an urgent need for the development and implementation of structured processes to receive input from communities and stakeholders.

**Enhancing Community Participation:** Establishing effective feedback mechanisms is essential for enhancing community participation. Lack of such mechanisms can lead to a disconnect between policymakers and local communities, hindering the development of gender-responsive measures that truly address community needs.

**Building Trust and Transparency:** Feedback mechanisms contribute to building trust and transparency within the DRM&F sector. Open channels of communication signal a commitment to actively listening to the concerns, experiences, and suggestions of communities, especially women.

**Diversification of Feedback Channels:** The identified feedback mechanisms, though present in small percentages, suggest a variety of channels that can be further developed and diversified.



Incorporating multiple channels, such as community focal persons, email, media, sensitization programs, and workshops, can ensure inclusivity.

**Investment in Technology and Training:** The use of designated email addresses highlights the potential role of technology in feedback mechanisms. There may be opportunities to invest in digital platforms and provide training to ensure effective use of technology for communication and feedback.

**Policy Advocacy for Feedback Integration:** The findings underscore the importance of policy advocacy to integrate feedback mechanisms into the DRM&F sector's standard operating procedures. Advocacy efforts can encourage the development of guidelines and frameworks that prioritize community input.

**Community Empowerment for Feedback Participation:** Empowering communities to actively participate in feedback mechanisms is crucial. This involves not only establishing channels but also ensuring that communities are aware of their existence, understand their purpose, and feel empowered to provide feedback.

**Periodic Review and Improvement:** Continuous review and improvement of feedback mechanisms are necessary. Regular assessments can identify areas for enhancement, ensuring that the channels remain effective and responsive to the evolving needs of local communities.

#### 5.10.2 Assessment of Adaptability of existing gender responsive measures within DRM&F sector in Nigeria

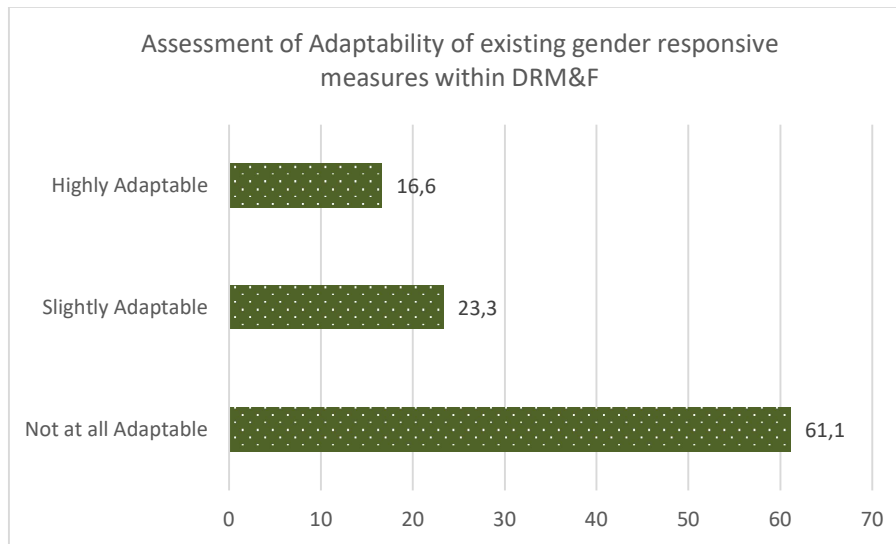
The results shown in Figure 58 reflect the perceived adaptability of existing gender-responsive measures within the DRM&F sector in Nigeria to changing circumstances and emerging challenges.

**Not at all Adaptable:** A large percentage (61.1%) of Stakeholders perceive that existing gender-responsive measures are not adaptable at all to changing circumstances and emerging challenges in DRM&F. This suggests a potential inflexibility in the current approach.

**Slightly Adaptable:** A significant proportion (23.3%) indicates that the measures are slightly adaptable. This implies a level of flexibility in responding to changing circumstances and challenges

but suggests improvement in addressing dynamic and evolving conditions in adaptability to DRM&F initiatives.

**Highly Adaptable:** A important percentage (16.6%) believes that existing measures are highly adaptable. This suggests recognition of the sector's capacity to adjust and respond effectively to evolving conditions with room for improvement in reaching the highest level of adaptability.



**Figure 58: Assessment of Adaptability of existing gender responsive measures within DRM&F**

**Implications and recommendations of Findings on Adaptability of existing gender responsive measures within DRM&F:**

**Need for Continuous Improvement:** While a significant percentage acknowledges moderate to high adaptability, the absence of responses indicating extreme adaptability suggests a need for continuous improvement. The sector should strive for a state of extreme adaptability to effectively address the unpredictability of disasters, outbreaks and other changing circumstances.

**Flexibility to Address Emerging Challenges:** Enhancing adaptability is critical for addressing emerging challenges, including those related to gender dynamics. The findings underscore the importance of regularly assessing and adjusting gender-responsive measures to remain effective in the face of evolving circumstances.

**Capacity Building for Dynamic Response:** Capacity-building initiatives should focus on equipping stakeholders with the skills and knowledge needed to use dynamics to respond to

emerging challenges. This includes staying abreast of gender-related issues and integrating new insights into DRM&F strategies.

**Incorporation of Best Practices:** Recognizing existing levels of adaptability presents an opportunity to identify and share best practices. Incorporating successful strategies into standardized protocols can contribute to a more adaptive and responsive DRM&F framework.

**Integration of Technology and Data:** Leveraging technology and data-driven approaches can enhance the adaptability of measures. Incorporating real-time data, predictive modeling, and technology-driven solutions can enable a more proactive and responsive approach to gender-sensitive disaster risk management.

**Collaboration for Knowledge Exchange:** Collaboration among stakeholders is crucial for knowledge exchange and mutual learning. Entities with higher perceived adaptability can share insights, strategies, and lessons learned with others, fostering a collective effort to enhance sector-wide adaptability.

**Regular Assessments and Feedback Loops:** Establishing regular assessments and feedback loops is essential for monitoring the effectiveness of gender-responsive measures. Continuous evaluation allows for adjustments based on feedback from local communities, stakeholders, and changing circumstances.

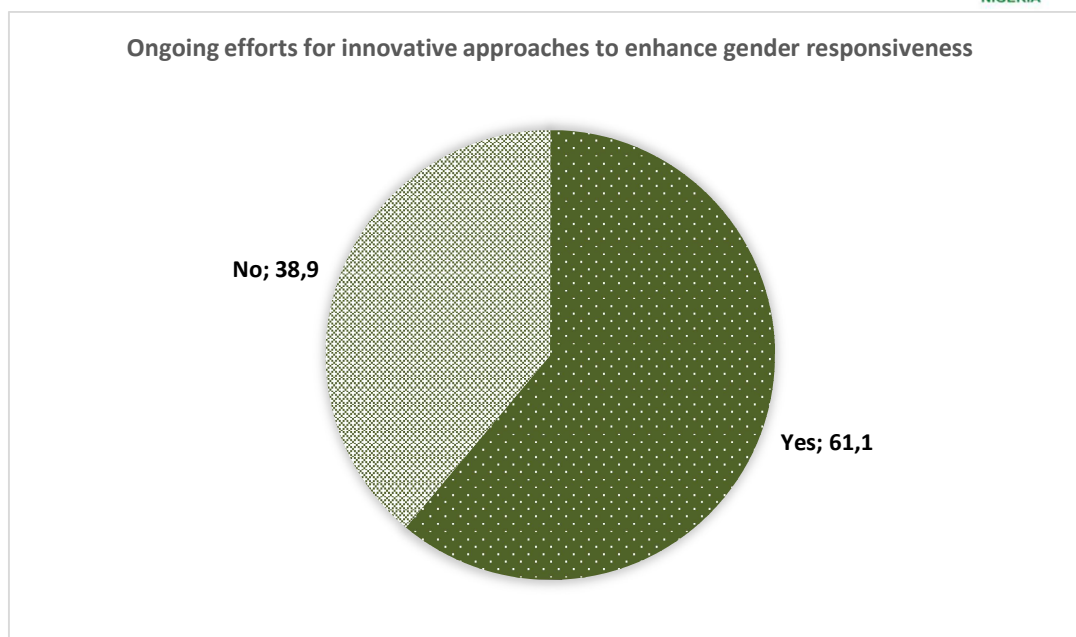
**Policy Advocacy for Adaptive Strategies:** The study's implications suggest the importance of policy advocacy to promote and institutionalize adaptive strategies within the DRM&F sector. Advocacy efforts can encourage the integration of flexibility and adaptability into sector-wide policies and guidelines.

### 5.10.3 Assessment of ongoing efforts for innovative approaches gender responsiveness in DRM&F

The results shown in Figure 59 indicate the presence of ongoing efforts within the Disaster Risk Management & Financing (DRM&F) sector in Nigeria to incorporate innovative approaches aimed at enhancing gender responsiveness.

Majority of Stakeholders representing 61.1%, acknowledge ongoing efforts to incorporate innovative approaches for enhancing gender responsiveness in DRM&F sector. This suggests a proactive stance within the sector toward adopting creative and forward-thinking strategies.

A significant minority, comprising 38.9% of Stakeholders, indicate the absence of any ongoing efforts to incorporate innovative approaches in DRM&F. This suggests that there are entities or aspects within the sector that may not have actively embraced or implemented innovative strategies for gender responsiveness.



**Figure 59: Ongoing efforts to incorporate innovative approaches to enhance gender responsiveness**

**Implication and recommendations of Findings on Ongoing efforts for innovative to gender responsive DRM&F in Nigeria:**

**Positive Recognition of Innovation:** The majority of respondents recognizing ongoing efforts to incorporate innovative approaches is a positive indication. It signals a willingness to explore new ideas, technologies, and methodologies to enhance the gender responsiveness of DRM&F initiatives.

**Potential for Continuous Improvement:** Acknowledging ongoing efforts presents an opportunity for continuous improvement. Entities within the DRM&F sector can build upon existing innovative approaches, share best practices, and collaborate to further advance gender-responsive measures.

**Identification of Areas Lacking Innovation:** For the minority indicating the absence of ongoing efforts, there is an opportunity to identify specific areas lacking innovation. This information can guide targeted interventions and initiatives aimed at introducing creative solutions to enhance gender responsiveness.

**Promotion of Learning and Knowledge Exchange:** The presence of ongoing efforts provides a platform for learning and knowledge exchange. Entities actively incorporating innovative approaches can share their experiences, successes, and challenges with others, fostering a culture of mutual learning within the sector.

**Resource Allocation for Innovation:** The recognition of ongoing efforts emphasizes the importance of allocating resources for innovative approaches. Ensuring adequate funding and support for initiatives that leverage new technologies, methodologies, and ideas can drive continuous improvement.

**Capacity Building for Innovation Adoption:** Efforts to incorporate innovative approaches may benefit from capacity-building initiatives. Providing training and support to stakeholders can

enhance their ability to adopt and implement innovative strategies, ensuring effective integration into DRM&F practices.

**Policy Advocacy for Innovation Integration:** The study's findings suggest an opportunity for policy advocacy to encourage the integration of innovative approaches into sector-wide policies and guidelines. Advocacy efforts can promote a culture of innovation and flexibility within the DRM&F sector.

**Monitoring and Evaluation of Innovative Initiatives:** The presence of ongoing efforts highlights the need for robust monitoring and evaluation mechanisms. Regular assessments can gauge the effectiveness of innovative approaches, identify areas for improvement, and guide future strategies for enhancing gender responsiveness.

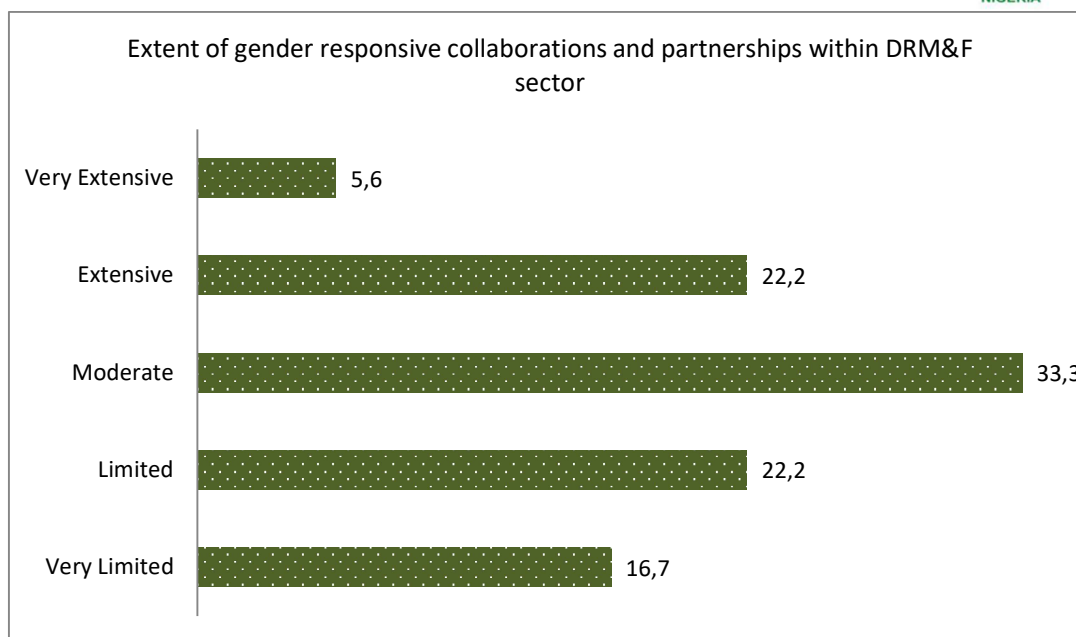
### 5.11 Gender responsive Collaboration and Partnerships in DRM&F in Nigeria

Results shown in Figure 60 provide insights into the extent of collaborations and partnerships within the Disaster Risk Management & Financing (DRM&F) sector in Nigeria aimed at enhancing gender-responsive efforts. The responses indicate a diverse range, with 33.3% reporting moderate collaborations, 22.2% extensive collaborations, and 5.6% very extensive collaborations. However, 38.9% note limited to very limited collaborations, suggesting opportunities for expansion and improvement, particularly among entities with fewer collaborative efforts.

Table 7 offers specific examples of successful collaborations that have positively impacted gender outcomes in DRM&F. Collaborating with women community groups emphasizes grassroots engagement, ensuring a community-driven approach to gender-responsive initiatives. Partnerships with civil society organizations to address capacity gaps among middle-aged adults demonstrate a strategic focus on specific needs. Training health workers on gender-based violence highlights the sector's commitment to addressing critical aspects of gender responsiveness. Additionally, collaborations with women leaders signify recognition and inclusion in decision-making processes, ensuring a more holistic approach.

The implications of these findings are twofold. Firstly, the positive recognition of collaborations indicates a willingness within the sector to leverage external resources, expertise, and perspectives. However, the significant percentage reporting limited collaborations suggests a need for broader engagement. Learning from successful examples, such as partnerships with community groups and civil society organizations, provides valuable insights for knowledge exchange and potential replication.

Moreover, these collaborations underscore the importance of community engagement, targeted capacity building, and addressing specific gaps for enhanced gender-responsive outcomes. The partnership with women leaders particularly highlights the value of inclusive decision-making. The study's findings also present an opportunity for policy advocacy to encourage and support collaborative initiatives within the DRM&F sector, promoting a more cohesive and effective approach to gender-responsive disaster risk management in Nigeria.



**Figure 60: Extent of gender responsive collaborations and partnerships within DRM&F sector**

**Table 7: Stakeholders' Examples of successful collaborations that have positively influenced gender outcomes**

1	Collaboration with women community groups
2	Collaborations with civil society organizations on closing capacity gaps among middle aged adults
3	Health workers trained on Gender based violence
4	Partnership with women leaders

Source: Field survey, 2024

### 5.13 Gender considerations in Local Planning of DRM&F

Results shown in Figure 61 provide insights into the integration of gender considerations into disaster preparedness plans at the local level within the context of DRM&F in Nigeria. The data reveals stakeholders' perspectives on the extent to which gender is considered in local-level disaster preparedness efforts. A significant majority of participants (56.4%) reported limited integration of gender considerations into local-level disaster preparedness plans. This suggests that, at the local level, there is room for improvement in incorporating gender-specific needs and vulnerabilities into planning processes.

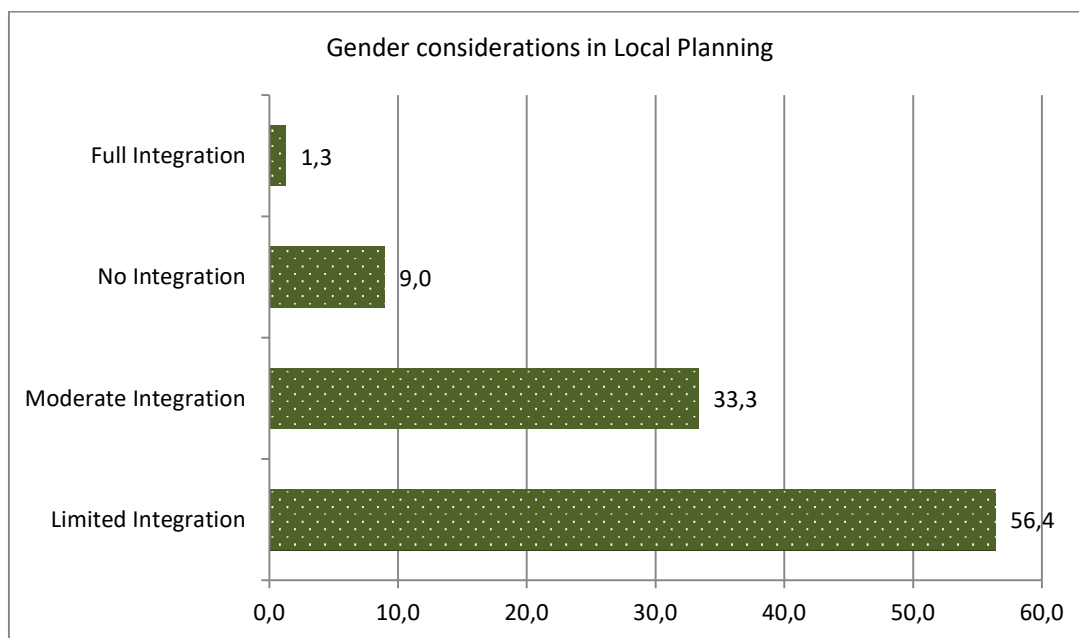
Approximately 33.3% of participants indicated moderate integration of gender considerations into local-level disaster preparedness plans. This implies that some progress has been made in recognizing and addressing gender dynamics, but there is still work to be done to achieve comprehensive integration. A smaller percentage of participants (9.0%) reported no integration of gender considerations into local-level disaster preparedness plans. This finding indicates a potential gap in recognizing and addressing gender-specific needs at the local level, highlighting an area that requires urgent attention and intervention. A minimal percentage (1.3%) of respondents indicated full integration of gender considerations into local-level disaster preparedness plans. While this represents a positive outcome, it also emphasizes that achieving full integration remains a rare

accomplishment at the local level. A clarion call for strengthening local community planning to face emerging disaster risk in health emergencies was highlighted by mixed group of FGDs in all the study zones.

*“There is the need for capacity building at the local level especially whereby local communities can be trained to plan and tackle health emergencies during outbreaks and epidemics and other disasters”*

*“Community based and faith based organizations and other partners should be involved in planning and preparedness. Their capacities in gender responsive and inclusive planning and preparedness should be enhanced”.*

*“Legal and regulatory framework and unit should be built into gender responsive policy on risk and disaster management and planning across all agencies”*



**Figure 61: Integration of gender consideration into the disaster preparedness plans at the local level**

**Implications and recommendations of the Findings on Gender considerations in Local Planning:**

The findings from Figure 61 carry significant implications for policy and practice in the realm of HEDRM at the local level in Nigeria:

1. **Need for Local-Level Interventions:** The majority of respondents reporting limited integration underscore the need for targeted interventions at the local level. Policymakers should recognize this as an opportunity to enhance local-level disaster preparedness plans by incorporating gender-specific considerations, recognizing the unique vulnerabilities and capacities of different genders.
2. **Progress in Moderation:** The percentage indicating moderate integration suggests some progress in recognizing and addressing gender dynamics at the local level. Policymakers should acknowledge and build on this moderate progress, striving to further enhance

integration and ensure that gender considerations are systematically embedded in local-level disaster preparedness efforts.

3. **Urgency for Attention:** The respondents indicating no integration emphasize a critical gap in recognizing and addressing gender-specific needs at the local level. Policymakers should prioritize urgent attention and intervention to ensure that gender considerations are fully integrated into local-level disaster preparedness plans, promoting inclusivity and effectiveness in emergency response.
4. **Recognition of Exemplary Cases:** The minimal percentage indicating full integration highlights that there are instances of exemplary practices at the local level. Policymakers should identify and recognize these cases, extracting lessons and best practices to inform broader initiatives aimed at achieving full integration in other localities.
5. **Capacity Building for Local Stakeholders:** The findings emphasize the importance of capacity building for local stakeholders involved in disaster preparedness planning. Training programs should focus on raising awareness about gender-specific vulnerabilities, providing tools for effective integration, and fostering a gender-responsive approach at the local level.
6. **Monitoring and Evaluation at Local Levels:** The data underscores the importance of establishing mechanisms for monitoring and evaluating gender integration at the local level. Policymakers should implement regular assessments to measure progress, identify challenges, and provide targeted support to enhance the effectiveness of local-level disaster preparedness plans.

#### 5.13.1 Involvement of local communities in the planning process to mainstream gender

Results shown in Figure 62 outline the level of involvement of local communities in the planning process to mainstream gender considerations within the context of Disaster Preparedness and Mitigation in Nigeria. The data provides insights into the extent of engagement of local communities, particularly concerning gender diversity, in decision-making processes related to disaster planning. A good percentage of participants (43.6%) indicated that local communities are consulted but have limited involvement in decision-making processes regarding gender mainstreaming in disaster planning. This suggests that while there is some level of consultation, local communities are not fully empowered to be active to participate in decision-making processes that directly affect them, particularly concerning gender-related considerations.

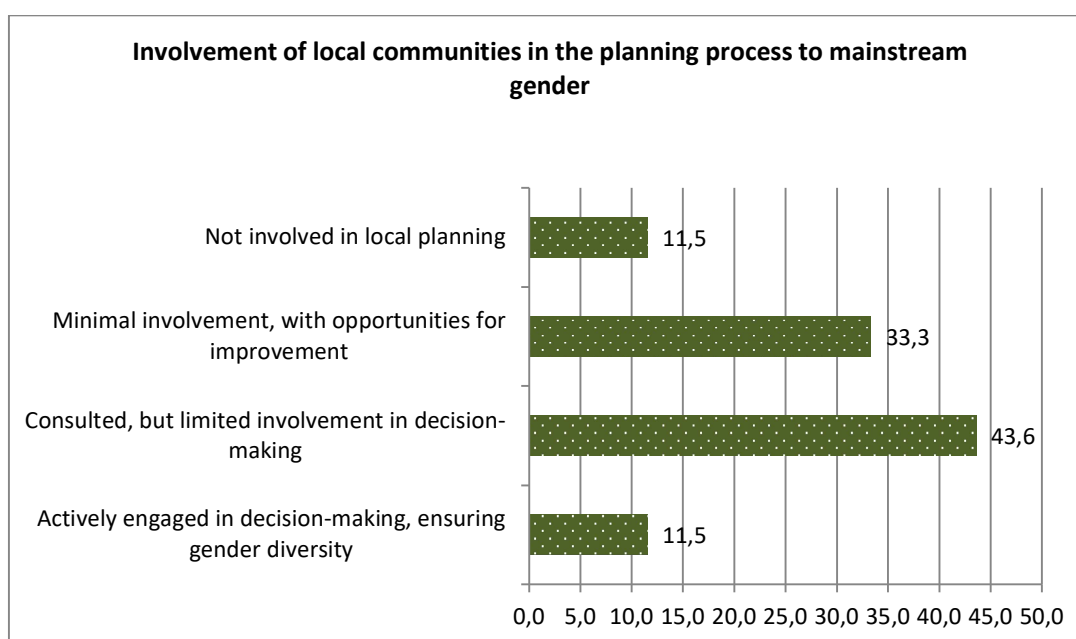
Similarly, 33.3% of participants reported minimal involvement of local communities in the planning process, with opportunities for improvement. This indicates a gap in meaningful engagement, where local communities are not sufficiently included in decision-making processes to mainstream gender considerations in disaster planning. A smaller percentage of participants (11.5%) reported that local communities are actively engaged in decision-making, ensuring gender diversity. This represents a positive outcome, indicating that some communities have successfully empowered diverse voices and actively integrated gender considerations into disaster planning processes.



Additionally, another 11.5% of participants stated that local communities are not involved in local planning at all. This finding highlights a significant gap in community engagement and participation, which is crucial for ensuring effective disaster preparedness and mitigation strategies, particularly from a gender perspective.

*“It should be top priority for local communities to be involved in planning during disasters but this is contrary to what we are witnessing presently. We are not involved. We just saw people coming to our localities for implementations.”- Key informant in Kano municipal*

*“We have few women leaders compared to men but when we do have representation of women, it does not translate participation or leadership in decision making. So when government representatives come to the local community, they go to the local leaders who are mostly men-Women only FGDs, Kano rural community*



**Figure 62: Involvement of local communities in the planning process to mainstream gender**

**Implications and recommendations of the Findings on Involvement of local communities in the planning process to mainstream gender:**

The findings from Figure 62 carry several implications for policy and practice in Disaster Preparedness and Mitigation in Nigeria:

1. **Empowerment of Local Communities:** The majority of respondents indicating limited or minimal involvement of local communities underscore the need for empowering communities to actively participate in decision-making processes. Policymakers should prioritize initiatives aimed at enhancing community engagement, particularly concerning gender mainstreaming in disaster planning.
2. **Enhanced Consultation Processes:** The data highlights the importance of improving consultation processes to ensure meaningful engagement of local communities in decision-making. Policymakers should adopt strategies to facilitate inclusive and participatory

decision-making processes that consider diverse perspectives, including gender considerations.

3. **Recognition of Best Practices:** The percentage of respondents reporting active engagement of local communities in decision-making indicates the presence of best practices in some areas. Policymakers should identify and recognize these successful cases, extracting lessons and best practices to inform broader initiatives aimed at enhancing community engagement and gender mainstreaming in disaster planning.
4. **Addressing Exclusionary Practices:** The finding that some local communities are not involved in local planning at all underscores the need to address exclusionary practices. Policymakers should prioritize efforts to remove barriers to community engagement, ensuring that all communities, particularly marginalized groups, have a voice in decision-making processes related to disaster planning.
5. **Capacity Building for Community Empowerment:** The data emphasizes the importance of capacity building for local communities to effectively engage in decision-making processes. Policymakers should invest in programs aimed at building the capacity of communities, particularly in understanding and advocating for gender-inclusive disaster planning approaches.
6. **Regular Monitoring and Evaluation:** Policymakers should establish mechanisms for regular monitoring and evaluation of community engagement processes in disaster planning. This will help assess progress, identify challenges, and provide targeted support to enhance the effectiveness of community engagement efforts, particularly concerning gender mainstreaming.

#### 4.13.2 Community Engagement in HEDRM

Results in Figure 63 shed light on the participants' perception on level of community engagement to incorporate gender issues into local-level planning within the context of Disaster Preparedness and Mitigation in Nigeria. The data provides insights into the extent and nature of community involvement in integrating gender considerations into local-level planning processes. A significant percentage of participants (55.1%) reported limited engagement of communities, with potential for improvement, in incorporating gender perspectives into local-level planning. This suggests that while there is some level of community involvement, there are significant opportunities to enhance engagement and ensure that gender perspectives are effectively integrated into planning processes.

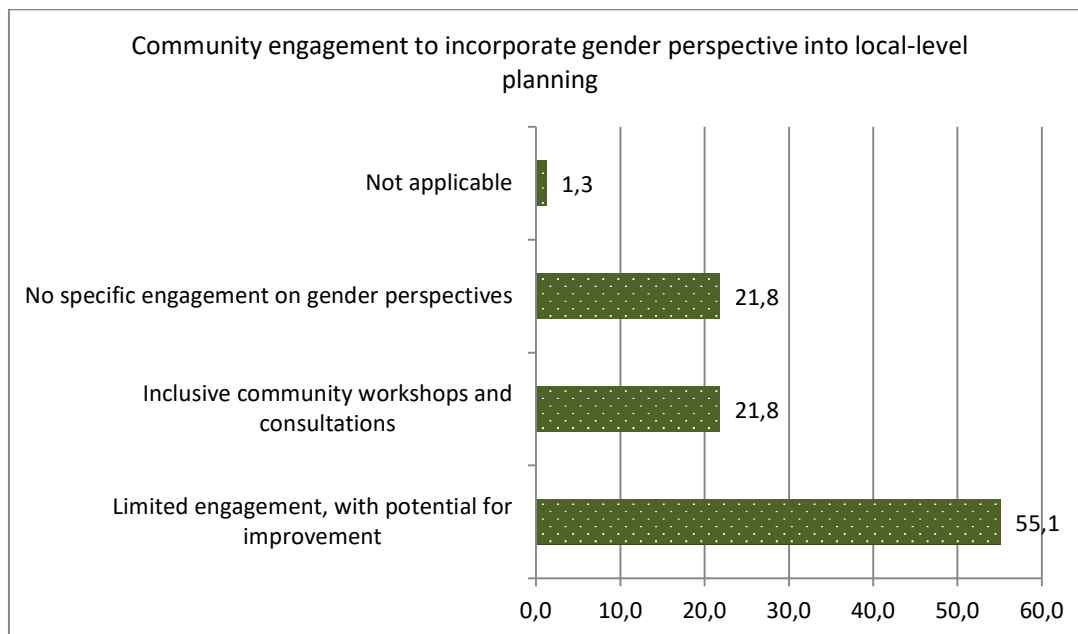
Approximately 21.8% of participants indicated inclusive community workshops and consultations as the approach to engage communities in incorporating gender perspectives into local-level planning. This finding highlights the importance of participatory approaches that involve diverse community members in discussing and addressing gender-specific needs and vulnerabilities in disaster preparedness and mitigation planning. Similarly, a significant proportion 21.8% of participants reported no specific engagement on gender perspectives in local-level planning. This indicates a gap in recognizing and addressing gender considerations in community engagement processes, highlighting the need for targeted efforts to integrate gender perspectives into planning activities at the local level.

A minimal percentage (1.3%) of respondents indicated that the question was not applicable, potentially due to their limited involvement or awareness of community engagement processes related to gender perspectives in local-level planning. Various participants gave explanations on importance of community engagement:

*“A lot of agencies need to understand gender specific need to help them design better interventions against root causes of vulnerabilities to disasters.*

*“Identifying with both men and women in local community promotes equality and sense of belonging by ensuring that perspectives of everyone are included in HEDRM planning and decision making.*

*“The more we involve local communities, the more we are giving opportunity to talk about norms and practices against women to challenge negative social and cultural norms and address social inequalities. In doing this, gender issues can be integrated in disaster risk reduction and design more impactful interventions”*



**Figure 63: Community engagement to incorporate gender perspective into local-level planning**

**Implications and recommendations of the Findings on community engagement to incorporate gender perspectives into local level planning:**

The findings from Figure 63 carry several implications for policy and practice in Disaster Preparedness and Mitigation in Nigeria:

1. **Enhanced Community Engagement:** The majority of respondents indicating limited engagement underscore the need for enhanced community engagement strategies to incorporate gender perspectives into local-level planning. Policymakers should prioritize initiatives aimed at fostering meaningful participation of communities, ensuring that diverse voices, including those of women and marginalized groups, are heard and integrated into planning processes.

2. **Promotion of Participatory Approaches:** The data highlighting inclusive community workshops and consultations as an approach to engage communities signifies the importance of promoting participatory approaches in disaster planning. Policymakers should support and facilitate inclusive workshops and consultations that empower communities to actively contribute to decision-making processes, particularly concerning gender perspectives.
3. **Recognition of Gaps:** The percentage of respondents reporting no specific engagement on gender perspectives in local-level planning underscores the need to address gaps in community engagement processes. Policymakers should prioritize efforts to raise awareness about the importance of gender perspectives and integrate them systematically into community engagement activities related to disaster planning.
4. **Capacity Building for Inclusive Engagement:** Policymakers should invest in capacity-building programs aimed at empowering communities to actively participate in planning processes and advocate for gender-inclusive approaches. This includes providing training and resources to enhance community members' understanding of gender perspectives and their role in disaster preparedness and mitigation planning.
5. **Tailored Approaches for Marginalized Groups:** Policymakers should adopt tailored approaches to engage marginalized groups, ensuring their meaningful participation in local-level planning processes. This may involve targeted outreach efforts, provision of support services, and creation of safe spaces to enable marginalized groups, including women, to voice their perspectives and contribute to decision-making.
6. **Regular Evaluation and Adaptation:** Policymakers should establish mechanisms for regular evaluation and adaptation of community engagement strategies in disaster planning. This will help assess the effectiveness of current approaches, identify areas for improvement, and adapt strategies to better integrate gender perspectives and ensure inclusive community engagement.

#### 5.13.4 Examples of community involvement in disaster preparedness planning

The provided examples highlight diverse community involvement in disaster preparedness planning in Nigeria, with a specific focus on the inclusion of gender perspectives. These examples in Table 8 illustrate various initiatives and measures taken at the local level to integrate both men and women into disaster management processes, ensuring a comprehensive and gender-sensitive approach.

##### 1. Nigeria National Policy on Disaster Management:

- *Inclusion of Women in Local Committees:* The policy mandates the inclusion of women in local disaster management committees, recognizing the importance of diverse perspectives in decision-making.
- *Gender-Sensitive Data Collection:* The policy emphasizes the collection and analysis of gender-sensitive data, ensuring a nuanced understanding of vulnerabilities and needs based on gender.

- *Protection of Women's Rights:* Disaster risk management plans are required to include specific measures to protect and promote the rights of women and girls, ensuring their well-being during and after disasters.

## 2. Local Government Disaster Management Plan:

- *Addressing Gender-Based Violence:* A local government in Nigeria developed a disaster management plan that includes measures to address gender-based violence, acknowledging the specific challenges faced by women during crises.
- *Ensuring Access to Information and Services:* The plan also focuses on ensuring that women have access to information and services during and after disasters, recognizing the importance of targeted support.

## 3. Afforestation and Erosion Control Programs:

- *Community Engagement in Drainage Construction:* Both men and women actively participate in constructing drainages as part of afforestation and erosion control programs, showcasing a collaborative effort to mitigate the impact of disasters.

## 4. Community-Based Activities:

- *Creation of Water Channels:* Communities engage in the creation of water channels, demonstrating proactive measures to manage water flow and prevent disasters like flooding.
- *Disaster Management Capacity Building:* Capacity-building initiatives on disaster management are undertaken at the community level, involving men, women, and youth to enhance their knowledge and preparedness.

## 5. COVID-19 Response and Advocacy:

- *Community Entry and Advocacy:* Communities actively engage in COVID-19 response efforts, advocating for staying at home, hand-washing, and sanitation practices to mitigate the impact of the pandemic.

## 6. Vigilante Groups and Emergency Response Teams:

- *Establishment of Emergency Response Teams:* Communities establish emergency response teams, highlighting the proactive measures taken to enhance local capacity in responding to disasters.
- *Formation of Vigilante Groups:* Vigilante groups are formed to contribute to community safety and security, emphasizing the importance of local initiatives in disaster preparedness.

## 7. Youth and Women's Groups Engagement:

- *Involvement of Opinion and Religious Leaders:* Community involvement includes opinion and religious leaders, men's and women's groups, and youth groups,

showcasing a holistic and inclusive approach to decision-making in disaster preparedness.

#### 8. Government and Non-Governmental Involvement:

- *Government Agencies (KADSEMA and NEMA):* Government agencies actively participate in policy formulation and grassroots involvement in disaster management, emphasizing collaboration between government entities and communities.

**Table 8: Examples of community involvement in disaster preparedness planning**

Examples
The Nigeria national policy on disaster management provides for the inclusion of diverse gender perspectives in disaster preparedness planning. For example, the policy requires that women be included in local disaster management committees, and that gender-sensitive data be collected and analyzed. In addition, the policy requires that disaster risk management plans include specific measures to protect and promote the rights of women and girls. In one instance, a local government in Nigeria developed a disaster management plan that included measures to address gender-based violence, and to ensure that women have access to information and services during and after disasters.
Afforestation erosion control
Afforestation famine mitigation
Afforestation programmes famine mitigation agricultural advisory services post-harvest losses
Agricultural advisory services post-harvest losses erosion control
Both men, women and youth are out to construct drainages.
Building drainage
Capacity building on disaster management famine mitigation post-harvest losses
Community entry
Community involvement during COVID 19 for the populace to stay back at home also advocacy of hand washing and sanitation
Creating of water channels
Creation of water channels
Enlightenment on danger of climate change
Entire community been involved in decision-making.
Erosion control effect of deforestation
Establishment of community emergency response team
Famine mitigation
Famine mitigation afforestation programs
Forming of vigilante group
Fulani herdsmen
Government provides some tools
Group formation
Involvement of opinion/religious leaders, men & women groups and youth groups.
KADSEMA, and NEMA branches in Kaduna and Zaria. Involved in policy formulation, community participation and grassroots involvement in disaster management
Market day ,churches and mosque outreach
Organizing age group associations at community level with specific guidelines that covers gender inclusion.
Picture evidence

<b>Examples</b>
Providing of financial needs
Vigilantes group
Women's groups engagement during the wake of covid-19 pandemic
Youth friendly Centre initiative in ABU

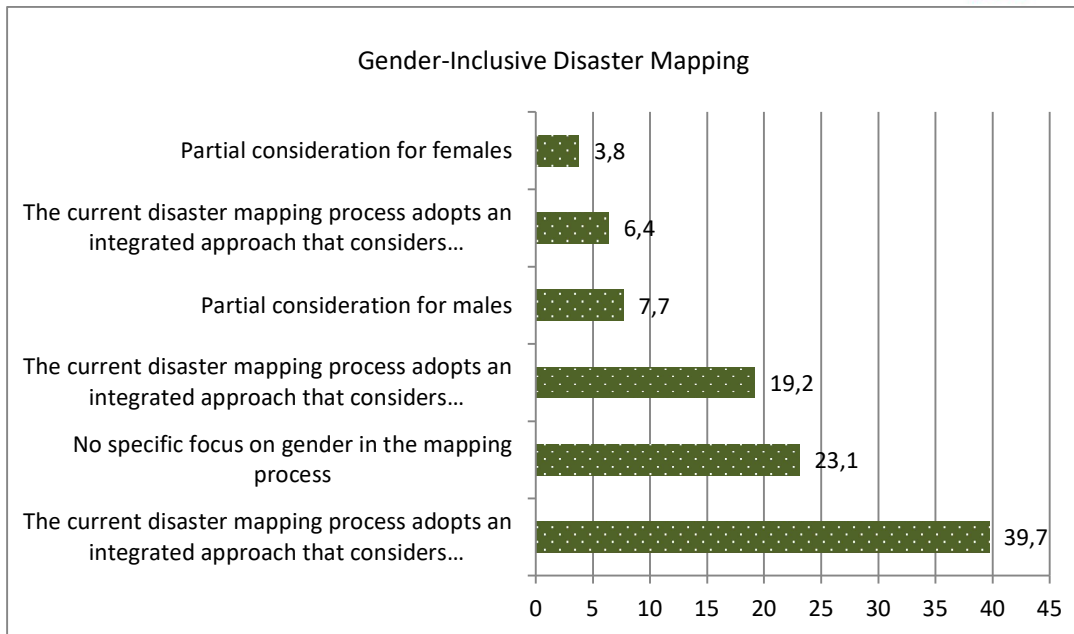
Source: Field Study, 2024

#### 5.14 Gender-Inclusive Disaster Mapping

Figure 64 presents participants insights into the current disaster mapping process and its incorporation of vulnerabilities and capacities specific to different genders within the context of Health Emergency and Disaster Risk Management (HEDRM) in Nigeria. The data illustrates the extent to which gender considerations are integrated into the mapping process and highlights areas for improvement. The prevalent percentage of participants (39.7%) reported that the current disaster mapping process adopts an integrated approach that considers vulnerabilities and capacities for both males and females. This indicates a positive trend towards gender-inclusive disaster mapping but more efforts should be made to account for the specific needs and vulnerabilities of both genders in disaster risk assessment and planning. However, a significant proportion of participants (23.1%) indicated that there is no specific focus on gender in the mapping process. This finding suggests a gap in addressing gender-specific vulnerabilities and capacities, potentially leading to inadequate disaster preparedness and mitigation strategies that fail to account for the diverse needs of different genders. Furthermore, a notable percentage of respondents reported variations in the degree of gender consideration in the mapping process:

- 19.2% stated that the current process considers vulnerabilities and capacities for males only, indicating a gender bias in the mapping approach.
- 7.7% reported partial consideration for males, highlighting a need for more comprehensive inclusion of male-specific vulnerabilities and capacities.
- 6.4% indicated that the current process considers vulnerabilities and capacities for females only, which may overlook the needs of males in disaster planning.
- 3.8% reported partial consideration for females, suggesting that efforts to address female-specific vulnerabilities and capacities may be incomplete.

“There is the need to consider and take into account specific needs of the vulnerable and all groups of people during disaster planning and response. We do this at our Directorate”



**Figure 64: Disaster mapping process and its incorporation of vulnerabilities and capacities specific to different genders**

**Implications and recommendations of the Findings on Gender-Inclusive Disaster Mapping:**

The findings from Figure 64 convey several implications for policy and practice in HEDRM in Nigeria:

1. **Recognition of Gender-Inclusive Practices:** The percentage of respondents indicating an integrated approach that considers vulnerabilities and capacities for both genders reflects positive progress in recognizing and addressing gender disparities in disaster mapping. Policymakers should acknowledge and build on these practices to ensure continued efforts towards gender-inclusive disaster risk assessment and planning.
2. **Addressing Gender Blindness:** The significant percentage of respondents reporting no specific focus on gender in the mapping process underscores the need to address gender blindness in disaster risk assessment and planning. Policymakers should prioritize efforts to mainstream gender considerations into the mapping process to ensure comprehensive and effective disaster preparedness and mitigation strategies.
3. **Mitigating Gender Bias:** The findings highlighting variations in the degree of gender consideration, including biases towards males or females, indicate a need for mitigation strategies. Policymakers should implement measures to address gender biases within the mapping process, ensuring equitable consideration of vulnerabilities and capacities specific to both genders.
4. **Enhanced Training and Capacity Building:** To improve gender-inclusive disaster mapping, training and capacity-building initiatives should be prioritized. This includes providing guidance and resources to enhance stakeholders' understanding of gender-specific vulnerabilities and capacities, enabling them to integrate gender considerations effectively into the mapping process.



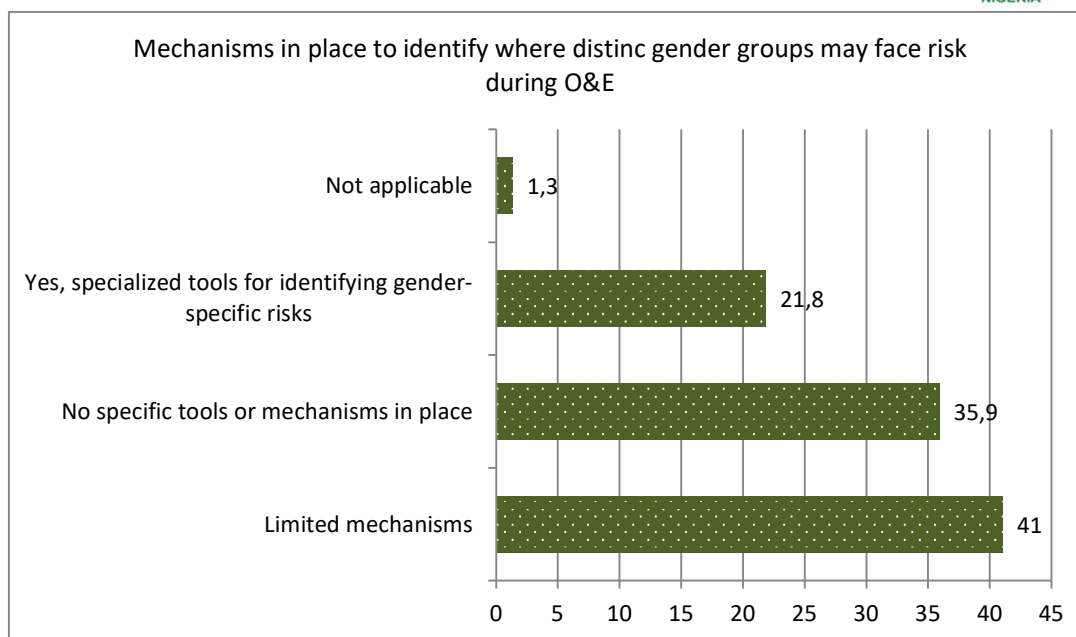
5. **Regular Monitoring and Evaluation:** Policymakers should establish mechanisms for regular monitoring and evaluation of the gender sensitivity of the mapping process. This will help assess progress, identify gaps, and provide targeted support to enhance the effectiveness of gender-inclusive disaster mapping efforts.
6. **Community Engagement:** Engaging communities, particularly women and marginalized groups, in the mapping process can provide valuable insights into gender-specific vulnerabilities and capacities. Policymakers should facilitate community participation to ensure that local knowledge and perspectives are integrated into disaster mapping efforts.

#### 5.14.1 Gender responsive mechanisms to identify and map areas where distinct gender groups may face specific risks during disasters

Figure 65 provides insights into the mechanisms or tools in place to identify and map areas where distinct gender groups may face specific risks during disasters within the context of HEDRM in Nigeria. The data reveals the current state of gender-inclusive approaches in identifying and addressing specific risks faced by different genders during disasters. The top percentage of participants (41.0%) reported limited mechanisms are put in place to identify and map areas where distinct gender groups may face specific risks during disasters. This suggests that there is room for improvement in the tools and methods used to recognize and address gender-specific vulnerabilities in disaster risk assessment and mapping.

A significant proportion of participants (35.9%) indicated that there are no specific mechanisms to identify and map areas, where gender groups may face risk during disasters. This finding raises concerns about the potential lack of attention to gender-specific vulnerabilities, indicating a gap in the disaster preparedness and mitigation strategies in place. However, a positive aspect is that 21.8% of respondents reported the existence of specialized tools for identifying gender-specific risks. This indicates a recognition of the importance of tailored approaches to address distinct vulnerabilities faced by different genders during disasters. A minimal percentage of respondents (1.3%) indicated that the question was not applicable, possibly due to their limited involvement or awareness of tools and mechanisms for gender-specific risk identification and mapping.

*“Gender responsive mapping allows us to work with local communities to make the exercise more participatory in identifying gender groups needs, capacity deficits especially for the vulnerable groups. It is also opportunity to harvest local knowledge and perspectives which are incorporated into HEDRM planning and decision-making processes”- DRR Unit, Abuja*



**Figure 65: Mechanisms in place to identify and map areas where distinct gender groups may face specific risks during disasters**

**Implications and recommendations of the Findings on Mechanisms in place to identify where distinct gender groups may face specific risks during disasters:**

The findings from Figure 65 highlight several implications for policy and practice in HEDRM in Nigeria:

1. **Need for Enhanced Mechanisms:** The majority of respondents reporting limited mechanisms underscore the need for enhanced tools and methods to identify and map areas where distinct gender groups may face specific risks during disasters. Policymakers should recognize this as an opportunity to invest in improved mechanisms that consider gender-specific vulnerabilities comprehensively.
2. **Addressing the Lack of Tools:** The significant percentage of respondents indicating no specific tools or mechanisms in place raises concerns about the potential oversight of gender-specific risks in disaster planning. Policymakers should prioritize efforts to develop and implement tools that facilitate the identification and mapping of gender-specific risks, ensuring a more inclusive and effective approach.
3. **Recognition of Specialized Tools:** The positive response indicating the existence of specialized tools for identifying gender-specific risks highlights progress in recognizing the importance of tailored approaches. Policymakers should acknowledge and promote the use of such tools, potentially incorporating best practices into broader initiatives aimed at enhancing gender-inclusive disaster risk assessment and mapping.
4. **Capacity Building for Tool Utilization:** To ensure effective utilization of specialized tools, capacity-building initiatives should be prioritized. Policymakers should provide training and resources to stakeholders involved in disaster risk assessment and mapping, enhancing their ability to use specialized tools for identifying gender-specific risks.

5. **Regular Assessment and Adaptation:** Policymakers should establish mechanisms for regular assessment and adaptation of tools used in disaster risk assessment and mapping. This will help identify gaps, assess the effectiveness of existing tools, and provide targeted support to enhance their utility in recognizing and addressing gender-specific risks.
6. **Promoting Awareness:** The minimal percentage indicating the question as not applicable underscores the importance of promoting awareness and understanding of tools and mechanisms for gender-specific risk identification and mapping. Policymakers should prioritize awareness campaigns to ensure that stakeholders are informed and actively engaged in using gender-inclusive tools.

#### 5.14.2 Addressing gender disparities in the disaster rescue and management

Inclusivity and addressing gender disparities in the context of disaster management Figure 66 reflects a proactive stance of participants towards fostering inclusivity and addressing gender disparities in the context of disaster management. In a multiple response, awareness campaigns within organizations emerge as a fundamental step, with 63.8% of participants highlighting their significance. These campaigns serve as a cornerstone for promoting the intrinsic value of gender diversity and cultivating an inclusive organizational culture. Simultaneously, partnerships with women's organizations play a pivotal role, reported by 65.1% of participants. Such collaborations strengthen endeavors to bring gender diversity to the forefront of disaster response teams. A critical aspect of this strategy is the regular monitoring of the gender composition of disaster rescue teams, reported by 61.3% of participants. This reflects a commitment to continuous improvement, enabling organizations to track progress, identify areas for enhancement, and adapt strategies to evolving needs. Complementing this, gender-sensitive training programs, reported by 71.3% of participants, contribute to sensitizing team members to the importance of gender-specific considerations, fostering a more empathetic and responsive disaster response.

Flexibility in policies and practices is acknowledged as crucial, with 61.3% of reporting the adoption of measures such as provision of crèche, separate conveniences and sleeping arrangements parental leave and flexible working hours. These policies aim to accommodate diverse gender-related needs within the disaster management framework. Likewise, mentoring and support programs, also reported by 64.3% of participants, address gender-related challenges, providing guidance and assistance to team members. The implementation of gender-inclusive recruitment practices emerges as a significant focus, reported by 57.7% of participants. This entails adjusting recruitment strategies to ensure a balanced gender representation within disaster response teams. Inclusive decision-making processes, reported by 62.6% of respondents, further reinforce this commitment, emphasizing the importance of diverse perspectives in shaping effective disaster response strategies.

Networking and outreach activities, reported by 61.3% of participants, contribute to connecting with a diverse pool of potential team members. Collaborating with women's organizations and engaging in external partnerships widens the talent pool, bringing diverse perspectives and expertise to disaster rescue teams. Policy development and commitment that prioritize gender diversity within disaster rescue teams are reported by 64.4% of respondents. This underscores a foundational commitment to creating an environment that is not only responsive to immediate challenges but also resilient in the face of evolving disaster circumstances. Male FGDs in Disease control Unit in Lagos explained that

*“Studying Gender disparities during disaster management has impact on how people respond and recover and the efforts put in place to achieve this. But we need to engage all stakeholders more and develop their capacities via training to be able to capture differential impacts, role of women during health emergencies, apply gender responsive approaches to integrate gender considerations to all aspects of disaster and risk management.”*

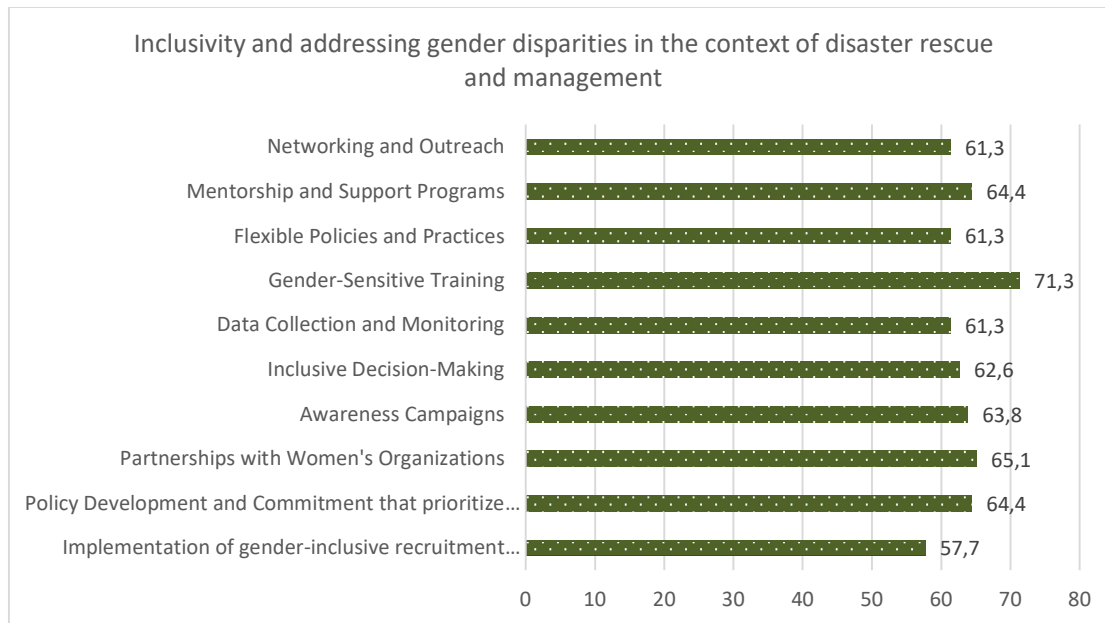
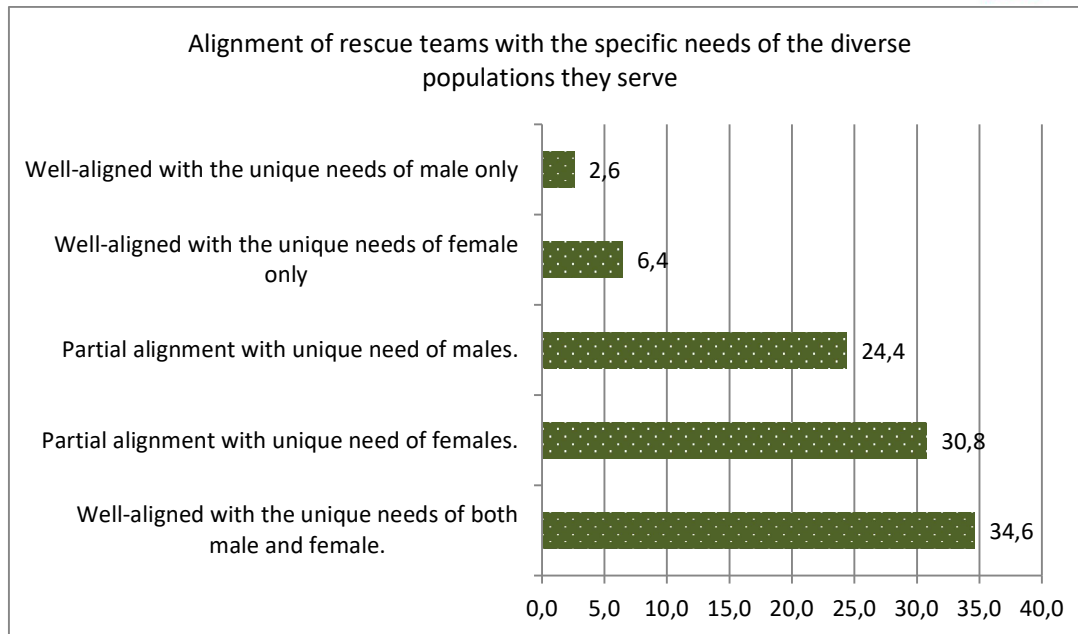


Figure 66: Inclusivity and addressing gender disparities in the context of disaster rescue and management

### 5.14.3 Gender sensitivity in alignment of Rescue Teams with Diverse group' Specific Needs

The data from Figure 87 provides valuable insights into the alignment of rescue teams with the unique needs of diverse populations in the context of HEDRM in Nigeria. Over one-third (34.6%) of participants perceived that rescue teams are aligned with the distinct needs of both male and female populations. This positive indication suggests a balanced and inclusive approach in disaster response, emphasizing that rescue teams are equipped to address the nuanced challenges faced by both genders. Conversely, the responses also reveal areas for improvement. Another one-third (30.8%) believes that there is only partial alignment with the unique needs of females. This emphasizes the importance of targeted interventions and strategies to enhance the effectiveness of rescue teams in addressing the specific challenges faced by women during emergencies. Similarly, 24.4% participants recognized only partial alignment with the unique needs of males, highlighting the need for enhancements to cater more comprehensively to gender-specific requirements.

A smaller subgroup of participants perceives rescue teams as aligned with the unique needs of either females only (6.4%) or males only (2.6%). These findings emphasize potential imbalances in attention and preparedness for the distinct challenges faced by each gender during health emergencies and disasters. It prompts consideration of whether existing strategies adequately address the diverse needs of both male and female populations.



**Figure 67: Alignment of rescue teams with the specific needs of the diverse populations they serve**

The findings hold several implications for the gender-inclusive effectiveness of rescue teams in disaster management. In the first instance, there is a clear call for the development and implementation of more gender-responsive strategies. This involves tailoring training, resource allocation, and communication methods to ensure that the distinct needs of both genders are addressed during disaster responses. In addition, the results suggest opportunities for targeted capacity building within rescue teams. Specialized training programs can sensitize team members to the unique challenges faced by both males and females, fostering a more empathetic and effective response to diverse needs. Furthermore, the findings underscore the need for inclusive disaster planning. Policies and protocols should be revisited to ensure they are equitable and sensitive to gender disparities, fostering an environment where the specific challenges faced by both genders are systematically integrated into preparedness and response strategies.

In conclusion, the acknowledgment of partial alignment indicates a positive awareness among respondents, providing a foundation for continuous improvement. Organizations involved in disaster management can utilize this feedback iteratively to enhance their strategies, thereby strengthening gender-inclusive practices and improving the overall effectiveness of rescue teams.

### 5.15 Gender Inclusive Relief Registration

The results presented in Figure 68 illustrates the diverse range of measures identified to ensure inclusivity in the gender composition of disaster rescue teams holds several implications for the field of HEDRM in Nigeria.

To begin with, the provision of accessible registration facilities, as reported by 63.8% of participants, indicated recognition of the importance of physical infrastructure in ensuring that disaster response processes are inclusive and accommodating for individuals with various mobility challenges. The implication here is that creating an accessible environment is not only a matter of convenience but a fundamental aspect of equitable access to emergency services during disasters.

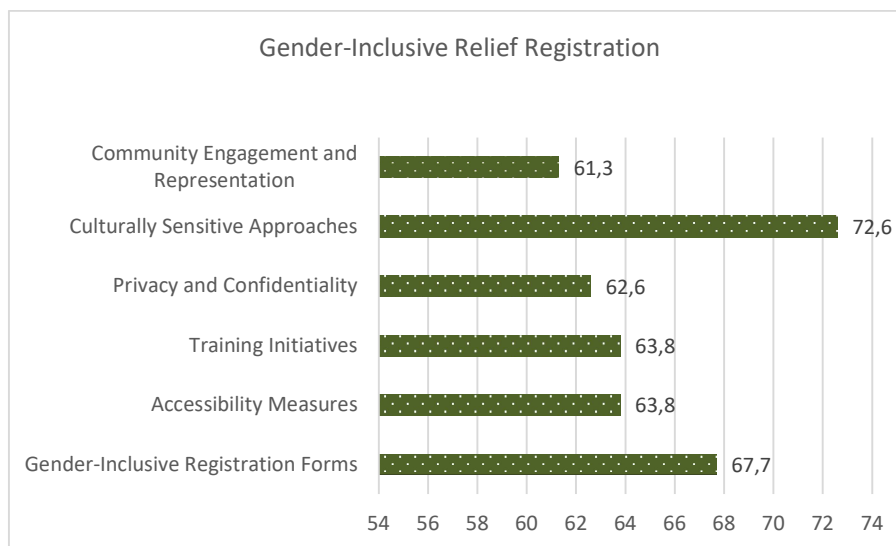
Community engagement and inclusive representation, highlighted by 61.3% of responses, suggest that involving local communities and diverse perspectives in decision-making processes enhances the overall effectiveness of disaster preparedness and response efforts. The implication is that community involvement fosters a sense of ownership and collaboration, leading to more responsive and culturally relevant interventions.

The emphasis on gender-inclusive registration forms, reported by 67.7% of participants, carries the implication that the language and content used during registration processes significantly impact the experience of individuals. Implementing gender-inclusive forms ensures that the registration process is respectful and sensitive to the diverse needs of various genders, contributing to a more dignified and tailored disaster response.

Privacy and confidentiality considerations, noted by 62.6% of respondents, underscore the importance of safeguarding sensitive information. The implication is that respecting privacy builds trust within communities, encouraging individuals to actively participate in disaster management processes without fear of their information being mishandled.

Training initiatives for registration staff, mentioned by 63.8% of respondents, imply that a well-informed and sensitized staff is crucial for effectively addressing gender-specific considerations during disaster response. Proper training ensures that staff members can navigate complex and sensitive issues, contributing to a more empathetic and efficient registration process.

Culturally sensitive approaches, highlighted by 72.6% of respondents, suggest an understanding that respecting cultural diversity is integral to effective disaster response. The implication is that acknowledging and incorporating cultural nuances in communication and practices can lead to more culturally competent and responsive disaster management.



**Figure 68: Ways relief registration is designed to be inclusive of diverse genders**

### 5.15.1 Addressing Gender Needs in Disaster Relief Registration

Results shown in Figure 69 present crucial insights into the effectiveness of measures taken during relief registration processes to address the unique needs of various gender groups. This data is an integral part of the Impact Assessment Report on Health Emergency and Disaster Risk

Management in Nigeria, offering valuable perspectives on the gender-inclusive nature of relief efforts. The fact that 24.4% of participants reported having no specific measures in place during registration processes raises concerns about the potential gaps in addressing the unique needs of women, men, and other gender groups. This finding indicates that a substantial portion of relief registration procedures may not be tailored to consider diverse gender needs adequately. Such a scenario might result in exclusion or inadequate support for specific gender groups, compromising the overall effectiveness of disaster relief initiatives.

Moreover, the revelation that 43.6% of participants acknowledged the presence of measures but considered them inadequate is significant. This suggests recognition among study participants that efforts are being made, but there is room for improvement. Inadequate measures may include a lack of gender-sensitive language in forms, insufficient privacy considerations, or a dearth of culturally sensitive approaches. This finding emphasizes the importance of reassessing and enhancing existing measures to ensure they genuinely meet the diverse needs of all genders during relief registration. On a positive note, the acknowledgment by 30.8% of participants that there are adequate measures in place for different genders during registration is encouraging. This indicates that a substantial portion of relief operations in Nigeria has recognized and implemented effective strategies to address gender-specific needs during registration processes. Understanding what constitutes "adequate measures" in this context would be crucial for shaping best practices and replicating successful approaches across various relief efforts.

#### **Implications and recommendations of addressing Gender Needs in Disaster Relief Registration:**

The findings underscore the need for a comprehensive and standardized approach to gender-inclusive relief registration processes in Nigeria. Addressing the implications of the data involves considering the following key points:

1. **Inclusive Relief Planning:** The existence of inadequate measures and the absence of specific measures emphasize the necessity for relief planners to incorporate gender-inclusive considerations from the outset. This requires a holistic review of registration processes to identify and rectify gaps.
2. **Continuous Training and Evaluation:** As the study indicates varied perceptions about the adequacy of measures, continuous training for relief personnel on gender sensitivity is essential. Regular evaluations of existing measures will help identify areas for improvement and ensure that relief efforts remain responsive to evolving gender needs.
3. **Best Practice Sharing:** The acknowledgment of adequate measures by a portion of respondents highlights the presence of successful strategies. Encouraging the sharing of best practices among relief organizations can contribute to a collective learning process, fostering more effective and inclusive disaster response efforts.
4. **Policy Recommendations:** The data serves as a basis for formulating policy recommendations aimed at institutionalizing gender-inclusive practices in disaster relief. This includes advocating for standardized guidelines, training protocols, and monitoring mechanisms to ensure consistent and effective gender-responsive registration processes.

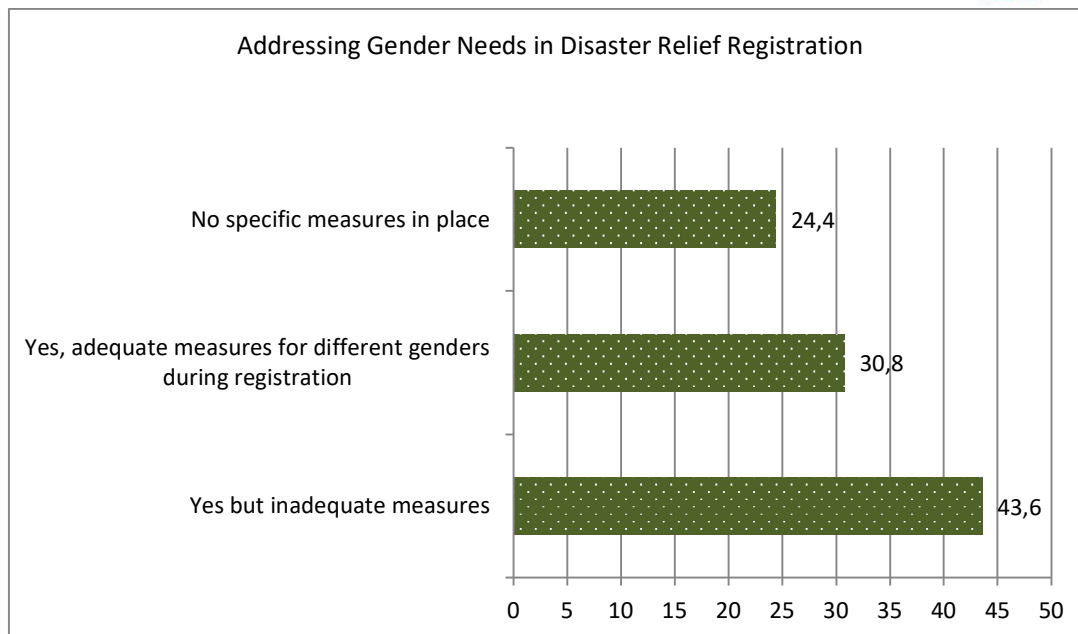


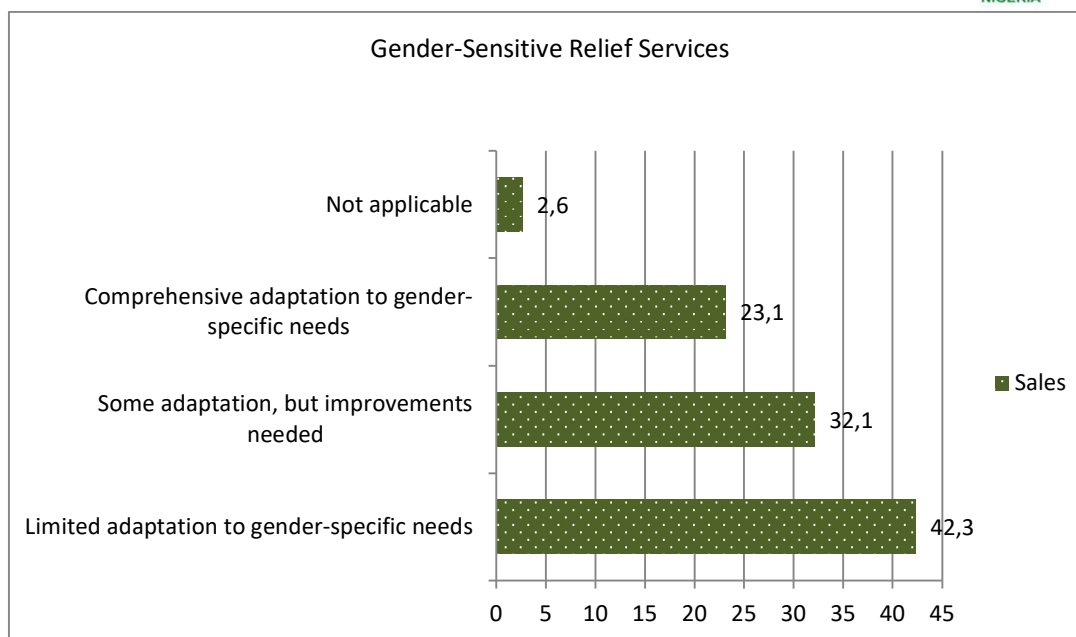
Figure 69: Addressing Gender Needs in Disaster Relief Registration

### 5.15.2 Gender-Sensitive Relief Services

Figure 70 explains the extent to which relief services are adapted to address gender-specific needs in the context of HEDRM in Nigeria. This data is a crucial component of the Impact Assessment Report, providing valuable insights into the current state of gender sensitivity in relief efforts. The leading response, with 42.3% of participants indicating limited adaptation to gender-specific needs, signals a potential gap in the gender responsiveness of relief services. This implies that a significant portion of relief efforts may not be adequately tailored to address the distinct needs of different genders, potentially resulting in unequal access or benefits.

Furthermore, the acknowledgment by 32.1% of participants that there is some adaptation but improvements are needed suggests recognition of existing efforts but highlights areas requiring enhancement. This finding emphasizes the dynamic nature of gender-specific needs and the importance of continuous improvement in adapting relief services to effectively address these degrees. On a positive note, the indication by 23.1% of participants that relief services have undergone comprehensive adaptation to gender-specific needs is encouraging. This suggests a proactive approach by a substantial segment of relief organizations in Nigeria to ensure that their services are not only sensitive but comprehensively responsive to the diverse needs of all genders. The small percentage (2.6%) noting "not applicable" underscores the importance of recognizing variations in disaster contexts. In certain situations, gender-specific adaptations may not be immediately relevant, highlighting the need for flexibility in relief approaches.





**Figure 70: How relief services are adapted to be sensitive to gender-specific needs**

**Implications and recommendations of findings on Addressing Gender Needs in Disaster Relief Registration:**

The implications drawn from Figure 70 contribute to shaping recommendations and strategies for improving gender-sensitive relief services in Nigeria:

1. **Need for Standardized Gender Guidelines:** The prevalence of limited adaptation and the call for improvements underscore the necessity for standardized gender guidelines in relief services. Establishing clear protocols for incorporating gender-sensitive measures can ensure a baseline for all relief organizations, fostering consistency and effectiveness.
2. **Continuous Capacity Building:** The acknowledgment that improvements are needed highlights the importance of continuous capacity building for relief personnel. Training programs focusing on gender sensitivity and evolving needs will contribute to enhancing the quality of gender-specific adaptations in relief services.
3. **Sharing Best Practices:** The recognition of comprehensive adaptation by a notable percentage presents an opportunity for sharing best practices. Relief organizations demonstrating success in gender-sensitive approaches can serve as models for others, contributing to a collective elevation of standards in the sector.
4. **Inclusive Community Engagement:** Comprehensive adaptation requires not only organizational changes but also community involvement. Relief efforts should actively engage with diverse communities to understand their specific needs, ensuring that adaptations resonate with the cultural and social contexts of the affected populations.
5. **Regular Audits and Evaluations:** To maintain and improve gender-sensitive relief services, regular audits and evaluations should be conducted. These processes will help identify areas

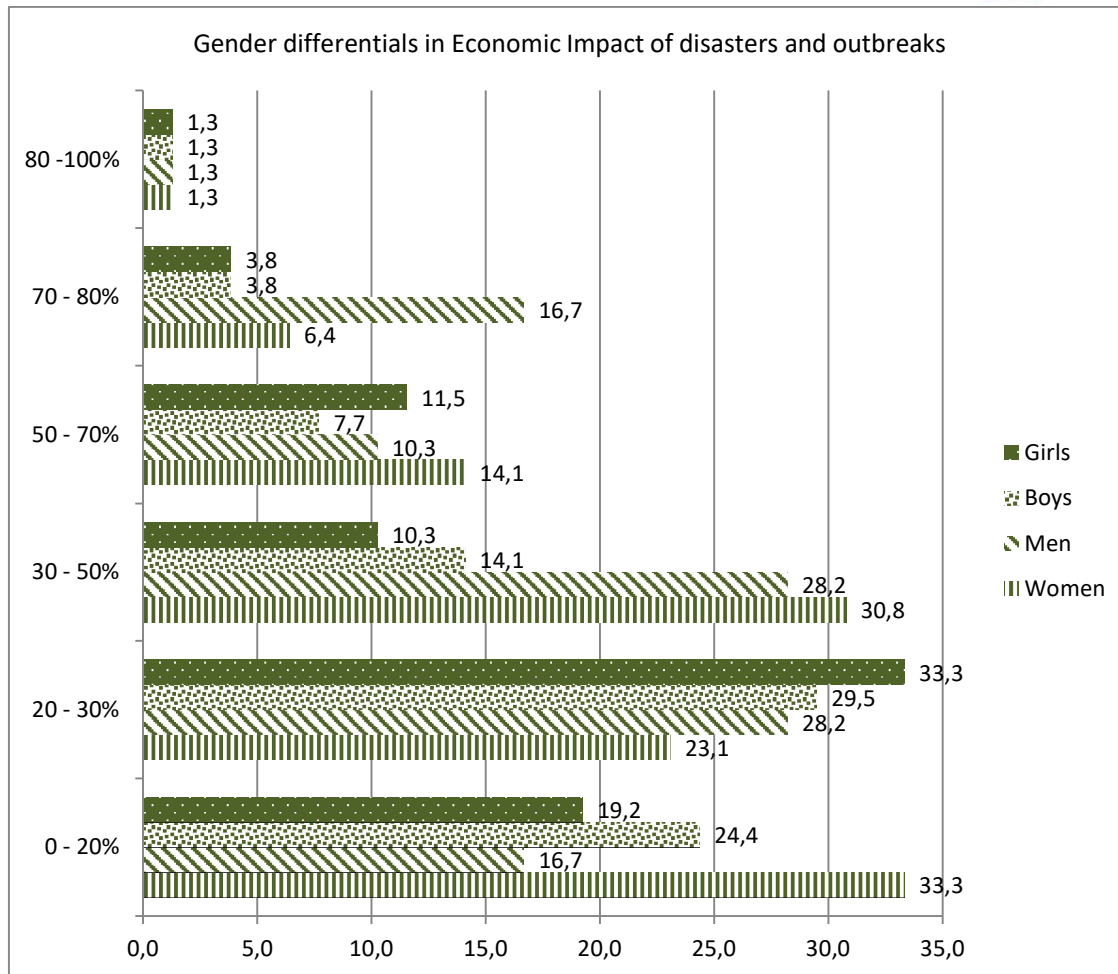
of success, areas needing improvement, and emerging trends in gender-specific needs during disaster situations.

## 5.16 Economic Impact of disasters and outbreaks

### 5.16.1 Gender differentials in Economic Impact of disasters and outbreaks

In Figure 71, the gender distribution of percentage in economic loss is shown across various categories (0-20%, 20-30%, 30-50%, 50-70%, 70-80%, 80-100%) for Women, Men, Boys, and Girls respectively. This information provides valuable insights into the economic impact of health emergencies and disasters in Nigeria from a gender perspective. Results indicate that a one-third of women (33.3%) experienced economic losses in the range of 0-20%, suggesting a relatively lower impact on this group. In comparison, men reported a lower percentage (16.7%) in the same category, indicating a gender disparity in the severity of economic losses, with women being more resilient or less affected in this range.

Participants in the 20-30% economic loss category, men and boys had higher percentages (28.2% and 29.5%, respectively) compared to women (23.1%) and girls (33.3%). This suggests that a larger proportion of men and boys faced moderate economic losses, emphasizing the need for gender-sensitive economic recovery strategies. Within 30-50% economic loss category, results reveal that women (30.8%) and men (28.2%) experienced relatively similar levels of economic impact. However, a higher percentage of boys (14.1%) fell into this category compared to girls (10.3%), indicating potential gender-specific vulnerabilities that needs to be addressed in economic recovery planning. In the 50-70% economic loss range, the data shows that a higher percentage of women (14.1%) experienced economic losses compared to men (10.3%). This suggests that women may be more significantly affected in this range, warranting targeted interventions for economic recovery. In the 70-80% and 80-100% economic loss categories, women consistently had higher percentages compared to men, boys, and girls respectively. This indicates that women experienced higher levels of severe economic losses, highlighting a specific vulnerability in economic resilience among this group.



**Figure 71: Gender differentials in economic impact during disaster and outbreaks**

**Implications of findings on gender differentials in economic impact during HEDRM**

Implications of the findings underscore the importance of developing gender-sensitive economic recovery plans following health emergencies and disasters. Recognizing the varied economic impacts on different gender groups is crucial for tailoring interventions that address specific vulnerabilities and promote more equitable recovery outcomes. Additionally, understanding the differential economic losses can inform policymakers and stakeholders in implementing targeted support mechanisms, thereby contributing to a more effective and inclusive disaster risk management framework.

**5.16.3 Gender differentials in Time Taken for Economic Recovery in HEDRM**

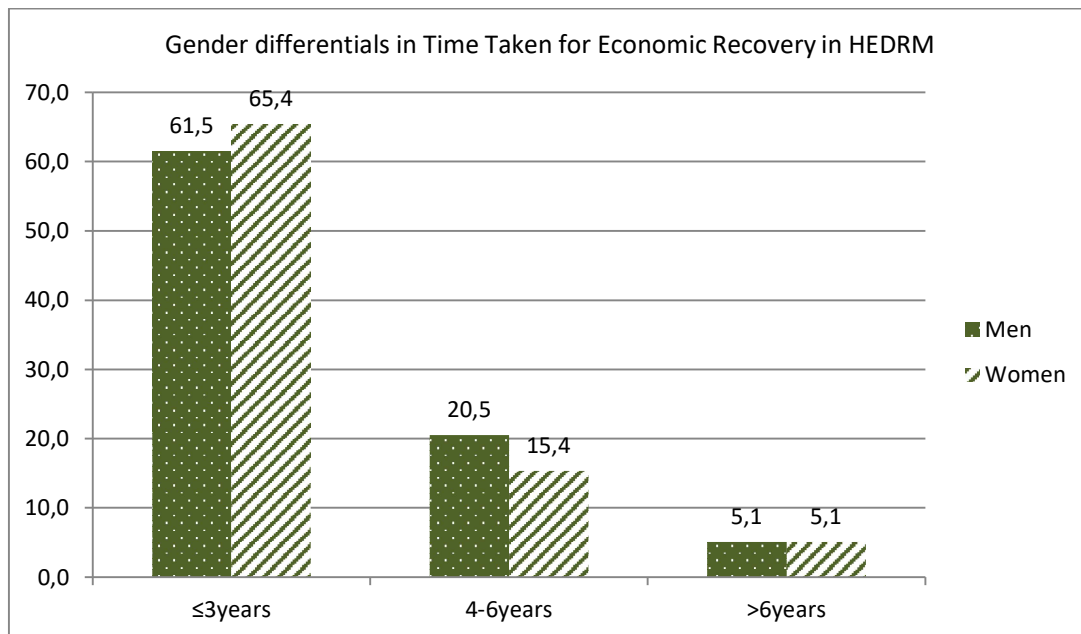
Figure 72 presents results on the time taken for men and women to recover economically post-disaster, categorized into three groups: ≤3 years, 4-6 years, and >6 years. This information is critical for understanding the dynamics of economic recovery and can offer insights into the resilience and vulnerabilities of different genders in the aftermath of health emergencies and disasters.

The data reveals that a significant percentage of both men (61.5%) and women (65.4%) reported recovering economically within three years post-disaster. This indicates a relatively swift recovery for the majority of both genders, suggesting resilience and adaptive capacities in the face of

economic challenges. However, it is important to note the slightly higher percentage for women, emphasizing their potential strength and effectiveness in economic recovery within a shorter timeframe.

In the 4-6 years recovery category, men (20.5%) and women (15.4%) reported a more prolonged period for economic recovery. While the percentages are lower compared to the  $\leq 3$  years category, this data suggests that a notable proportion of both genders face extended challenges in restoring their economic well-being. This emphasizes the need for sustained support mechanisms during this recovery phase.

For the  $>6$  years recovery category, the data shows that a small percentage of both men (5.1%) and women (5.1%) experienced prolonged economic recovery periods. While this percentage is relatively low, it highlights a subset of the population facing persistent economic challenges long after the disaster event. This finding underscores the importance of targeted and sustained interventions to address prolonged economic vulnerabilities.



**Figure 72: Time taken for men and women to recover economically post-disaster**

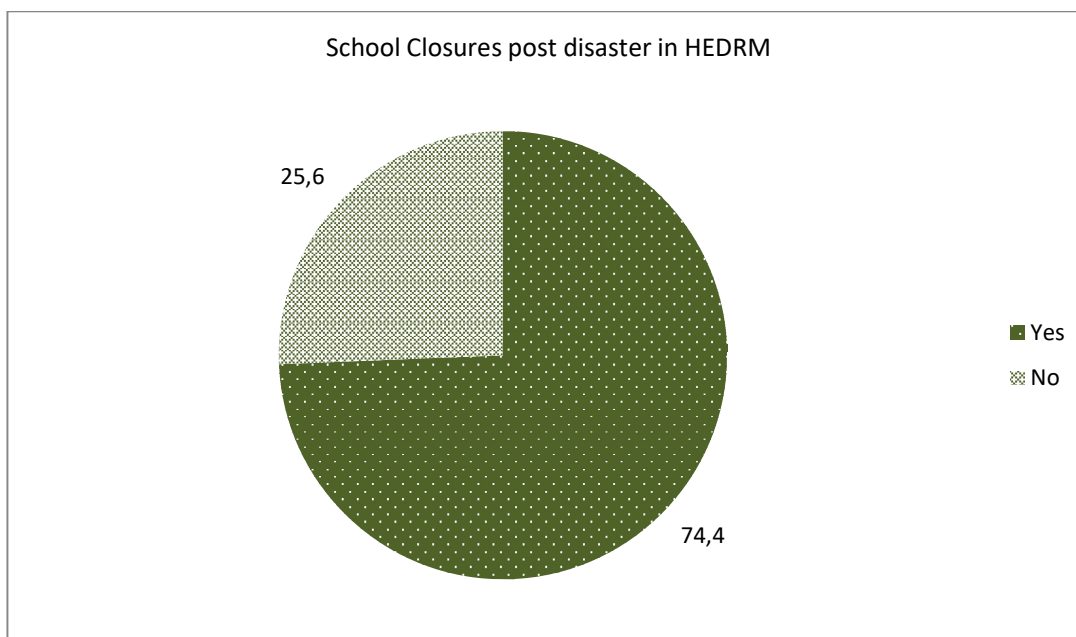
**Implications of the findings on gender differentials in Time Taken for Economic Recovery in HEDRM**

Implications of the findings indicate that, in the aftermath of health emergencies and disasters, a significant portion of both men and women can recover economically within a relatively short period. This resilience should be acknowledged and integrated into disaster risk management strategies. However, the data also suggests that there are specific groups within both genders facing prolonged economic recovery, necessitating tailored interventions and support measures. Understanding the timeframes for economic recovery is crucial for policymakers and stakeholders to design effective and gender-sensitive strategies that address both short-term and long-term economic vulnerabilities. The findings can inform the development of targeted programs to facilitate swifter recovery and resilience-building post-disaster

5.17 Impacts of Disaster and Outbreaks on Education

**5.17.1 Gender-Disaggregated Data on School Closures and Educational Setbacks**

Figure 73 indicates that a significant majority, 74.4%, have experienced school closures post-disaster, while 25.6% have not. This information is crucial for understanding the impact of health emergencies and disasters on education in Nigeria and can provide insights into the challenges faced by students, parents, and the education system as a whole. The high percentage of school closures post-disaster suggests that health emergencies have substantial consequences on the continuity of education. This disruption can stem from various factors, including damages to school infrastructure, safety concerns, displacement of students and teachers, and the overall strain on the education system during and after a disaster event.



**Figure 73: School closures post-disaster in HEDRM**

**Implications of the findings on school closures post-disaster in HEDRM**

The implications of this finding are multifaceted. In the first instance, the disruption in education can adversely affect the learning outcomes and academic progress of students. Prolonged school closures may lead to learning gaps, particularly for vulnerable populations, exacerbating educational inequalities. Additionally, the closure of schools may contribute to increased dropout rates, especially for girls who may face additional challenges in returning to school post-disaster. In addition, the closure of schools can impact the mental health and well-being of students, as the school environment plays a crucial role in providing stability and support. Disruptions to routine and social interactions in the school setting can contribute to increased stress and anxiety among students.

From a gender perspective, there may be differential impacts on boys and girls. Girls, in particular, may face unique challenges such as an increased risk of early marriage and reduced access to education, as they may be expected to take on caregiving responsibilities during and after a disaster.

Addressing the implications of school closures post-disaster requires a comprehensive approach. Policymakers and stakeholders need to prioritize the rapid restoration of educational facilities, provide psychosocial support for students, and implement measures to prevent and mitigate the impact of future disasters on the education sector. Additionally, gender-sensitive interventions are crucial to ensuring that the unique needs and vulnerabilities of boys and girls are taken into account in post-disaster education recovery efforts. This includes targeted measures to encourage the re-enrollment of girls and prevent gender-based disparities in educational outcomes post-disaster

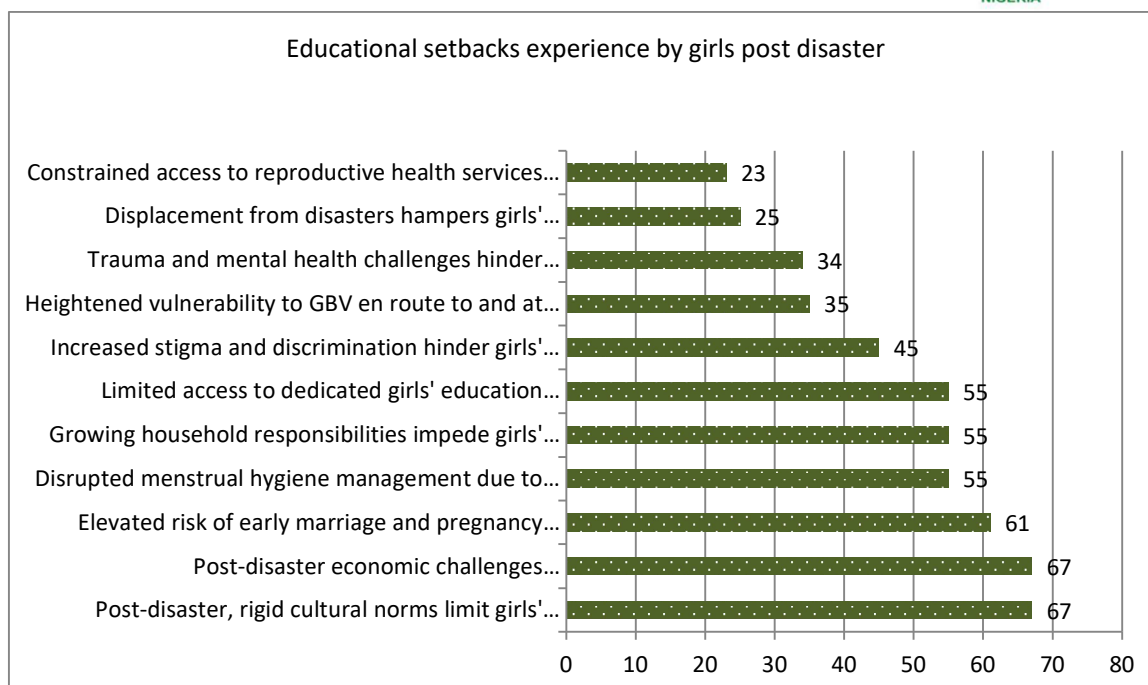
#### **5.17.2 Educational setbacks experience by girls post disaster**

The data presented in Figure 74 reveals the reflective educational setbacks experienced by girls in the aftermath of disasters, particularly highlighting the detrimental impact of cultural, economic, and societal factors. The prevalence of post-disaster challenges is alarmingly high, emphasizing the urgent need for gender-inclusive disaster preparedness and mitigation strategies in Nigeria.

The highest reported setback is the limitation of girls' freedom to attend school due to rigid cultural norms, with a significant 67 instances. This underscores the importance of addressing deeply embedded cultural barriers that hinder girls' education post-disaster. The parallel occurrence of economic challenges disproportionately affecting girls' education, also at 67 instances, emphasizes the intersectionality of issues that exacerbate gender disparities.

The higher risk of early marriage and pregnancy leading to school dropout, reported at 61 instances, signals a critical area for intervention. Disasters not only disrupt education but contribute to life-altering decisions for girls, necessitating targeted support to prevent long-term consequences. Similarly, the impact on menstrual hygiene management, household responsibilities, and limited access to dedicated girls' education programs, each reported at 55 instances, demonstrates the multifaceted challenges faced by girls in post-disaster scenarios.

The findings also shed light on the underreported but significant issues such as increased stigma and discrimination (45 instances) and heightened vulnerability to gender-based violence (35 instances). These factors, when unaddressed, pose additional threats to girls' well-being and participation in education.



**Figure 74: Educational setbacks experience by girls post disaster**

**Implications of the findings on Educational setbacks experience by girls post disaster:**

The implications of these findings are far-reaching, indicating that post-disaster scenarios significantly exacerbate existing gender disparities in education. Urgent interventions are needed to create a resilient education system that ensures the protection and empowerment of girls during and after disasters. Addressing cultural norms, economic challenges, and providing targeted support for reproductive health and menstrual hygiene are crucial steps.

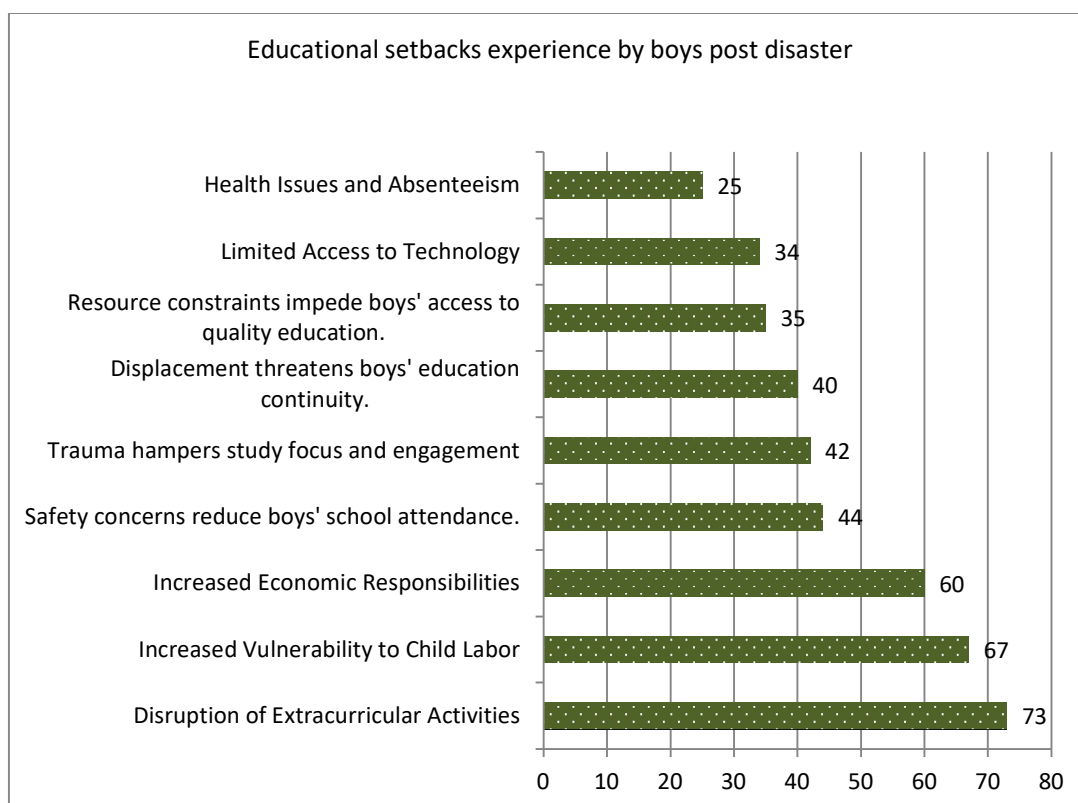
The study underscores the importance of not only recognizing the immediate impacts on education but also understanding the long-term consequences of disrupted schooling for girls. Policies and programs should be designed with a gender-inclusive lens, considering the unique challenges faced by girls in the aftermath of disasters. Ultimately, the findings call for a comprehensive and coordinated effort to build a more resilient and equitable education system in the face of health emergencies and disaster risks.

**5.17.3 Educational setbacks experience by boys post disaster**

The findings presented in Figure 75 of the Impact Assessment Report on Health Emergency and Disaster Risk Management in Nigeria highlight significant educational setbacks experienced by boys following disasters. These setbacks include disruptions in extracurricular activities, increased vulnerability to child labor, and heightened economic responsibilities. Furthermore, safety concerns, trauma, and displacement resulting from disasters significantly impact boys' ability to attend school regularly and engage effectively in their studies. Resource constraints and limited access to technology further exacerbate these challenges, hindering boys' access to quality education.

**Implications of findings on Educational setbacks experience by boys post disaster**

The implications of these findings underscore the importance of gender-sensitive disaster preparedness and mitigation strategies in Nigeria. Addressing the specific educational needs and vulnerabilities of boys post-disaster is crucial for ensuring their continued access to education and overall well-being. Effective interventions should focus on providing support for boys to cope with trauma, facilitating their reintegration into the education system after displacement, and addressing economic barriers to education. Additionally, initiatives aimed at improving access to technology and extracurricular activities can contribute to enhancing the educational experiences of boys in disaster-affected areas. Overall, the findings emphasize the necessity of comprehensive and gender-responsive approaches to disaster risk management to safeguard the educational rights and opportunities of boys in Nigeria.

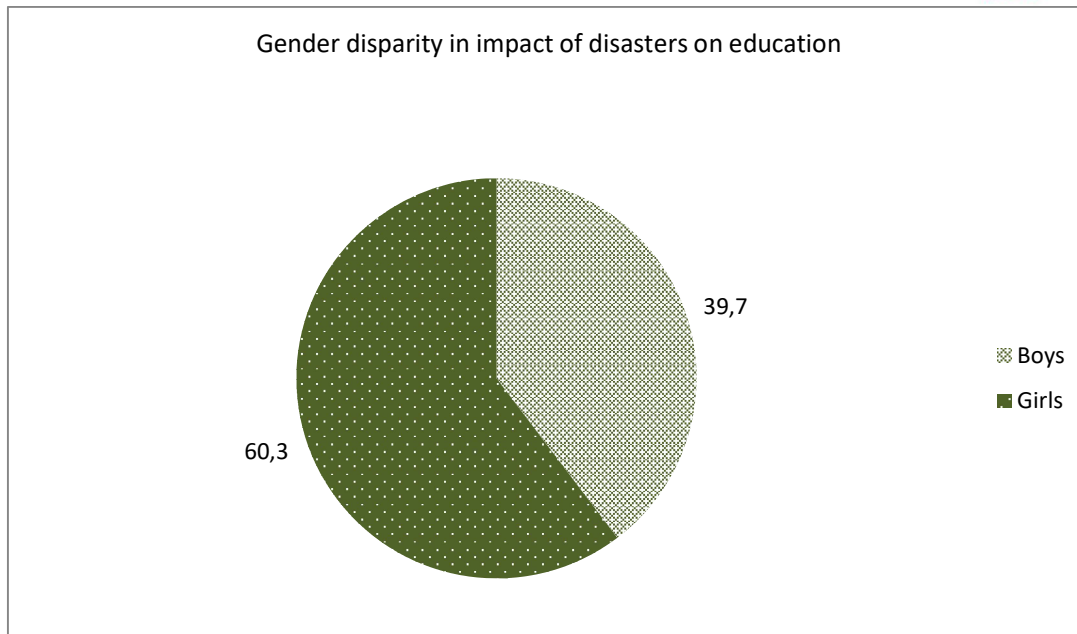


**Figure 75: Educational setbacks experience by boys post disaster**

#### 5.17.4 Gender disparity in impact of disasters on education

The results presented in Figure 76 of the Impact Assessment Report on Health Emergency and Disaster Risk Management in Nigeria underscores an important gender disparity in the impact of disasters on education. Girls reported to be more significantly affected, constituting 60.3% of the impact, while boys account for 39.7%.





**Figure 76: Gender disparity in impact of disasters on education**

**Implications and recommendations of findings Gender disparity in impact of disasters on education**

This finding has crucial implications for disaster preparedness and mitigation efforts. The higher impact on girls suggests that they face distinct and pronounced challenges post-disaster, emphasizing the urgency of implementing gender-sensitive strategies. The specific vulnerabilities faced by girls, such as disruptions in menstrual hygiene management, increased risks of early marriage, and limited access to reproductive health services, require targeted interventions.

To address these implications, disaster management policies and programs should incorporate gender-specific considerations. Tailored approaches should be designed to mitigate the unique challenges faced by girls in the aftermath of disasters, ensuring their continued access to education and overall well-being. This might involve initiatives such as providing safe and sanitary facilities, promoting girls' education programs, and addressing cultural and societal norms that restrict their freedom to attend school.

The findings highlight the need for a gender-responsive approach to disaster risk management, acknowledging and addressing the disparate impact on girls and boys in the context of education in Nigeria.

**5.18 Social Impact**

**4.18.1 Gender-Specific Roles in Community Rebuilding**

The findings presented in Table 9 highlights the diverse and dynamic roles that different genders undertake in the aftermath of a disaster, offering a comprehensive view of community rebuilding efforts. In the first instance, participants described the contributions of men are described by their active involvement in providing financial support, underscoring a crucial economic role. Simultaneously, their engagement in community manual labor emphasizes their physical contributions to the restoration of infrastructure, indicating the multifaceted nature of men's involvement in the recovery process.

On the other hand, women play integral roles that challenge traditional gender norms. Their active participation in community manual labor signals a departure from conventional expectations, illustrating a shift towards inclusivity in physical contributions. Moreover, their involvement in financial assistance and support highlights their economic contributions to the rebuilding process. Additionally, the responsibilities shouldered by women in household chores, care giving and childcare reflect their diverse and indispensable roles in the broader community recovery.

The roles undertaken by girls in the community recovery process are characterized by a similar dynamism. Actively participating in manual labor challenges established gender norms, demonstrating the potential for gender equality. Girls' contributions extend to assisting in income generation and food processing, showcasing their diverse roles in the economic aspects of community recovery. Their involvement in off-farm activities also suggests a broader engagement beyond traditional roles, emphasizing the importance of recognizing and encouraging their multifaceted contributions.

Similarly, boys actively participate in the recovery efforts, emphasizing their economic roles and responsibilities through financial support. Their engagement in community manual labor mirrors that of men, underscoring their contribution to the physical rebuilding of the community. Furthermore, their involvement in the active assistance of rebuilding houses positions them as active agents in the structural recovery process, reinforcing the collaborative nature of community rebuilding efforts.

**Table 9: Gender roles in community rebuilding post-disaster**

S/N	Men	Women	Girls	Boys
1	Financial support	Community manual labor	Community manual labor	Financial support
2	Community manual labor	Financial assistance and support	Assist in income generation and food processing	Community manual labor
3	Rebuilding of Houses	Household Chores and Children Welfare	Support in Off-Farm Activities	Assistance in Rebuilding Houses
4	Leadership and Planning	Income Generation and Food Processing	Labour Contribution	Strength and Gathering Materials
5	Providing material support	Labor and physical support	Errands and assistance in household chores	Leading roles
6	Community mobilization	Social and emotional support	Cohesion and community resilience	Clean environment
7	Security formation	Active participation in rebuilding:	Assistance in processing of farm produce	Security provision
8	Farming and Agriculture	Off-Farm Activities	-	-

Source: field survey, 2024

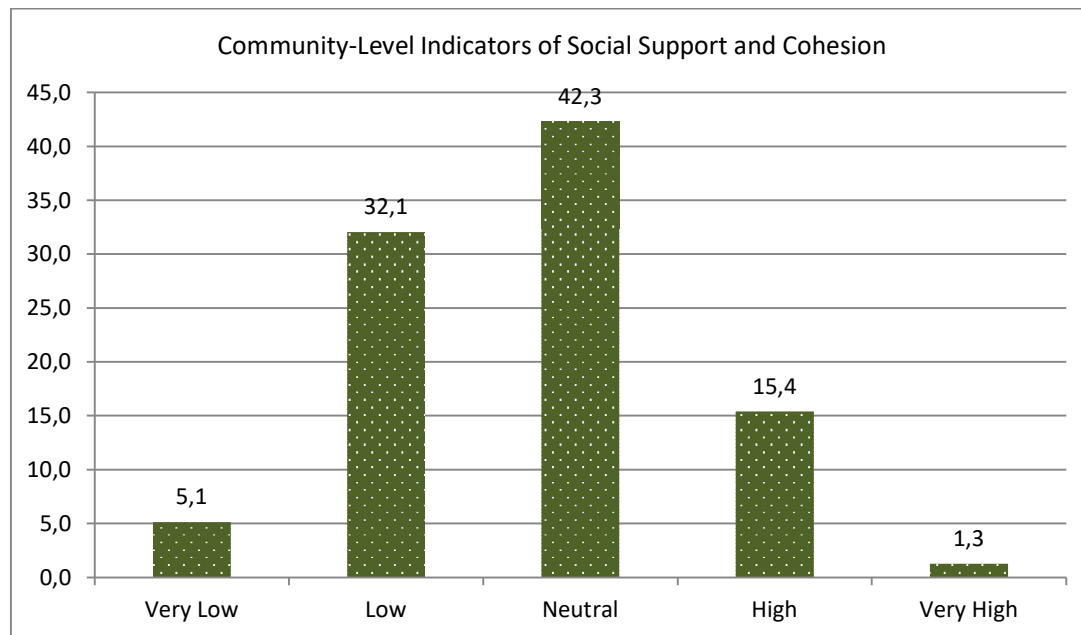
### **Implications and recommendations of findings on Gender-Specific Roles in Community Rebuilding post disaster**

The implications of these findings are far-reaching. The recognition of diverse gender roles suggests the necessity for gender-inclusive disaster response strategies. This involves tailoring policies and programs to leverage the unique strengths and contributions of men, women, girls, and boys. Also, the active involvement of women and girls in manual labor signifies an opportunity to challenge

gender norms and foster a more equitable society. The varied contributions outlined in the table not only contribute to community resilience but also underscore the importance of acknowledging and appreciating the diverse roles of each gender in the intricate tapestry of community rebuilding post-disaster

### 5.18.2 Community-Level Indicators of Social Support and Cohesion

In Figure 77, the results by participants illustrates the perceived level of social support and cohesion within communities post-disaster, as assessed on a scale ranging from "Very Low" to "Very High." The majority of participants (42.3%) reported a "Neutral" level of social support and cohesion. This suggests a balanced or moderate perception of community connectedness and assistance following a disaster. Additionally, a significant portion (32.1%) indicated a "Low" level, indicating a perception of limited social support, while 15.4% reported a "High" level, signifying a more positive perception of community support. A small percentage (5.1%) reported a "Very Low" level, and only 1.3% indicated a "Very High" level.



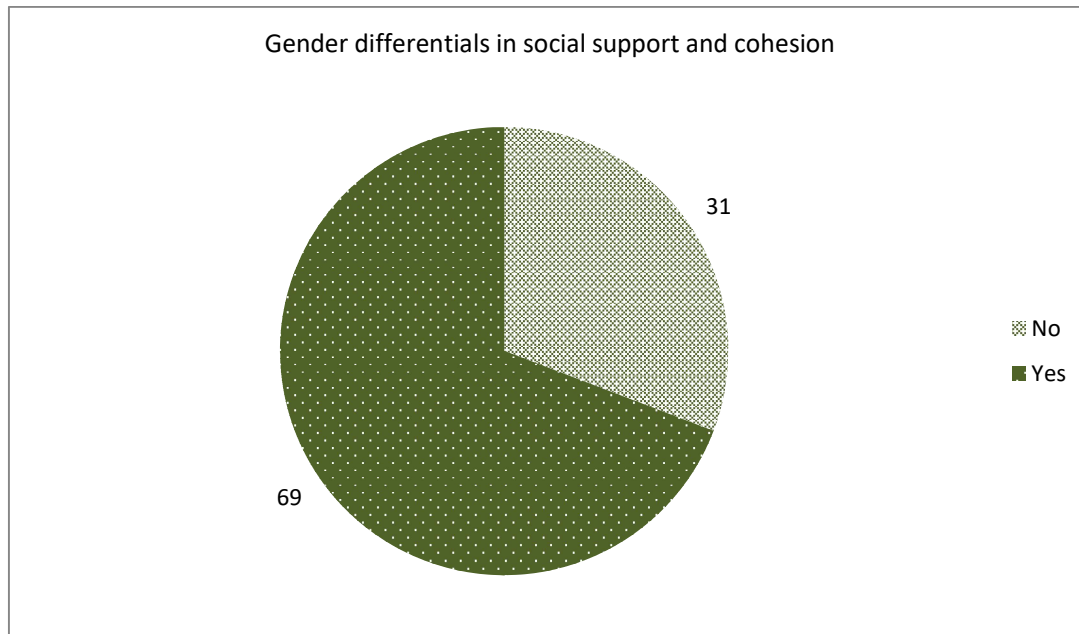
**Figure 77: Level of social support and cohesion within communities post-disaster**

#### Implications of findings on level of support and cohesion within communities post-disaster

These findings have important implications for post-disaster interventions. The neutral perception may indicate a need for targeted efforts to enhance community cohesion and support systems. The higher percentage reporting "Low" suggests that there is room for improvement in strengthening social connections within communities post-disaster. Conversely, the smaller percentage reporting "High" or "Very High" levels of support highlights the importance of identifying and amplifying existing sources of resilience and community cohesion.

### 5.18.3 Gender differentials in social support and cohesion

Figure 78 presents data on whether there are observable differences in social support and cohesion among different gender groups in the context of health emergency and disaster risk management. Majority of participants, constituting 69.0%, affirmed that there are observable differences, while 31% reported otherwise.



**Figure 78: Gender differentials in social support and cohesion post disasters**

The affirmative responses indicating differences in social support and cohesion among gender groups underscore the importance of recognizing and addressing gender-specific needs in disaster preparedness and mitigation strategies. Such distinctions could arise from diverse socio-cultural expectations, roles, and vulnerabilities associated with different genders. It is crucial to delve deeper into these variations to develop tailored interventions that account for the unique challenges faced by men, women, boys, and girls.

**Implications of findings on gender differentials in social support and cohesion**

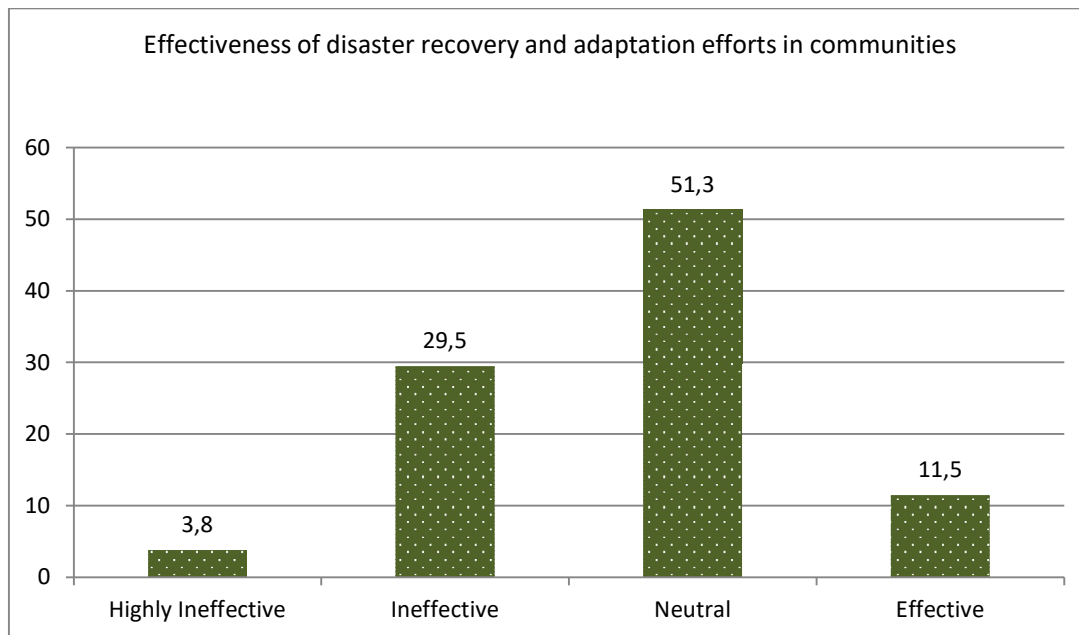
The implication of this finding is significant for policy and program development. Understanding the divergent experiences and needs of various gender groups can guide the formulation of inclusive and gender-sensitive disaster management strategies. This, in turn, can enhance the effectiveness of interventions by addressing specific vulnerabilities and promoting equal access to resources and support systems across genders.

**5.18.4 Effectiveness of disaster recovery and adaptation efforts in communities**

In Figure 79, the overall effectiveness of disaster recovery and adaptation efforts in communities are assessed using a four-point scale ratings ranging from highly ineffective to effective. The distribution of responses indicates varying perceptions within the community regarding the success of these efforts. The finding that 3.8% of participants perceive the disaster recovery and adaptation efforts as "highly ineffective" suggests that a minority within the community believes these initiatives have minimal impact or are facing significant challenges. This viewpoint should be

carefully considered, as it may highlight areas where interventions need urgent attention or improvement.

A larger proportion of the community, 29.5%, perceives the efforts as "ineffective." This suggests a substantial portion of the community feels that the current disaster recovery and adaptation strategies may not be meeting their intended goals. Understanding the specific concerns and challenges voiced by this group is crucial for refining and optimizing existing strategies. The neutral response of 51.3% indicates a significant portion of the community is ambivalent about the overall effectiveness of disaster recovery and adaptation efforts. This neutrality could stem from a lack of clear evidence or experiences that strongly support or challenge the effectiveness of the strategies in place. Further exploration is needed to uncover the reasons behind this neutral stance. On a positive note, 11.5% of participants perceive the disaster recovery and adaptation efforts as "effective." This indicates a segment of the community believes in the success of these initiatives. Identifying the factors contributing to this positive perception can offer valuable insights for scaling up successful strategies and best practices.



**Figure 79: Overall effectiveness of the disaster recovery and adaptation efforts in your community**

**Implications of findings on Effectiveness of disaster recovery and adaptation efforts in communities**

The implication of these findings is that there is a diverse range of opinions within the community regarding the effectiveness of disaster recovery and adaptation efforts. It is crucial to conduct more in-depth investigations, including qualitative assessments and community consultations, to gain a distinctive understanding of the specific challenges and successes. This information will guide future interventions and policy decisions to enhance overall community resilience in the context of health emergencies and disasters.

**5.18.5 Communities Assessments of recovery needs post disaster**

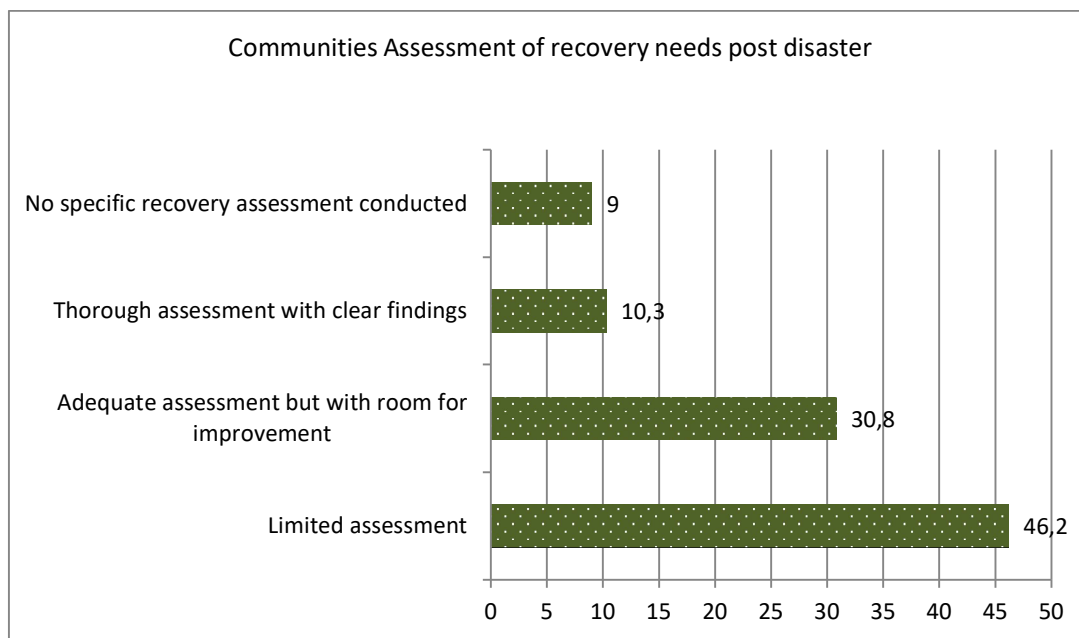
Figure 80 presents the community's perceptions regarding the comprehensiveness of assessments conducted to understand recovery needs post-disaster. The results are categorized into four groups: "Adequate assessment but with room for improvement," "Limited assessment," "No specific recovery assessment conducted," and "Thorough assessment with clear findings."

The largest portion of participants, 46.2%, reported "Limited assessment," indicating a prevalent sentiment that recovery needs assessments has been insufficient in scope or depth. This finding raises concerns about the adequacy of information available to inform recovery strategies, as a substantial proportion of the community feels there is room for improvement in understanding their specific needs.

A significant proportion, 30.8%, indicated "Adequate assessment but with room for improvement." While this group acknowledges some level of assessment, their feedback suggests that these efforts might not be exhaustive or may not fully capture the diverse recovery needs of the community. It is important to explore the specific areas for improvement highlighted by this group to enhance the quality and effectiveness of future assessments.

The 10.3% who reported "Thorough assessment with clear findings" represent a positive viewpoint within the community, suggesting that a minority perceives the recovery needs assessments as comprehensive and effective. Identifying the factors contributing to this positive assessment can provide valuable insights into best practices that could be replicated in other contexts.

A significant finding is the 9.0% who reported "No specific recovery assessment conducted." This suggests a potential gap in disaster management practices, as a portion of the community perceives a lack of dedicated efforts to understand recovery needs. It is essential to investigate the reasons behind this perception and address any barriers to conducting thorough recovery assessments.



**Figure 80: Communities assessment of recovery needs post-disaster**

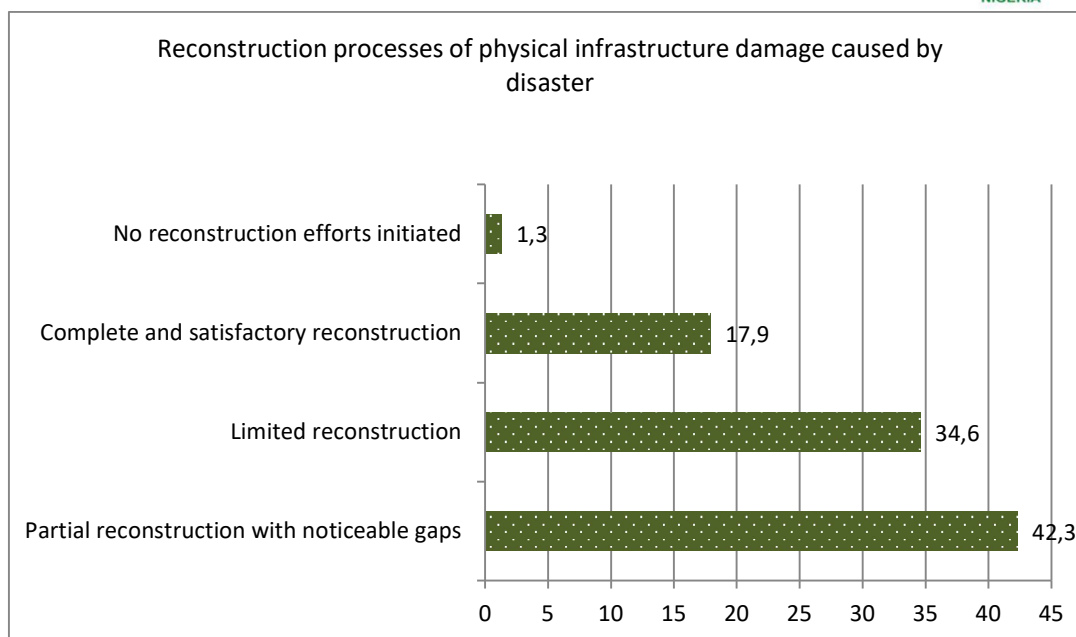
**Implications and recommendations of findings on Communities Assessments of recovery needs post disaster**

The implication of these findings is that there is a need for a more robust and inclusive approach to recovery needs assessments post-disaster. Efforts should be made to address the concerns of those who perceive limited assessments, incorporating their perspectives into future planning. Additionally, exploring and replicating successful practices highlighted by those who perceive thorough assessments can contribute to more effective recovery strategies. Overall, enhancing the comprehensiveness and inclusivity of recovery needs assessments is crucial for developing targeted and impactful interventions in the aftermath of disasters.

#### **5.18.6 Reconstruction processes of physical infrastructure damage caused by disaster**

Figure 81 gauges the community's perception of the reconstruction process concerning the physical infrastructure damage caused by the disaster. The responses are categorized into four groups: "Complete and satisfactory reconstruction," "Limited reconstruction," "No reconstruction efforts initiated," and "Partial reconstruction with noticeable gaps." The major segment, constituting 42.3% of participants, reported "Partial reconstruction with noticeable gaps." This indicates a prevailing sentiment within the community that the reconstruction efforts have been incomplete or have not fully addressed the damage caused by the disaster. The high percentage in this category suggests a significant need for further attention and resources to address the identified gaps in the reconstruction process.

Following closely, 34.6% reported "Limited reconstruction," signifying a perception that the reconstruction efforts have been insufficient in scope or scale. This finding aligns with the concerns raised by the "Partial reconstruction with noticeable gaps" group, emphasizing the need for more comprehensive and impactful reconstruction initiatives. The response category "Complete and satisfactory reconstruction" garnered 17.9%, indicating a minority perspective within the community that the reconstruction process has been successful and fully addressed the infrastructure damage. Understanding the factors contributing to this positive perception can provide valuable insights for replicable best practices in reconstruction efforts. A small percentage, 1.3%, reported "No reconstruction efforts initiated," which is a concerning finding. If any portion of the community perceives a lack of initiation in reconstruction efforts, it indicates a potential breakdown in disaster response and recovery mechanisms. It is crucial to investigate the reasons behind this perception and address any barriers to the initiation of reconstruction efforts.



**Figure 81: Reconstruction processes of physical infrastructure damage caused by the disaster**

#### **Implications and recommendations of findings on Reconstruction processes of physical infrastructure damage caused by disaster**

The implication of these findings is that there is a need for a critical evaluation and potential enhancement of the reconstruction process. Addressing the concerns raised by the majority, who perceive partial or limited reconstruction, should be a priority. This may involve increased investment, improved coordination, and community engagement to ensure that reconstruction efforts align with the actual needs of the affected population. Additionally, understanding and addressing the factors contributing to the positive perception of those who report complete and satisfactory reconstruction can guide strategies for more effective reconstruction initiatives in the future.

#### **5.18.7 Restoration of institutional and social structures**

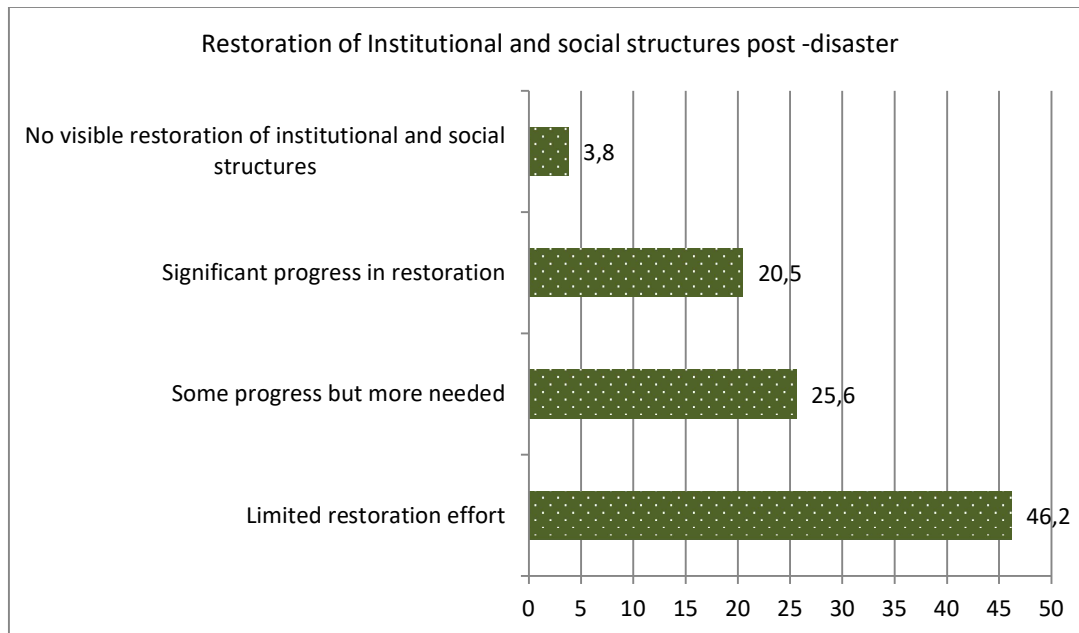
Figure 82 evaluates the community's perception of efforts to restore institutional and social structures that were disrupted during the disaster. The responses are categorized into four groups: "Limited restoration effort," "No visible restoration of institutional and social structures," "Significant progress in restoration," and "Some progress but more needed."

The largest segment, comprising 46.2% of participants, reported "Limited restoration effort." This suggests that a substantial portion of the community perceives the restoration initiatives to be insufficient or not fully addressing the disruption caused by the disaster. The high percentage in this category underscores the need for more robust and comprehensive strategies to restore the affected institutional and social structures. Following this, 25.6% reported "Some progress but more needed," indicating that there has been partial success in restoration efforts, but additional interventions are required. Understanding the specific areas where progress has been made and identifying the gaps can guide targeted actions to address the ongoing challenges in the restoration process. Significant progress in restoration efforts was reported by 20.5% of participants. This positive perception signifies that a notable portion of the community acknowledges successful



initiatives in restoring institutional and social structures. Analyzing the factors contributing to this positive perception can inform best practices and areas where successful strategies can be replicated.

A smaller percentage, 3.8%, reported "No visible restoration of institutional and social structures." This finding is concerning as it suggests that a fraction of the community perceives a lack of visible efforts in restoring disrupted structures. Investigating the reasons behind this perception is crucial for identifying potential barriers and gaps in the restoration process.



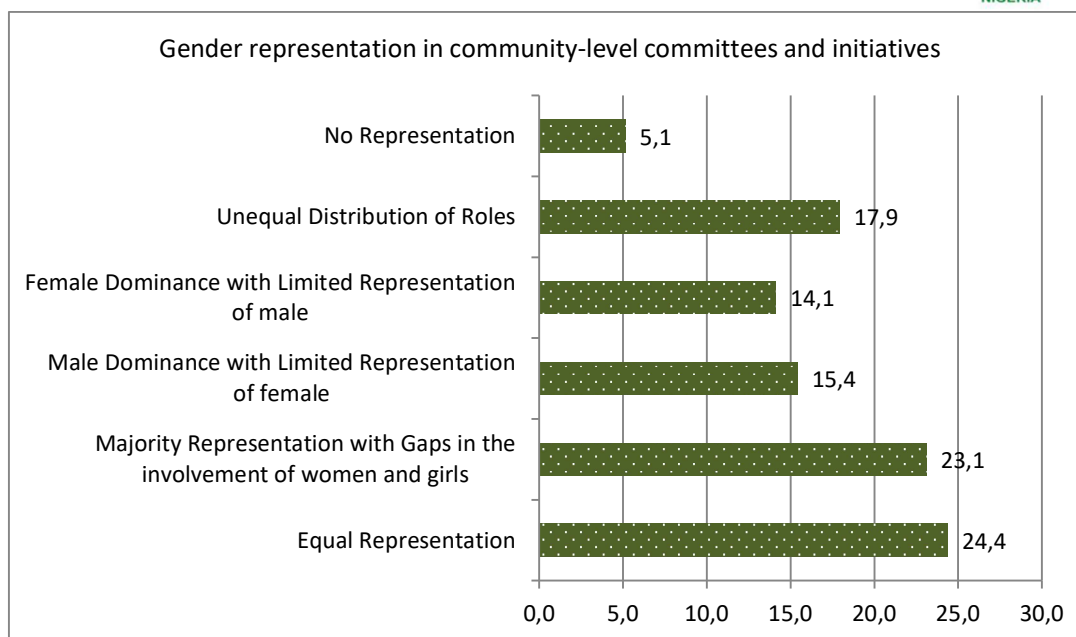
**Figure 82: Restoration of institutional and social structures post- disaster**

**Implications and recommendations of findings on Restoration of institutional and social structures post-disaster**

The implication of these findings is that there is a need for a comprehensive review and potential enhancement of efforts to restore institutional and social structures. Addressing the concerns raised by the majority, who perceive limited restoration effort or recognize progress but with more needed, should be a priority. This may involve increased investment, improved coordination, and community engagement to ensure that restoration efforts align with the actual needs of the affected population. Additionally, understanding and addressing the factors contributing to the positive perception of those who report significant progress can guide strategies for more effective restoration initiatives in the future.

**5.18.8 Gender representation in community level committees and initiatives**

Figure 83 presents the representation of men, women, boys, and girls in community-level committees and initiatives. The data indicates diverse scenarios, with 24.4% reporting equal representation. However, 23.1% note majority representation with gaps for women and girls, while 15.4% observe male dominance with limited representation from other groups. Additionally, 14.1% report female dominance with restricted participation from others, and 12.8% highlight unequal distribution of roles among the genders.



**Figure 83: Gender representations in community-level committees and initiatives**

**Implications and recommendations on Gender representation in community level committees and initiatives in DRM&F:**

The findings underscore the need for inclusive and gender-responsive strategies in disaster management. Equal representation fosters diverse perspectives, contributing to more effective decision-making. The presence of gaps and dominance, whether by men or women, indicates potential disparities in decision-making power. Addressing unequal role distribution is crucial for ensuring fair participation. The absence of representation raises concerns about inclusivity and the risk of overlooking diverse needs. Addressing these implications is vital for enhancing the overall effectiveness of community-level committees and initiatives in disaster preparedness and mitigation.

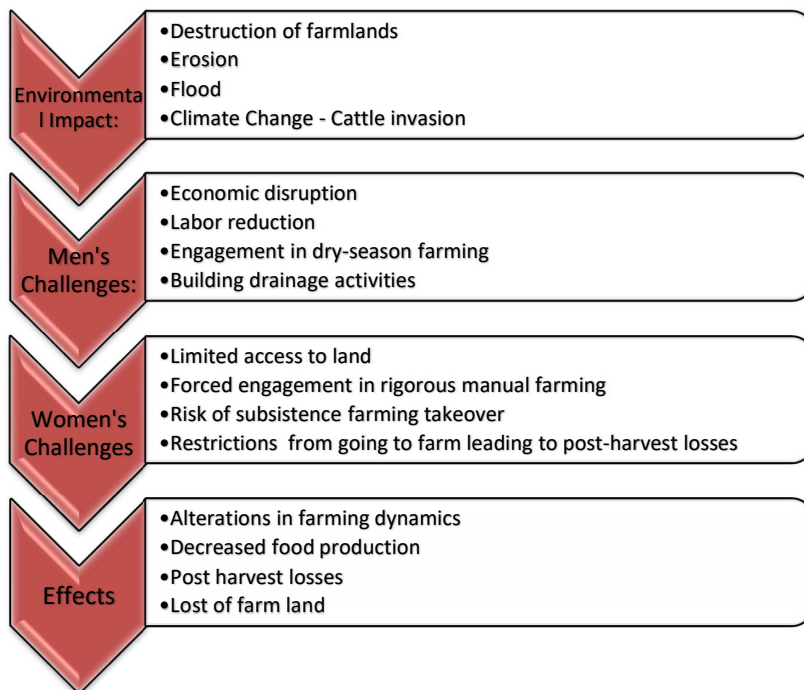
**5.19 Environmental Impact**

**5.19.1 Gender specific impacts and changes in the Environment due to climate risk and disaster**

Figure 84 sheds light on the distinct gender-specific impacts that disasters have inflicted upon agricultural practices. The repercussions on both men and women are multifaceted, encompassing labor dynamics, economic disruptions, and challenges related to access to land and post-harvest processes. Men experienced significant labor impacts, particularly with a notable reduction in engagement in farming activities. The economic disruptions reported among men underscore the broader implications that disasters can have on the financial aspects of their agricultural pursuits. On the other hand, women encountered specific challenges that directly affected their involvement in agriculture. Limited access to land emerged as a critical issue, hindering women's active participation in farming. Moreover, Figure 39 reveals instances where females were prevented from going to farms, resulting in heightened post-harvest losses and diminished production. The added burden of being compelled to engage in strenuous manual farming activities for survival further accentuates the gender-specific challenges faced by women in the aftermath of disasters.

The general impacts on agricultural practices were also discernible. The compromised state of building drainage, the decrease in farming activities and food production, and the adverse effects on methods of processing and preservation collectively underscore the extensive consequences of disasters on the agricultural sector. Environmental factors, including erosion, were identified as contributors to post-harvest losses, amplifying the challenges faced by farmers.

An additional concern highlighted is the potential takeover of the subsistence farming business of women. This suggests a vulnerability that could lead to broader economic and social ramifications if not addressed proactively.



**Figure 84: Gender-specific impacts of disasters on agricultural practice**

**Implications and recommendations of findings on Gender specific changes in the Environment due to climate risk and disaster**

The reduction in farm sizes and the severity of impacts on production and productivity, as reported, emphasize the urgent need for gender-responsive strategies in disaster management and agricultural policies. Understanding these distinction gender-specific impacts is crucial for tailoring effective interventions that address the unique challenges faced by both men and women in the realm of agriculture following a disaster. Such tailored strategies will contribute to more resilient and sustainable recovery efforts in the agricultural sector.

Table 10 provides a comprehensive overview of the gender-specific impacts on natural resources given by participants in the aftermath of disasters. One of the key findings is the evident access disparities, with men having more access to natural resources compared to women. This imbalance underscores an existing gender disparity in the control and utilization of essential resources, raising

concerns about its potential implications for the livelihoods and economic activities of women in the affected communities.

Land ownership challenges emerge as another critical aspect, with a reduction in land ownership reported due to various factors such as floods, erosion, and water pollution. While this impact affects both men and women, the specific nuances and consequences may differ based on gender roles and access. The reduction in land ownership poses a significant concern, potentially exacerbating existing gender inequalities and impacting the communities' overall resilience.

**Table 10: Gender-Specific Impacts on Natural Resources**

<b>Access Disparities:</b>
- Men having more access to natural resources compared to women. This implies an existing gender disparity in the control and utilization of these resources, with potential implications for livelihoods and economic activities.
<b>Land Ownership Challenges:</b>
- The reduction in land ownership, attributed to factors such as floods, erosion, and water pollution, emerged as a significant concern. This impact could affect both men and women, but the specific nuances and consequences might differ based on gender roles and access.
<b>Environmental Degradation:</b>
- Damages to farmlands, water pollution, and erosion were reported as consequences of disasters. These environmental challenges have direct implications for agricultural productivity, affecting both men and women engaged in farming activities.
<b>Security Challenges:</b>
- Security challenges were noted, with a specific mention of it being more significant for women. This highlights the intersectionality of gender and security concerns in the context of disasters, indicating potential vulnerabilities faced by women in accessing and utilizing natural resources.
<b>Economic Factors:</b>
- Economic factors were cited as contributing to the differential impact on natural resources. The economic repercussions may affect both genders but could manifest in distinct ways based on established gender roles and access to resources.

Source: Field survey, 2024

Environmental degradation, including damages to farmlands, water pollution, and erosion, stands out as a noteworthy consequence of disasters. These challenges directly affect agricultural productivity, impacting both men and women engaged in farming activities. The implications extend beyond immediate concerns, affecting the long-term sustainability of livelihoods and the overall well-being of the affected communities.

Security challenges, as highlighted in the responses, present a distinctive gender dimension. Specifically, security challenges are noted to be more significant for women. This underscores the intersectionality of gender and security concerns in the context of disasters, suggesting potential vulnerabilities faced by women in accessing and utilizing natural resources. Addressing these security challenges requires a gender-sensitive approach to ensure the safety and well-being of all community members.

Economic factors also play a role in shaping the differential impacts on natural resources. The economic repercussions of disasters may affect both genders, but the distinct ways in which these impacts manifest are influenced by established gender roles and access to resources. Acknowledging

these economic factors is crucial for tailoring effective recovery and resilience-building strategies that consider the specific needs and challenges faced by men and women in the community.

### 5.19.2 Gender differentials in Experiences of Environmental Changes Post-Disaster

Table 11 represent gender differentials in experiences of changes post-disaster In the aftermath of disasters, there is a perceived serious impact on men, attributed to the traditional expectation that men are providers for their households. The notion that men are seen as stronger suggests a belief in their potential resilience or reduced vulnerability to the physical consequences of environmental changes. These perceptions reflect entrenched gender roles, where men are expected to fulfill specific responsibilities, and their challenges post-disaster are viewed through this lens. Contrastingly, women are consistently portrayed as more vulnerable and prone to shock in the post-disaster scenario. The perception that women easily get afraid indicates a heightened emotional vulnerability, potentially influenced by cultural expectations or stereotypes. Despite this vulnerability, there is an acknowledgment of women's proactive role in seeking alternative sources of water, preservation methods, afforestation, and irrigation during dry spells. However, this also implies that women bear a disproportionate burden in finding solutions to environmental challenges.

The general observation underscores the significant influence of gendered cultural norms and traditional roles in shaping perceptions of post-disaster experiences. Men's challenges are often associated with their provider role, while women are seen as both vulnerable and proactive in seeking solutions. The intersectionality of gender and disaster response becomes apparent, indicating a need for nuanced and gender-sensitive approaches in disaster management.

The insights from Table 11 underscore the complexity of gender dynamics in the aftermath of disasters. Addressing these dynamics is vital for developing inclusive and effective post-disaster strategies. A more distinctive understanding of the experiences of men and women, considering both traditional roles and proactive responses, is essential for building resilience and promoting equitable recovery in communities affected by disasters.

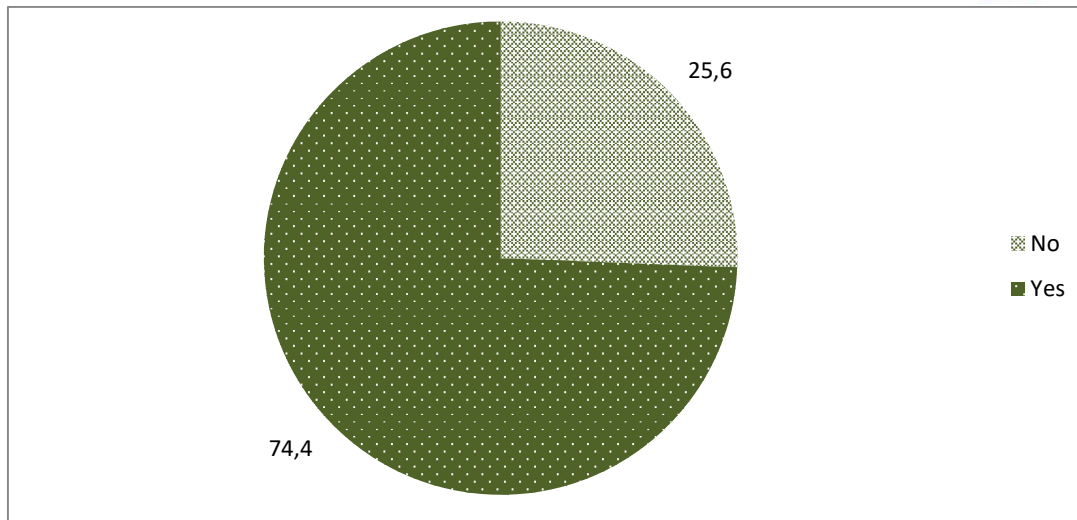
**Table 11: How men and women experience environmental changes post-disaster**

<b>A</b>	<b>Men's Experience:</b>
	<ul style="list-style-type: none"> <li>- Men are perceived to be more seriously impacted by disasters due to their perceived inability to provide for their households, suggesting a connection between traditional gender roles and the impact of disasters on men's roles as providers.</li> <li>- The notion that men are stronger implies a perception that they might be more resilient or less vulnerable to the physical impacts of environmental changes.</li> </ul>
<b>B</b>	<b>Women's Experience:</b>
	<ul style="list-style-type: none"> <li>- Women are consistently portrayed as more vulnerable, disadvantaged, and prone to shock post-disaster, indicating a perception of heightened vulnerability among women.</li> <li>- The response "Women easily get afraid" suggests a perception of increased emotional vulnerability in women, potentially influenced by cultural expectations or stereotypes.</li> <li>- The emphasis on women seeking alternative sources of water, methods of preservation, afforestation, and irrigation during dry spells reflects a proactive role for women in adapting to environmental changes. However, it also implies that women bear the burden of finding solutions in the face of such challenges.</li> </ul>
<b>C</b>	<b>General Observation:</b>
	<ul style="list-style-type: none"> <li>- Gendered cultural norms, traditional roles, and stereotypes play a significant role in shaping perceptions of how men and women experience environmental changes post-disaster.</li> <li>- While men are perceived as facing challenges related to their provider role, women are often seen as more vulnerable but also proactive in seeking alternative solutions.</li> </ul>

Source: field survey, 2024

### 5.19.3 Changes in Access to essential resources post-disaster

The results presented in Figure 85 indicate a significant impact on access to essential resources such as food, water, shelter, and healthcare following a disaster. The majority of participants, constituting 74.4%, reported affirmative changes in access. This finding underscores the pervasive consequences of disasters on the basic needs of affected communities.



**Figure 85: Changes in access to essential resources post-disaster**

**Implications and recommendations of gender equality to access to resources post-disaster:**

**1. Resource Vulnerability:**

- The high percentage of affirmative responses suggests that a substantial portion of the population, both men and women, is grappling with challenges in accessing fundamental resources post-disaster. This vulnerability may be attributed to a range of factors, including physical destruction, displacement, and disruptions in supply chains.

**2. Gendered Impact:**

- To understand the implications, a gender-specific analysis is crucial. The study should delve into how these changes in resource access differ between men and women. For instance, women might face unique challenges in accessing healthcare or securing food for their families, and these aspects need careful examination.

**3. Healthcare Disparities:**

- The reported changes in healthcare access raise concerns about potential health disparities. It is imperative to explore whether certain groups, such as women and children, are disproportionately affected, and if there are specific health services that witness a more significant decline in accessibility.

**4. Emergency Response Evaluation:**

- The findings prompt a closer examination of the effectiveness of emergency response mechanisms. If a substantial number of participants are experiencing challenges in accessing basic resources, it calls for an evaluation of the adequacy and inclusivity of disaster response strategies.

**5. Policy Considerations:**

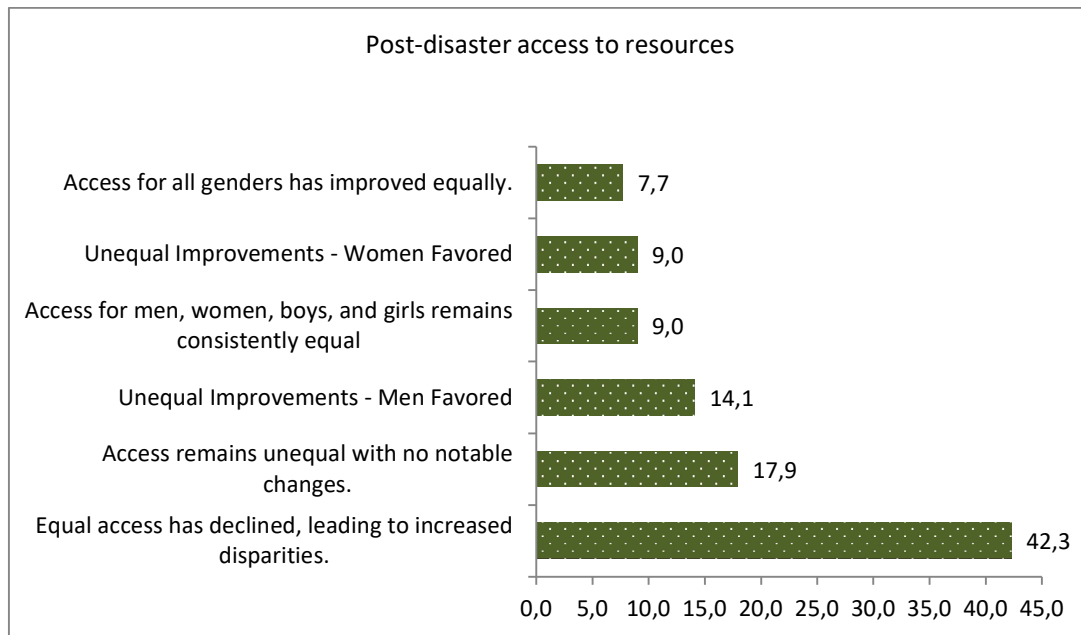
- Policymakers should take cognizance of the reported changes in access and consider integrating gender-sensitive measures into disaster management policies. This includes ensuring equitable distribution of resources and tailoring interventions to address the distinct needs of different demographic groups.

**5.19.4 Post-disaster access to resources**

The results presented in Figure 86 shed light on the evolving highlights of access to resources for men, women, boys, and girls in the aftermath of disasters. Particularly, the findings indicate a concerning trend where equal access has declined, leading to increased disparities among different gender groups. This decline in equality, reported by 42.3% of participants, underscores the failure to address gender-specific needs adequately in post-disaster contexts. Moreover, the results reveals that 17.9% of participants noted no remarkable changes in access, highlighting a persistent lack of progress in bridging gender disparities in resource accessibility.

Furthermore, unequal improvements favoring certain gender groups have been observed, with 14.1% of participants reporting improvements that predominantly benefit men and another 9.0% noting similar disparities favoring women. These findings underscore systemic gender inequalities that persist in disaster response and recovery efforts, emphasizing the importance of gender-sensitive approaches to ensure equitable access to resources for all genders.

Conversely, 9.0% of participants indicated that access for men, women, boys, and girls remains consistently equal, suggesting a positive scenario where gender disparities are not exacerbated post-disaster. Additionally, 7.7% of participants reported that access for all genders has improved equally, indicating successful efforts in implementing gender-inclusive strategies to enhance access to resources post-disaster.



**Figure 86: Post-disaster access to resources**

**Implications and recommendations of findings on post-disaster access to resources**



The implications of these findings are significant. They underscore the urgent need for gender-sensitive interventions in disaster management to address the declining trend of equal access and mitigate disparities in resource distribution. Effective strategies should aim to promote gender equality and resilience by ensuring that disaster response and recovery efforts are inclusive and responsive to the diverse needs of all gender groups. This requires a comprehensive approach that recognizes and addresses the unique challenges faced by men, women, boys, and girls in accessing essential resources in post-disaster settings.

#### **5.19.5 Gender disparity in allocation and utilization of resources**

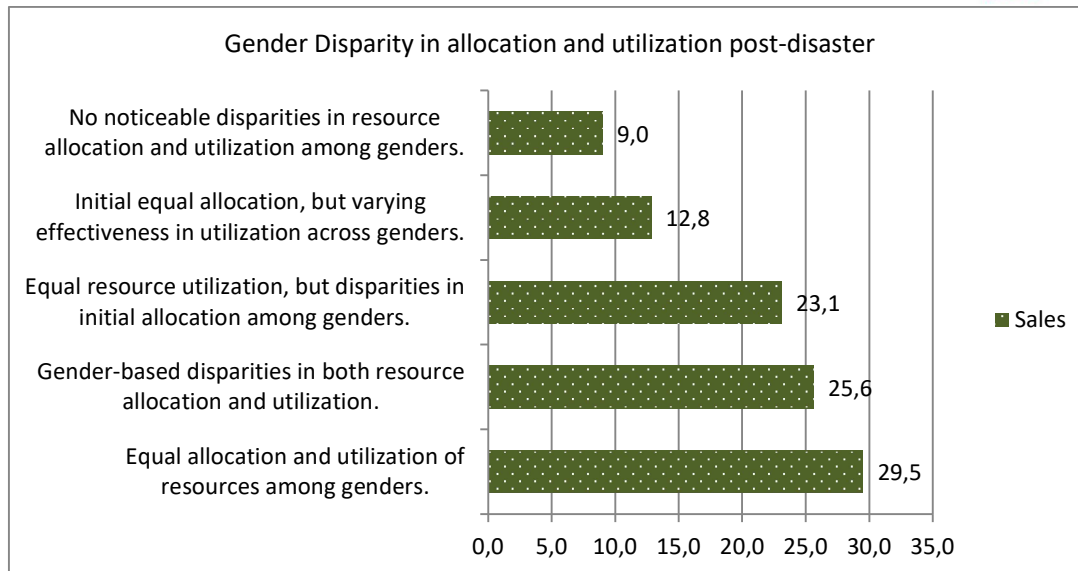
In Figure 87, the data reveals insights into the allocation and utilization of resources among different gender groups post-disaster. Notably, the majority of participants, constituting 29.5%, perceive equal allocation and utilization of resources among genders. This suggests a positive trend in ensuring equitable access to resources, acknowledging the importance of gender-inclusive practices in post-disaster management.

Conversely, 25.6% of participants identify gender-based disparities in both resource allocation and utilization. This highlights a concerning aspect of unequal resource distribution and utilization, emphasizing the need for targeted interventions to address these disparities and ensure fairness in resource access.

Furthermore, 23.1% of participants observe equal resource utilization but note disparities in the initial allocation among genders. This nuanced finding underscores the complexity of resource management, indicating that while the resources may be used equally, challenges exist in the initial distribution phase that may need attention.

Additionally, 12.8% of participants highlight an initial equal allocation but varying effectiveness in utilization across genders. This insight suggests that equal distribution alone may not be sufficient, and efforts should be directed towards ensuring effective utilization, considering the diverse needs and capacities of different gender groups.

Finally, 9.0% of participants report no noticeable disparities in both resource allocation and utilization among genders. This positive observation suggests a successful implementation of gender-responsive measures in post-disaster resource management.



**Figure 87: Allocation and utilization of resources among different gender groups post-disaster**

**Implications and recommendations of findings on Gender Disparity in allocation and utilization post-disaster**

Implications of these findings underscore the importance of adopting gender-sensitive strategies in disaster management policies. Addressing disparities in both resource allocation and utilization is crucial for fostering resilience and sustainable recovery, ensuring that all gender groups benefit equitably from post-disaster resources and interventions.

**Conclusion**

**Summary of key findings**

The in-depth gender analysis of the Disaster Risk Management & Financing (DRM&F) sector in Nigeria has yielded several key findings that shed light on the current state of gender sensitivity and inclusivity within the sector:

1. **Perception of Gender Neutrality:** A significant proportion of respondents (61.1%) perceive leadership positions during disasters to be affected by traditional gender roles, indicating a prevailing perception of gender neutrality in the DRM&F sector.
2. **Preference for Male Leadership:** However, there exists a remarkable preference for male leadership during disasters (39.9%), highlighting a gender bias that may hinder gender diversity in leadership roles.
3. **Flexibility in Role Assignment:** While there is an equal split in respondents' opinions on whether roles during disaster response are assigned based on skills rather than traditional gender norms (50% each), this suggests potential room for improvement in promoting skill-based assignments.
4. **Perceived Impact of Gender Dynamics:** The majority of respondents (61.1%) perceive resource access during disasters to be more challenging for women, emphasizing the need to address gender disparities in resource allocation.

5. **Awareness and Implementation of Gender-Responsive Measures:** While there is awareness of existing gender-responsive measures (61.1%), their integration into DRM&F policies and strategies remains limited (72.2% rated integration as  $\leq 3$  on a scale of 1-10).
6. **Challenges in Addressing Gender Disparities:** Identified challenges include inadequate resources for gender-sensitive interventions (72.2%) and insufficient training on gender disparities for emergency responders (72.2%).
7. **Effectiveness of Gender-Responsive Measures:** A majority of respondents (61.1%) perceive the existing gender-responsive measures to be effective, but observable improvements in the resilience of vulnerable groups are reported by only 38.9%.

## **B. Implications for Policy and Practice**

The findings of this analysis have several implications for policy and practice within the DRM&F sector in Nigeria:

1. **Policy Formulation:** Policymakers should consider the gender biases and preferences identified in leadership roles during disasters and work towards promoting gender diversity in decision-making bodies.
2. **Training and Capacity Building:** There is a clear need for enhanced training programs focusing on gender disparities for emergency responders to ensure a more inclusive and gender-sensitive approach to disaster management.
3. **Resource Allocation:** Efforts should be directed towards addressing gender disparities in resource allocation during disasters, ensuring equitable access to resources for men and women.
4. **Integration of Gender-Responsive Measures:** There is a need to strengthen the integration of gender-responsive measures into DRM&F policies and strategies, emphasizing the importance of inclusive decision-making processes and gender-sensitive infrastructure development.
5. **Strengthening Partnerships:** Efforts to strengthen collaborations and partnerships with external organizations, civil society groups, and women community leaders should be prioritized. These partnerships play a crucial role in leveraging diverse expertise, resources, and perspectives to enhance gender responsiveness within the sector.
6. **Promoting Community Engagement:** Active engagement with local communities, particularly women, should be central to DRM&F practices. Policies and practices should prioritize community-led initiatives, participatory decision-making processes, and the integration of community feedback to ensure that gender-responsive measures reflect the needs and realities of those most affected by disasters.
7. **Monitoring and Evaluation:** Regular monitoring and evaluation mechanisms should be established to assess the effectiveness of gender-responsive measures and their impact on the resilience of vulnerable groups, with a focus on promoting accountability and continuous improvement.

In conclusion, addressing gender disparities and promoting inclusivity within the DRM&F sector in Nigeria requires a multifaceted approach that incorporates policy reform, capacity building, resource allocation, and robust monitoring and evaluation mechanisms. By prioritizing gender sensitivity and inclusivity, stakeholders can ensure more effective and resilient disaster management practices that benefit all members of society.

### Action Plan for Enhancing Gender responsive in Nigeria's Disaster Risk Management & Financing (DRM&F) Sector

Gender responsiveness is an important strategy for achieving Nigeria's inclusive and transformative DRM&F systems. The following are comprehensive roadmap for implementing a gender-responsive action plan for inclusive and transformative DRM&F in Nigeria.

#### **Actions 1. Raise Awareness and Training**

##### **Action Plan 1.1: Develop and implement gender sensitization programs for all stakeholders in the DRM&F sector**

- **Key indicators for Action Plan 1.1**

- 1.1.1** The number and percentage of women and men who participate in the Development, design, implementation, monitoring and evaluation of DRM&F policies, plans and programs.
- 1.1.2** The extent to which gender issues and needs are integrated into DRM&F assessments, analyses, strategies and budgets.
- 1.1.3** The number and quality of gender-responsive DRM&F tools, guidelines, standards and training materials that are developed and used by stakeholders.
- 1.1.4** The level of awareness and knowledge of gender concepts and principles among DRM&F stakeholders, including decision-makers, practitioners, beneficiaries and partners.
- 1.1.5** The degree of collaboration and coordination among different actors and sectors to promote gender equality and women's empowerment in DRM&F.

##### **Action Plan 1.2: Integrate gender-focused training modules into capacity-building initiatives for emergency responders and decision-makers.**

- **Key Indicators**

- 1.2.1** Conduct a gender analysis to identify the different needs, roles, capacities and risks of women, men, girls and boys in emergency situations.
- 1.2.2** Design and deliver gender-focused training modules that cover topics such as gender-based violence, sexual and reproductive health, women's leadership and participation, and gender mainstreaming in humanitarian action.
- 1.2.3** Ensure that the training modules are tailored to the specific context, sector and audience of the emergency responders and decision-makers.
- 1.2.4** Monitor and evaluate the impact of the training modules on the knowledge, attitudes and practices of the emergency responders and decision-makers regarding gender issues.

- 1.2.5 Provide feedback and follow-up support to the trainees to reinforce their learning and address any challenges or gaps in their implementation of gender-sensitive approaches.

**Action 2: Policy Review and Development:**

**Action Plan 2.1: Conduct a comprehensive review of existing policies to identify and address gender disparities.**

- **Key indicators**

- 2.1.1 The number and percentage of women and men in different positions and sectors within the organization
- 2.1.2 The average salary and benefits of women and men in similar roles and responsibilities
- 2.1.3 The availability and accessibility of gender-sensitive training and mentoring programs for staff and managers
- 2.1.4 The existence and implementation of gender mainstreaming strategies and action plans in all policy areas and projects
- 2.1.5 The participation and representation of women and men in decision-making processes and bodies at all levels
- 2.1.6 The extent and quality of gender analysis and gender-disaggregated data collection and reporting in policy development and evaluation
- 2.1.7 The level of awareness and satisfaction of staff and stakeholders on the organization's gender policies and practices

**Actions Plan 2.2: Develop gender-responsive policies and strategies that promote inclusivity and equal opportunities.**

- **Key indicators**

- 2.2.1 The percentage of women and men in decision-making positions at different levels of governance and sectors
- 2.2.2 The extent to which gender equality and women's rights are mainstreamed in policy documents, budgets, programs and projects
- 2.2.3 The availability and accessibility of sex-disaggregated data and gender analysis for evidence-based policy making and monitoring
- 2.2.4 The level of participation and representation of women and men from diverse backgrounds and groups in public consultations, dialogues and forums
- 2.2.5 The degree of satisfaction and feedback from women and men beneficiaries and stakeholders on the quality and relevance of policies and services

**Action 3: Inclusive Decision-Making**

**Action Plan 3.1: Promote gender diversity in decision-making bodies related to DRM&F.**

- **Key indicators**

- 3.1.1 The proportion of women and members of marginalized groups in leadership positions and committees.
- 3.1.2 The extent to which gender and diversity perspectives are integrated into the policies, plans, budgets and monitoring systems of the bodies.
- 3.1.3 The availability and accessibility of gender and diversity disaggregated data and analysis to inform the decision-making process.

3.1.4 The level of participation and consultation of women and diverse stakeholders in the design, implementation and evaluation of disaster risk management and financing interventions.

3.1.5 The degree of responsiveness and accountability of the bodies to the needs, priorities and rights of women and diverse groups affected by disasters.

**Action Plan 3.2: Establish mechanisms to ensure the active participation of both men and women in key decision-making processes**

- **Key Indicators**

3.2.1 The proportion of men and women involved in the design, implementation, monitoring and evaluation of disaster risk management and financing policies and programs.

3.2.2 The extent to which gender analysis and gender-responsive budgeting are integrated into disaster risk management and financing strategies and plans.

3.2.3 The availability and accessibility of sex-disaggregated data and gender-sensitive indicators on disaster risk, vulnerability, exposure, impact and recovery.

3.2.4 The level of awareness and capacity of disaster risk management and financing stakeholders on gender equality and women's empowerment issues and best practices.

3.2.5 The degree of consultation and collaboration with gender equality advocates and women's organizations in disaster risk management and financing processes and activities.

**Action 4: Data Collection and Analysis**

**Action Plan 4.1: Incorporate gender-disaggregated data collection into routine DRM&F activities.**

- **Key indicators**

4.1.1 Collect and analyze data on the different impacts of disasters on women, men, girls and boys, and other vulnerable groups.

4.1.2 Use gender-disaggregated data to inform disaster risk assessment, planning, response, recovery and resilience building.

4.1.3 Ensure that gender-disaggregated data is accessible, transparent and reliable, and that it adheres to ethical and privacy standards.

4.1.4 Strengthen the capacity of disaster risk management and financing institutions and stakeholders to collect, manage and use gender-disaggregated data.

4.1.5 Promote the participation and leadership of women and other marginalized groups in disaster risk management and financing decision-making processes, using gender-disaggregated data as evidence.

**Action Plan 4.2: Utilize gender-sensitive indicators to assess the impact of disasters and emergency responses on different gender groups.**

- **Key Indicators**

4.2.1 The percentage of women, men, girls and boys who have access to safe and adequate shelter, water, sanitation, health care and education during and after a disaster.

- 4.2.2 The number and proportion of women, men, girls and boys who are affected by injury, death, displacement, loss of livelihoods and assets due to a disaster.
- 4.2.3 The extent to which women, men, girls and boys participate in disaster risk management and financing activities, such as risk assessment, early warning, preparedness, response, recovery and reconstruction.
- 4.2.4 The degree to which the specific needs and priorities of women, men, girls and boys are addressed in disaster risk management and financing policies, plans, budgets and programs.
- 4.2.5 The level of satisfaction of women, men, girls and boys with the quality and effectiveness of disaster risk management and financing services and interventions.

**Action 5: Resource Allocation and Budgeting:**

**Action Plan: Implement gender-sensitive budgeting to address specific needs and vulnerabilities.**

- **Key Indicators**

- 5.1.1 Conduct a gender analysis of the existing and planned DRM&F policies, programs and projects to identify gaps and opportunities for gender mainstreaming
- 5.1.2 Allocate adequate resources for the design, implementation, monitoring and evaluation of gender-responsive DRM&F interventions
- 5.1.3 Establish gender-disaggregated indicators and targets to measure the impact and effectiveness of DRM&F activities on women and men, girls and boys
- 5.1.4 Enhance the capacity of DRM&F stakeholders to apply gender-sensitive budgeting tools and methodologies
- 5.1.5 Promote the participation and leadership of women and marginalized groups in DRM&F decision-making processes and mechanisms

**Action Plan 5.2: Ensure equitable resource allocation that considers the diverse requirements of men, women, and vulnerable groups.**

- **Key indicators**

- 5.1.6 The percentage of budget allocated to gender-responsive and inclusive disaster risk management and financing programs and projects
- 5.1.7 The number and proportion of men, women, and vulnerable groups who participate in the design, implementation, monitoring, and evaluation of disaster risk management and financing interventions
- 5.1.8 The extent to which the specific needs, capacities, and preferences of men, women, and vulnerable groups are identified, addressed, and integrated in disaster risk management and financing policies, plans, strategies, and guidelines
- 5.1.9 The number and proportion of men, women, and vulnerable groups who benefit from disaster risk management and financing services, such as early warning systems, risk assessments, risk reduction measures, insurance schemes, social protection programs, and recovery support
- 5.1.10 The level of satisfaction and feedback of men, women, and vulnerable groups with the quality, accessibility, affordability, and effectiveness of disaster risk management and financing services

**Action 6: Stakeholder Collaboration****Action Plan 6.1: Foster collaboration with non-governmental organizations, academia, and international agencies working on gender and disaster management.**

- **Key indicators**

- 6.1.1 The number and diversity of partners involved in the design, implementation, monitoring and evaluation of gender-responsive disaster risk management and financing interventions.
- 6.1.2 The extent to which the needs, capacities, roles and contributions of women and men are assessed and integrated in the disaster risk management and financing policies, strategies, plans and programs.
- 6.1.3 The level of participation and representation of women and men from different groups and sectors in the decision-making processes and governance structures related to disaster risk management and financing.
- 6.1.4 The amount and allocation of resources dedicated to support gender equality and women's empowerment objectives and outcomes in disaster risk management and financing activities.
- 6.1.5 The availability and use of sex-disaggregated data, gender analysis and gender indicators to measure the impact and effectiveness of disaster risk management and financing interventions on women and men.

**Action Plan 6.2: Create partnerships to share best practices and resources for gender integration.**

- **Key indicators**

- 6.2.1 The number and diversity of partners involved in gender-responsive DRM&F initiatives
- 6.2.2 The extent and quality of information exchange and knowledge sharing on gender issues among partners
- 6.2.3 The level of alignment and coordination of gender strategies and actions among partners
- 6.2.4 The degree of participation and influence of women and marginalized groups in DRM&F decision-making processes
- 6.2.5 The amount and allocation of resources dedicated to gender mainstreaming and empowerment in DRM&F interventions

**Action Plan 7: Emergency Response Planning:****Action Plan: 7.1 Integrate gender perspectives into emergency response plans.**

- **Key indicators**

- 7.1.1 The number and percentage of women and men, girls and boys affected by the disaster and their specific needs and vulnerabilities
- 7.1.2 The participation and representation of women and men, girls and boys in the design, implementation, monitoring and evaluation of emergency response plans and activities
- 7.1.3 The allocation and distribution of resources and benefits to women and men, girls and boys in the emergency response plans and activities
- 7.1.4 The protection and promotion of the human rights, dignity and safety of women and men, girls and boys in the emergency response plans and activities



- 7.1.5 The inclusion and empowerment of women's groups, networks and organizations in the emergency response plans and activities

**Action Plan 7.2: Ensure that response strategies consider the unique needs of different gender groups during disasters.**

- **Key Indicators**

- 7.2.1 The proportion of women and men who participate in the design, implementation and evaluation of the response strategies
- 7.2.2 The extent to which the response strategies address the specific vulnerabilities and capacities of women and men in different sectors, such as health, education, livelihoods, protection and social inclusion
- 7.2.3 The availability and accessibility of gender-sensitive data and information on the impacts and outcomes of the response strategies for different gender groups
- 7.2.4 The allocation and utilization of financial resources for gender-responsive disaster risk management and financing activities
- 7.2.5 The level of coordination and collaboration among different stakeholders, including government agencies, civil society organizations, private sector and donors, to promote gender equality and women's empowerment in disaster risk management and financing.

**Action 8: Monitoring and Evaluation**

**Action Plan 8.1: Establish a robust monitoring and evaluation system to track the effectiveness of gender-responsive measures.**

- **Key Indicators**

- 1.1.1 The number and percentage of women and men, girls and boys, and other vulnerable groups who participate in disaster risk assessment, planning, implementation, and evaluation processes.
- 1.1.2 The extent to which gender analysis and sex-disaggregated data are integrated into disaster risk assessment, planning, implementation, and evaluation reports and tools.
- 1.1.3 The number and percentage of women and men, girls and boys, and other vulnerable groups who benefit from disaster risk reduction, preparedness, response, recovery, and resilience-building interventions.
- 1.1.4 The number and percentage of women and men, girls and boys, and other vulnerable groups who access and control disaster risk financing mechanisms and resources.
- 1.1.5 The number and type of gender-responsive policies, strategies, frameworks, and guidelines that are developed and implemented for disaster risk management and financing at different levels.
- 1.1.6 The level of satisfaction and feedback from women and men, girls and boys, and other vulnerable groups on the quality, relevance, accessibility, and effectiveness of disaster risk management and financing services and interventions.

**Action Plan: 8.2 Regularly assess the impact of interventions on vulnerable groups, adjusting strategies based on feedback.**

- **Key Indicators**

- 8.2.1 Establish a monitoring and evaluation system to track the outcomes and impacts of interventions on vulnerable groups, such as women, children, elderly, disabled, and poor people.
- 8.2.2 Use participatory methods and feedback mechanisms to ensure that the voices and needs of vulnerable groups are heard and addressed in the design and implementation of interventions.
- 8.2.3 Apply a gender-sensitive and inclusive approach to disaster risk management and financing, ensuring that both men and women have equal access to resources, information, and decision-making processes.
- 8.2.4 Review and update the disaster risk management and financing strategies regularly, based on the evidence and feedback from the monitoring and evaluation system and the stakeholders.
- 8.2.5 Identify and address any gaps, challenges, or unintended consequences of the interventions on vulnerable groups, and adjust the strategies accordingly.

**Action 9: Community Engagement:**

**Action Plan 9.1: Engage communities in disaster risk reduction initiatives, considering diverse gender roles**

- **Key Indicators**

- 9.1.1 The number and percentage of women and men who participate in community-based disaster risk assessments and planning processes.
- 9.1.2 The extent to which gender issues and needs are integrated into disaster risk reduction policies, strategies and action plans at different levels.
- 9.1.3 The amount and proportion of disaster risk reduction funding that is allocated and disbursed to address gender-specific risks and vulnerabilities.
- 9.1.4 The number and percentage of women and men who benefit from disaster risk reduction interventions, such as early warning systems, resilient infrastructure and livelihood support.
- 9.1.5 The degree of satisfaction and empowerment of women and men who are involved in disaster risk reduction activities and decision-making.

**Action Plan 9.2: Implement strategies that empower women in disaster resilience activities.**

- **Key indicators**

- 9.2.1 The percentage of women who participate in disaster risk assessment, planning, and decision-making processes at different levels.
- 9.2.2 The number and quality of gender-responsive policies, programs, and budget allocations for disaster risk reduction and recovery.
- 9.2.3 The extent to which women's specific needs, capacities, and priorities are addressed in disaster preparedness, response, and recovery interventions.
- 9.2.4 The availability and accessibility of gender-disaggregated data and information on disaster risks, impacts, and recovery outcomes.
- 9.2.5 The level of awareness and capacity of disaster management stakeholders on gender equality and women's empowerment issues and approaches.

**Action 10: Research and Innovation**

**Action Plan 10.1 Promote research on the intersection of gender and DRM&F to inform evidence-based practices.**

- **Key indicators**

- 10.1.1 The number and percentage of research projects that explicitly address gender issues in DRM&F
- 10.1.2 The amount and proportion of funding allocated to gender-responsive DRM&F research
- 10.1.3 The number and diversity of researchers and stakeholders involved in gender-sensitive DRM&F research
- 10.1.4 The quality and accessibility of gender-disaggregated data and analysis in DRM&F research
- 10.1.5 The extent and impact of gender mainstreaming in DRM&F policies and practices informed by research

**Action Plan 10.2: Encourage innovation in technology and methodologies that enhance gender-sensitive disaster management.**

- **Key indicators**

- 10.2.1 The number and quality of gender-disaggregated data sources and tools for disaster risk assessment and monitoring
- 10.2.2 The level of participation and representation of women and marginalized groups in disaster risk management decision-making and governance structures
- 10.2.3 The extent to which gender issues and needs are integrated into disaster risk reduction policies, strategies, plans and budgets
- 10.2.4 The availability and accessibility of gender-responsive technologies and innovations for disaster prevention, preparedness, response and recovery
- 10.2.5 The degree of collaboration and coordination among different stakeholders, sectors and disciplines to promote gender-sensitive disaster risk management

**Action 11: Reporting Mechanism**

**Action Plan 11.1: Establish a gender-sensitive reporting mechanism for incidents related to gender-based violence and discrimination during disasters.**

- **Key indicators**

- 11.1.1 The number and percentage of disaster-affected people who have access to safe, confidential and accessible reporting channels
- 11.1.2 The number and percentage of reported cases of gender-based violence and discrimination that are acknowledged, investigated and resolved in a timely and appropriate manner
- 11.1.3 The number and percentage of disaster-affected people who are aware of their rights and the reporting mechanism
- 11.1.4 The number and percentage of disaster management staff and volunteers who are trained on gender-sensitive reporting and response protocols
- 11.1.5 The number and percentage of disaster management plans and policies that incorporate gender-sensitive reporting and response strategies

**Action Plan 11.2: Ensure confidentiality and support services for those affected.**

- **Key indicators**

- 11.2.1 The number and percentage of people who receive psychosocial and counselling support after a disaster
- 11.2.2 The existence and implementation of data protection policies and protocols for disaster response agencies
- 11.2.3 The availability and accessibility of confidential and safe spaces for survivors of gender-based violence, child abuse, or other forms of trauma
- 11.2.4 The proportion of disaster-affected households that receive timely and adequate financial assistance or compensation
- 11.2.5 The level of satisfaction and trust of the disaster-affected communities with the support services provided

## REFERENCES:

- Abdulsalam-Saghir, P. and Adeuyi, O.O. (2018): Cassava Peel Utilization among Rural Households of South-West, Nigeria. *Food Chain* 7 (2); 87-99. Published by Practical Action Publishing, United Kingdom [www.practicalactionpublishing.org](http://www.practicalactionpublishing.org) ISSN: 2046-1879/2046-1887. Available online at <http://dx.doi.org/10.3362/2046-1887.0008>
- African Risk Capacity (2018). Nigerian Government signs MoU with African Risk Capacity to address impact of extreme weather events. Press Release. [24 May, 2018].  
<https://www.africanriskcapacity.org/2018/05/24/press-release-nigerian-government-signs-mou-with-african-risk-capacity-to-address-impact-of-extreme-weather-events/> Nigeria (2021). Updated Nationally-Determined Contributions.  
<https://www4.unfccc.int/sites/ndcstaging/PublishedDocuments/Nigeria%20First/NDC%20INTERIM%20REPORT%20SUBMISSION%20-%20NIGERIA.pdf>
- Ahmad, A. (2018). Conceptualizing Disasters from a Gender Perspective. In: O'Mathúna, D., Dranseika, V., Gordijn, B. (eds) *Disasters: Core Concepts and Ethical Theories. Advancing Global Bioethics*, vol 11. Springer, Cham. [https://doi.org/10.1007/978-3-319-92722-0\\_8](https://doi.org/10.1007/978-3-319-92722-0_8)
- Ayanlade A, Radeny M, Morton JF, Muchaba T. (2018). Rainfall variability and drought characteristics in two agro-climatic zones: An assessment of climate change challenges in Africa. *Science of The Total Environment* 630:728–737. URL: <https://ccafs.cgiar.org/news/understanding-rainfall-variability-drought-and-farmers%E2%80%99-coping-strategies-nigeria#.XYEZBZnKhR4>
- Climate Scorecard (2019). Nigeria Listed as One of the 10 Most Climate Vulnerable Countries. URL: <https://www.climatescorecard.org/2018/11/nigeria-listed-as-one-of-the-10-most-climate-vulnerable-countries/>
- Downie. R. (2017). Growing the agriculture sector in Nigeria. CSIS Global Food Security Project. [https://fscluster.org/sites/default/files/documents/170317\\_downie\\_agriculturesectornigeria\\_web1.pdf](https://fscluster.org/sites/default/files/documents/170317_downie_agriculturesectornigeria_web1.pdf)
- Echendu, A (2020). The impact of flooding in Nigeria's sustainable development goals. *J. of Ecosystem Health and Sustainability*. 6(1). DOI: <https://doi.org/10.1080/20964129.2020.1791735>
- Erman Sophie Anne De VriesRobbé Stephan Fabian ThiesKayenatKabirMiraiMaruo (2021). Gender Dimensions of Disaster Risk and Resilience: Existing Evidence. <https://openknowledge.worldbank.org/server/api/core/bitstreams/80f2e78e-f04f-5a59-86a6-9cfe6bcd7b87/content>
- GFDRR (2019). Nigeria. URL: <https://www.gfdr.org/en/nigeria>

- Merem et al (2019). Regional Assessment of Climate Change Hazards in Southern Nigeria with GIS. *Journal of Safety Engineering*, 8(1): 9–27 DOI: <https://doi.org/10.5923/j.safety.20190801.02>
- National Disaster Framework Understanding the Framework. <https://www.refworld.org/pdfid/5b3f84874.pdf>
- Nigeria (2018). First Biennial Update Report of the Federal Republic of Nigeria under the UNFCCC. [https://www4.unfccc.int/sites/SubmissionsStaging/NationalReports/Documents/218354\\_Nigeria-BUR1-1-Nigeria%20BUR1\\_Final%20\(2\).pdf](https://www4.unfccc.int/sites/SubmissionsStaging/NationalReports/Documents/218354_Nigeria-BUR1-1-Nigeria%20BUR1_Final%20(2).pdf)
- Nigeria (2020). Nigeria’s Third National Communication under the UNFCCC. <https://unfccc.int/documents/226453>
- Nigeria (2020). Nigeria’s Third National Communication under the UNFCCC. <https://unfccc.int/documents/226453>
- UN, (2015). Assessment report on mainstreaming and implementing disaster risk reduction measures in Nigeria. URL: [https://archive.uneca.org/sites/default/files/uploaded-documents/Natural\\_Resource\\_Management/drr/nigeria-drr-report\\_english\\_fin.pdf](https://archive.uneca.org/sites/default/files/uploaded-documents/Natural_Resource_Management/drr/nigeria-drr-report_english_fin.pdf)
- UN: <https://reliefweb.int/report/world/gender-and-disasters-part-i>
- USAID (2018). Fragility and Climate Risks in Nigeria. [https://pdf.usaid.gov/pdf\\_docs/PA00TBFK.pdf](https://pdf.usaid.gov/pdf_docs/PA00TBFK.pdf)
- USAID (2018). Fragility and Climate Risks in Nigeria. URL: [https://pdf.usaid.gov/pdf\\_docs/PA00TBFK.pdf](https://pdf.usaid.gov/pdf_docs/PA00TBFK.pdf)
- USAID (2019). Climate Risk Profile – Nigeria. [https://www.climatelinks.org/sites/default/files/asset/document/2019\\_USAIDATLAS-Nigeria-Climate-Risk-Profile.pdf](https://www.climatelinks.org/sites/default/files/asset/document/2019_USAIDATLAS-Nigeria-Climate-Risk-Profile.pdf)
- WHO (2015). Climate and Health Country Profile – Nigeria. [https://apps.who.int/iris/bitstream/handle/10665/208865/WHO\\_FWC\\_PHE\\_EPE\\_15.11\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/208865/WHO_FWC_PHE_EPE_15.11_eng.pdf?sequence=1)
- World Bank (2020). The Cost of Coastal Zone Degradation in Nigeria: Cross River, Delta, and Lagos States. URL: <https://openknowledge.worldbank.org/handle/10986/34758>
- World Bank (2021). Gender Dynamics of Disaster Risk and Resilience. URL: <https://www.worldbank.org/en/topic/disasterriskmanagement/publication/gender-dynamics-of-disaster-risk-and-resilience>
- World Bank Group (2020). Country Partnership Framework for the Federal Republic of Nigeria for the Period FY21-FY25. November 16, 2020. URL: <https://openknowledge.worldbank.org/handle/10986/35098>

