



Report of the webinar on gender-responsive DRR

From Risk to Resilience: Addressing Gender-Based Violence in Disaster Risk Governance in Asia Pacific

Prepared by:

The Gender Stakeholders Group of Asia-Pacific Partnership for DRR
in collaboration with
All India Disaster Mitigation Institute

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From Risk to Resilience: Addressing Gender-Based Violence in Disaster Risk Governance in Asia Pacific

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Organised by: Gender Stakeholders' Group of the Asia Pacific Partnership for Disaster Risk Reduction (GSHG-APPDRR)

In collaboration with: All India Disaster Mitigation Institute (AIDMI)

Moderator: Pritha Khanal, Duryog Nivaran

Panelists:

- **Mihir R. Bhatt**, Director, All India Disaster Mitigation Institute (AIDMI), India
- **Savini Sirikumara**, World Vision Lanka, Sri Lanka
- **Surya Kumari Sunar**, DanChurchAid (DCA), Nepal
- **Dilruba Haider**, UN Women

1. Background and Objective

Gender-based violence (GBV) remains one of the most persistent yet least addressed risks within disaster and climate governance across the Asia-Pacific region. While disasters are known to intensify pre-existing inequalities, GBV continues to be treated as a secondary concern—often addressed late, unevenly, or outside core disaster risk reduction (DRR) frameworks.

This webinar was organised by the GSHG APP- DRR in collaboration with AIDMI. The GSHG, formed in 2012, comprises of organizations across Asia Pacific regions working to promote gender responsive disaster risk governance. AIDMI, based in Ahmedabad, India was established in 1987 and has been continuously working across disaster risk reduction, climate resilience, recovery and humanitarian accountability.

The webinar was a part of the Gender-Responsive DRR Webinar Series aligned with the Sendai Framework Gender Action Plan (Sendai GAP), particularly Objective 9, which calls for the prevention of and response to GBV in disaster contexts. The session aimed to reposition GBV as a foreseeable, preventable, and governable disaster risk, requiring integration across preparedness, response, recovery, and anticipatory action.

The discussion brought together regional practitioners and institutions to share grounded evidence, operational practices, and governance lessons from South Asia

The webinar was attended by 90 (31M and 59 F) participants from countries across Asia-Pacific region.

2. Opening Context Setting

Opening the session, Pritha Khanal (Duryog Nivaran) highlighted that disasters systematically worsen existing power imbalances and expose gaps in everyday protection systems. She emphasised that GBV manifests in multiple forms during crises—physical, sexual, psychological, economic, and structural—and remains largely invisible due to institutional blind spots, lack of disaggregated data, and competing response priorities.

She noted that despite repeated recognition in global and national frameworks, GBV prevention is rarely embedded in disaster governance practice, creating a critical gap between policy intent and lived realities.

3. Tools, approaches and Key Messages

Gender-based violence in Disasters: Why Risks Escalates?

Mihir R. Bhatt (AIDMI, India)

Mihir R. Bhatt framed GBV in disasters as a governance outcome rather than a side effect. Drawing on AIDMI's long-term post-disaster and climate resilience work across South Asia, he demonstrated how displacement, overcrowded shelters, livelihood loss, and climate stresses—particularly extreme heat—reshape power relations and intensify everyday violence.

He highlighted that temporary shelters and informal settlements reduce privacy and autonomy for women and girls, while economic stress following disasters increases domestic violence and workplace harassment. Extreme heat, now a predictable seasonal crisis in many Indian cities, was identified as a driver of everyday violence through income loss, overcrowded housing, and increased unpaid care burdens.

A central concern raised was the systematic absence of sex-, age-, and disability-disaggregated data in disaster assessments and recovery monitoring. He stressed that what is not measured is not funded, and what is not funded is not addressed—resulting in recovery being declared complete while survivors continue to bear invisible costs. He described this condition as “unrecovery.”

Concluding, he stated that DRR without GBV prevention merely transfers risk onto women's bodies and lives, and called for GBV to be treated as a core anticipatory action priority and accountability indicator in disaster governance.

A framework on the prevention, mitigation and response to GBV in emergencies or fragile contexts

Savini Sirikumara (World Vision Lanka, Sri Lanka)

Savini Sirikumara shared operational experiences from Sri Lanka, including responses following recent cyclones. She outlined how World Vision integrates GBV considerations within emergency response through coordination under protection clusters, engagement in GBV sub-clusters, and use of shared response data systems to improve inter-agency planning.

She emphasised practical measures such as disseminating hotline and referral information during relief distributions, identifying service gaps when systems collapse, and reporting these gaps to government authorities. A key focus of her intervention was the engagement of men and boys in GBV prevention through long-term community programmes, as well as collaboration with religious and community leaders to address harmful norms and survivor stigma.

She underlined that staff capacity-building on safeguarding, prevention of sexual exploitation and abuse (PSEA), and GBV risk mitigation is essential for ensuring that protection commitments translate into practice during emergencies.

DCA's response to GBV in humanitarian settings through men's engagement and positive masculinity

Surya Kumari Sunar (DanChurchAid – DCA, Nepal)

Surya Kumari Sunar presented DCA Nepal's experience in integrating GBV risk mitigation into disaster preparedness, response, and recovery. She explained how GBV risk screening is embedded within assessment tools to identify vulnerable households and survivors early.

She highlighted the prioritisation of GBV survivors, single women, pregnant women, and women-headed households within multi-purpose cash and voucher assistance programmes, positioning livelihood support as both an economic and protection strategy. DCA's support for the construction of women-friendly safe shelters, including dedicated spaces for privacy, disclosure, and referral, was presented as a critical institutional intervention.

She also outlined survivor-centred referral mechanisms linking psychosocial counsellors, crisis management centres, judicial committees, and human rights help desks, ensuring dignity, choice, and protection for survivors during humanitarian response.

She further shared about DCA's approach in engaging men and boys through structured male engagement programming. This includes identifying male champions, developing tools and curricula on gender norms, patriarchy, positive masculinity, and non-violence, and facilitating safe spaces for men to reflect on emotions, privilege, and behaviors. Their training emphasizes respectful relationships, shared household responsibilities, non-violent conflict resolution, and active bystander approaches. She highlighted on bring transformation into everyday practices while ensuring that women's leadership remains central to GBV prevention and response.

Institutional Gaps and Recommended actions

Dilruba Haider (UN Women)

Dilruba Haider focused on the institutional and systemic gaps that allow GBV risks to persist during disasters. She emphasised that while GBV is often mentioned in national disaster plans and standing orders, implementation falters due to unclear mandates, fragmented institutional responsibility, and limited capacity among frontline officials.

Drawing on data from Bangladesh, she highlighted deep structural vulnerabilities: high rates of child marriage, limited education and employment opportunities for women, and extremely high prevalence of intimate partner violence, with most survivors suffering in silence. Post-disaster assessments, including UN Women's rapid gender analysis after Cyclone Amphan (2020), showed a 65–74% increase in GBV during and after disasters. In evacuation shelters, adolescent girls reported avoiding bathing due to fear of harassment or filming, and many women lacked access to menstrual hygiene and sexual and reproductive health services, reflecting systemic neglect of gendered needs in emergency response.

She highlighted persistent neglect of sexual and reproductive health, menstrual hygiene, trafficking, and forced labour concerns during emergencies, often dismissed as non-life-saving issues. She argued that without concrete data, clear accountability, and dedicated budgets, GBV prevention remains marginalised within disaster governance.

Her intervention called for system-level reforms to ensure that women's access to recovery support, livelihoods, and protection is not contingent on documentation or institutional barriers that exclude them during crises.

4. Question and Answer

Jagat from Software management center, highlighted that government assessments during emergencies and recovery phases have identified increased risks of GBV, including intimate partner and sexual violence, disrupted services, safety concerns in shelters, lack of privacy and dignity for women and girls, and weak protection and referral systems. He asked organizations **to elaborate on the referral mechanisms currently in use, particularly given that referral systems are a major gap in GBV prevention and response, and how these could inform government coordination and system strengthening.**

Surya noted that referral mechanisms in Nepal remain insufficient, but highlighted the One-Stop Crisis Management Centers (OCMCs) as a key existing model. These are hospital-based facilities operating in over 80 locations nationwide, providing coordinated services for GBV survivors, including medical care, legal support, counseling, police services, shelter referrals, and case management. These mechanisms operate in both humanitarian and non-emergency contexts.

DCA and its partners engage with OCMCs in their working districts, focusing on capacity strengthening and survivor-centered referral approaches, though challenges remain due to limited funding and operational capacity. In addition, DCA works with Human Rights Help Desks and free legal aid providers to support survivors' access to justice. Overall, she recommended strengthening and coordinating existing referral systems rather than directly providing shelter or comprehensive survivor services.

4. Key Takeaways and Way Forward

Across the panel, a shared conclusion emerged: GBV in disasters is foreseeable, preventable, and governable. Participants stressed the need to mandate disaggregated data in disaster assessments, integrate livelihood recovery with GBV prevention, and link recovery completion to evidence of safety, dignity, and accountability—not only infrastructure outputs. Mihir Bhatt, in his concluding remarks, outlined five priority action areas for the region:

- **Reframe GBV as a core disaster risk outcome:**
GBV should be positioned as a predictable and measurable disaster impact, not a secondary social issue. This requires integrating GBV indicators into disaster risk assessments, national DRR strategies, and reporting systems, alongside commissioning regional research across hazards including extreme heat to strengthen the evidence base.
- **Integrate GBV into anticipatory action and early warning systems:**
Anticipatory action must move beyond forecasts and logistics to include protection, dignity, and safety outcomes. Preparedness financing and early action protocols should embed GBV risk mitigation measures such as safe shelters, lighting, privacy, and reporting mechanisms, supported by pilots demonstrating violence reduction before crisis peaks.
- **Close data and accountability gaps**
GBV must be mainstreamed into disaster data systems, budgets, and evaluations. This includes mandatory sex-, age-, and disability-disaggregated data in post-disaster needs assessments and recovery monitoring, standardized ethical data collection, and linking recovery completion claims to evidence of protection and accountability.

- **Centralize livelihoods recovery with GBV prevention**

Economic recovery should be treated as a protection strategy. Recovery frameworks should jointly assess livelihoods and GBV risks, address unpaid care burdens and income loss, and track how different livelihood recovery models affect household safety over time.

- **Shift disaster governance from neutrality to justice**

Disaster governance must move toward justice-centered approaches that prioritize survivors. This includes regional dialogue on risk justice, action learning platforms involving women survivors and grassroots organizations, and documenting governance reforms that reduce everyday risks for the poorest working women—such as institutionalizing protections through standing orders across Asia-Pacific countries.

A separate document on recommended follow up actions has been developed and can be found [here](#).