

Panel 2.3: Gender Dimensions and Human Rights Aspects to Responses and Recovery

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Abbreviations

IDP = internally displaced person
OCHA = UN Office for the Coordination of Humanitarian Affairs
UN = United Nations
UNFPA = United Nations Population Fund
WHO = World Health Organization

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Abstract

This is a summary of the presentations and discussion of the Gender Dimensions and Human Rights Aspects to Responses and Recovery of the Conference, *Health Aspects of the Tsunami Disaster in Asia*, convened by the World Health Organization (WHO) in Phuket, Thailand, 04–06 May 2005. The topics discussed included issues related to gender dimensions and human rights pertaining to the responses to the damage created by the Tsunami. It is presented in the following major sections: (1) gaps encountered and major issues; (2) limitations of response; (3) what could have been done better?; and (4) recommendations.

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Background

In addition to the people killed, injured, or still missing associated with the damage created by the Tsunami, approximately one million others were displaced internally. Some of the affected countries are experiencing and responding to the problems associated with internal displacement of populations for the first time. In other countries, the Tsunami impacted areas with ongoing internally displaced persons due to violence, thereby worsening pre-existing humanitarian crises and forcing many persons previously displaced to flee once again, further compounding their difficulties.

To be appropriate, adequate, effective, and efficient, the responses to a disaster must be grounded firmly in the understanding that displaced women and children face particular risks. At the same time, women's capacities must be recognized; women are vital to the responses for and the recovery and survival of children. Women and children experience heightened vulnerability to sexual and gender-based violence, especially in camps, where the risks also include increased levels of domestic violence, child abuse, and alcohol-related violence. When food and other aid are not delivered directly to women or they are excluded from camp management and the design of relief and reintegration plans, women's vulnerability increases dramatically and vast human resources remain under-utilized.

In order to understand better how the international disaster response system can use gender equality and human rights principles to strengthen the health response to disasters, the panel examined the following issues:

1. Human rights protection concerns, including gender discrimination in access to assistance, discrimination in aid provision, enforced relocation, loss of documentation, safe and voluntary return or resettlement, and issues of property restitution;
2. Special attention to human rights protection issues for women, including: (a) sexual harassment and rape; (b) abuse by intimate partners; (c) exploitation by traffickers; (d) erosion or loss of existing land rights; (e) early, forced marriage; (f) forced migration; (g) reduced or lost access to reproductive health services; and (h) inequitable control over economic recovery resources;
3. The extent to which women's, as well as men's concerns and experiences were documented, analyzed from a multi-disciplinary perspective, and responded to during and after the Tsunami;

Sector of NGO Activity	Internally Displaced Persons Human Rights
Health	ICESCR ¹ , Article 12.1: the right of everyone to the enjoyment of the highest attainable standard of physical and mental health
Shelter	ICCPR ² , Article 12.1: Everyone lawfully within the territory of a State shall, within that territory, have the right to liberty of movement and freedom to choose his residence.
Livelihood	ICESCR, Article 6.1: "...the right to work, which includes the right of everyone to the opportunity to gain his living by work which he freely chooses or accepts, and will take appropriate steps to safeguard this right."

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Table 1—Obligations of NGOs to recognize which internally displaced persons rights are affected by their activities according to the HR framework (¹ICESCR = International Covenant of Economic, Social, and Cultural Rights; ²ICCPR = International Covenant of Civil and Political Rights; NGO = non-governmental organization)

4. The extent to which the availability of gender disaggregated information on all aspects and consequences of the Tsunami have been available to allow for relevant and effective interventions, disaster preparedness, and the understanding of the long-term consequences of the this and other disasters; and
5. In all stakeholder groups, women’s equal participation and leadership before, during, and after the disaster, including in decision-making about how resources are mobilized and utilized.

In considering the gender dimensions and human rights aspect the health response and recovery following the December 2004 Tsunami, all sectors and actors must be mindful that states have an irrefutable, non-negotiable obligation under various internationally agreed instruments for the protection of all of its people at all levels, both societal and individual. This obligation includes protection from all forms of harm, and among others, the right to health, life, and liberty. Protection from disasters caused by natural hazards, such as the December 2004 Tsunami, may not always be possible for a variety of reasons. However, the international agreements are clear—states and all other actors involved in response and recovery work, have an obligation to protect all people from the avoidable consequences of disasters and from further harm, discrimination, and rights violations. To fulfill this obligation, the state and all other actors must adopt a human rights framework, which includes being able to assess both the impact of the disaster on all of its people, as well as access to and impact of recovery efforts on groups known to have different needs, in particular, gender differences as well as differences between adults and children.

Discussion

Identified gaps and major issues

Despite the rhetoric on mainstreaming human rights and gender perspectives by the health and development agencies and the humanitarian affairs, aid, and disaster relief communities, one of the most astounding aspects of many of the reports on the 2004 Tsunami, is the lack of comment on gender perspectives and human rights. Also, this has been true in the case of the reporting of gender disaggregated data (with only few exceptions, the State of Tamil Nadu being one). There also has been an absence of gender

analysis for all aspects of the Tsunami. This has been true not just for the dead (and mass burials), but also for the injured, the missing, the internally displaced persons (IDPs), and lost or orphaned children. For example, there is a lack of gender-related information on the distribution of food and non-food items, water, sanitation, shelter, and education.

The obligations of the NGOs to recognize human rights violations are listed in Table 1. The obligations include the right to: (1) enjoyment and physical and mental health; (2) liberty to free movement and choice of residence; and (3) work.

The major disappointment for those involved in gender and human rights issues is a lack of leadership and coordination on these issues by the international health community, including the WHO and other UN agencies. However, the UN Office for the Coordination of Humanitarian Affairs (OCHA) is facilitating the establishment of systems for the international community to coordinate and liaise with governments using the four pillars of its new policy on gender equality (2004). The four pillars include: (1) information management and analysis; (2) humanitarian response and coordination; (3) humanitarian policy and evaluation; and (4) humanitarian advocacy. The four pillars offer a systematic way to ensure gender perspectives are included in humanitarian and disaster management. In this context, women’s participation and their rights must be recast to ensure that women are not seen simply as “vulnerable victims”.

Thus, all sectors and agencies, including the UN agencies, must integrate gender and human rights into their work and obligations to fulfill the mandates that call for gender and human rights not an afterthought. For the WHO, this means using: (1) gender-sensitive health indicators; (2) the participation of men and women in immediate responses and recovery; and (3) applying a gender perspective in all processes and methodologies.

Limitations

Following the Tsunami, there have been some human rights violations and, as recent studies from Oxfam have shown, the Tsunami has impacted on men and women differently: more women than men died in the Tsunami. From the limited information available, it is clear that there has

Sector of NGO activity	Neglected Activities
Health	- "Politically sensitive" areas often neglected and underserved - NGO meetings were held in English
Shelter	- IDPs not consulted before implementation of relocation - IDPs could not choose rebuilding or relocation - Many NGOs made assumptions about relocation and area working with the government without assessing the wants of the IDPs
Livelihood	- Women largely neglected from major sector rehabilitation activities

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Table 2—Activities that were neglected according to the HR framework (IDP = internally displaced person; NGO = non-governmental organization)

been insufficient attention given to protecting the rights of people and integrating a gender perspective into what has been done. Table 2 lists some of the activities that according to the HR framework, were neglected. Politically sensitive areas often were neglected or underserved by some NGOs. In addition, NGO meetings most often were conducted in English. This factor often excluded local groups that represented the IDPs, from participating in the briefings. Often times, the IDPs were not even consulted before plans for their relocation were implemented. The IDPs could not choose between rebuilding their own homes and relocating to another area of their choosing. The relocations were initiated without considering the desires of the persons being relocated. Women basically were excluded from rehabilitation activities. For example, their role in the development of the fisheries and agriculture sector has not been addressed in the sectoral meetings between the NGOs and the government's agriculture and fisheries ministers.

However, there is too little information and systematic analysis to be able to draw firm conclusions. Thus, it is impossible to plan recovery that is effective, relevant, and will benefit all people. For example:

1. If more women than men have died, what will be the consequences for those who have survived?;
2. Will the women who survived have a voice in the recovery and reconstruction plans?;
3. What will be the impact on the children who are left behind?; and
4. What policies are needed to prevent further problems and avoid the rush to remarry, or seeing young girls enter into early marriage with the known consequences that this can bring early pregnancy and high risk obstetric and neonatal complications that may lead to increased mortality and morbidity?

It is clear that unaccompanied children were put at risk in the initial stage of the disaster. Few countries had a functioning system and a protocol that could deal with orphaned children. It is not clear whether in some countries, the rights of children were protected. Some areas of

concern in this area include the establishment of orphanages and the slow emergence of more culturally appropriate alternatives, such as formalized fostering.

What could be done better?

The following are conclusions and suggestions for future actions:

1. All actors, including UN agencies and particularly the WHO, must be more proactive in integrating gender issues and human rights into their work. This is crucial for effective, efficient, and appropriate health sector responses to human relief and disaster management;
2. Governments must be reminded of their obligations. They need to take political action and commit to taking the agreements that they have endorsed regarding the protection of all people, and women and children, in particular seriously;
3. As a general principle, politicians and senior policy-makers need assistance to become more gender sensitive. For example, experiences from Tamil Nadu indicate that gender issues were integrated into the recovery plans for all of the sectors because women's and men's participation and gender perspectives were well-established into systems and policies before the Tsunami; and
4. Finally, it must be recognized that given the conservative views of some States, the current international arena is not conducive to informed discussions and appropriate interventions that uphold the rights of girls and women, and address gender issues. There is a need for carefully considered strategies to ensure gender and human rights can be raised free of ideological and political pressures.

Recommendations

Recommendations from this panel include:

1. Gender considerations must be included in the plans, programs, and structures of all agencies involved in relief and recovery work;
2. All agencies involved in relief and recovery work must have an action plan for integrating gender and human rights into their work and should be held accountable for such;
3. There still is a requirement for more information and education in the wider community as well as those involved in the health sector. This includes the emphasis that gender issues do include not just women or reproductive health—they are about examining the different needs of men and women and gender equity;
4. Governments must be pressed to become more gender sensitive, and must be required to abide with international and national obligations to integrate and develop gender sensitivity in all of their activities, including disaster preparedness and recovery;
5. Development of gender-sensitive indicators for monitoring is vital. For example, activities and impact should be tracked by a range of characteristics such gender, age, and ethnic background;

6. Equity and gender balance must be ensured for those working in the area from the initial response as far as possible; then the imbalances must be redressed as soon as possible;
7. As early as possible, agencies should ensure they employ and deploy gender experts to advise on all parts of plans of action, for any intervention;
8. Gender analysis should be integrated into assessments;
9. All assessments, plans, and strategies must be based on systematic, gender disaggregated indicators;
10. Research must be undertaken on the medium- and long-term consequences of disasters on family functions and structures, demographics, and parenthood, and their implications for the health, livelihoods, and well-being of men, women, and children; and
11. Interventions must be culturally appropriate—best practice options should be considered, particularly for the medium- and long-term care of orphaned children.

To facilitate the above practical recommendations:

1. Gender and human rights working groups always should be established in the early phases of all disaster-response work, and should assist in gender and human rights mainstreaming across all sectors; and
2. The WHO should take the lead to develop a user-friendly guideline on how to mainstream gender and human rights into all aspects of the health response and disaster preparedness and recovery.

Summary

Following the Tsunami, there were many examples of violations of gender and human rights. These issues must be considered as gender equity and human rights, especially those for women and children, must be integrated into all planning, and must be implemented.