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GENDER DIMENSIONS OF THE RESPONSE TO THE TSUNAMI

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Introduction

The Inter-agency Standing Committee (IASC) on Humanitarian Assistance's working group on gender issues met in March 2005 to review the extent to which gender issues had been mainstreamed into the response to the tsunami. A leading WHO colleague who had been in the region for many weeks said "I was in the field of 6 weeks and I never heard the word gender mentioned once". My first reaction was – well why didn't you mention it? My second reaction was – even if the word gender is not being used == that doesn't mean that the particular needs, concerns, contributions and capacities of women, men, girls and boys not being considered. Any my last reaction was to ask – who's responsibility is it to mainstreaming gender issues into the response to disasters? And the answer is ALL OF US - Governments, UN, NGOs and civil society.

For the United Nations, we have a wealth of mandates that oblige us to act. Security Council resolution 1325 adopted in 2000 provides a clear and unambiguous mandate to ensure gender mainstreaming in humanitarian crises. ECOSOC's agreed conclusion demands that all UN agencies have gender action plans to ensure gender mainstreaming across all areas of their work. The IASC – which includes the main NGO partners working in humanitarian action - has a gender policy since 1999. And finally for countries we have the International Conferences on Women -- most recently Beijing – and CEDAW – these require countries to ensure that they strive towards gender equality, reducing discriminatory laws and practices and promote the advancement of women. The CEDAW Committee did issue a statement in December calling on all actors to ensure that the gender issues be mainstreamed in all actions responding to the tsunami.

So we have the mandates = then what? If all agencies mainstreamed gender we would not need this session. But for gender issues we do have a problem - we are all responsible but NO ONE is standing up to the plate to take responsibility for coordination. In the tsunami response – OCHA facilitated the setting up of structures for the international community to coordinate and to liaise with government. Sector working groups were established – even gender working groups were set up.

For OCHA a new policy on gender equality was launched in 2004 and has four main pillars of work in line with OHCA's mandate in humanitarian action.

- **Information management and analysis:** OCHA will strengthen gender analysis in humanitarian assistance and will support the humanitarian

community's analysis of gender dimensions thus contributing to an improved understanding of emergencies, recovery and rehabilitation. For example Humanitarian Information Centres were set up for the first time in a natural disaster which provided an enormous amount of information on who is doing what where and mapping of the problem. The HICs coverage of gender concerns must be improved.

- **Humanitarian response and coordination:** OCHA will work to ensure that humanitarian assistance recognizes and responds to the protection and assistance needs of women and girls, as well as men and boys. OCHA's coordinating role is to identify gaps relating to gender issues and call on the humanitarian community to develop strategies to fill these gaps.
- **Humanitarian policy and evaluation:** OCHA will play a leadership role in ensuring that all policy initiatives strive towards the goal of gender equality and incorporate a gender perspective. OCHA will highlight the gender dimensions of other thematic initiatives such as sanctions and protection of civilians. In the up coming inter-agency evaluation of the response to the tsunami, gender will be a cross-cutting theme.
- **Humanitarian advocacy:** OCHA representatives will speak out for the rights of women and girls, including their equitable participation in emergency and reconstruction initiatives.

What have we done well? (Observations on Banda Aceh)

In order to assess to what degree the gender was mainstreaming in the tsunami response - we have to have a framework of analysis. This analysis tool was drawn up by the IASC taskforce on gender issues and is in line with other checklist for gender that are being used in needs assessments and planning processes for post-emergency rehabilitation and recovery.

Overall areas of the framework for review are:

- 1) **Gender expertise:** Did agencies deployed people with gender expertise in the early phase of the tsunami response? Also – was there gender balance in the staff? Yes in Banda Aceh, ILO, IOM, Oxfam, as well as the usual players UNFPA and UNIFEM deployed gender advisers in the early days. The percentage of women on teams is not known but appears to be roughly 40 – 60.
- 2) **Gender analysis:** Was any gender analyses conducted to inform our programming to the tsunami? Specific studies, needs assessments, or missions? In the inter-agency health needs assessment in January 2005 some gender needs were identified. UNFPA and UNIFEM are continuing to collect information – but much more is needed to understand pre-existing gender relationships and how there are changing. We also need much more understanding of the context vis a vis Islam especially in Aceh.
- 3) **Sex- and age-disaggregated data:** Was the data collected broken down by sex and age? % male/female fatalities and displaced, % children (boys/girls) left parentless, and # of single headed households (male/female), etc. Oxfam will cover this but sadly the answer is no.
- 4) **Vulnerabilities:** Were there any differences in the vulnerabilities of men, women, boys and girls in the post-tsunami response? Again this will be taken up by

Oxfam. We do know that the issue of trafficking was recognized early on and IOM working with local women NGOs put into place awareness campaigns and monitoring structures. We need to remain vigilant.

- 5) **Change of gender roles due to conflict:** Has the crisis produced a shift in gender roles? Again Oxfam has good insight here – but for the first time it appears we may really be able to go “beyond women” when it comes to doing gender.
- 6) **Access:** Do women, men, girls & boys have equal access to resources for humanitarian assistance and reconstruction (human, technical, financial)? See specific sectors. Here we have to look at each sector.
- 7) **Participation/consultation process:** How was the population been consulted? How were men & women involved in the response? Are women and men equally represented in camp management structures? Provide information on make up of committees % male/female in decision-making fora? If training took place, who benefited? Consultation overall seems to have been poor – with as usual men in the lead. UNIFEM is now setting up a cadre of women focal points in each TLC or settlement area to be “eyes and ears” as well as information disseminators.
- 8) **Coordination:** Were gender theme/working groups established? By who? Were various sector working groups asked to mainstreaming gender concerns? How? There were gender groups set up but their roles and responsibilities were not gender mainstreaming – I will come to this later on as I think this is crucial.

Sector Specific Considerations

How did the various sectors respond to specific gender concerns?

Protection

- How did the security situation affect men and women differently? Were cases of sexual violence/rape reported? Did the security sector protect women/girls from violence? What prevention strategies were put in place?
- Were codes of conduct used? Was sexual exploitation by humanitarian workers discussed? Was there any reporting of violations?
- What measures were taken to prevent trafficking? (girls/ boys?)
- What measures were taken to protect unaccompanied children?

Example: Trafficking was recognised as a potential problem and the community took action. IOM took a lead with local women’s NGOs. Governments, UNICEF and other NGOs worked to support unaccompanied minors/orphans and communities took the lead to provide care.

Food and non-food items:

- Did the registration/distribution system for food/NFIs ensure both men and women had equal access to supplies? Do women have access to documentation and registration? Are women able to register in their own right or are they officially ‘recognized’ through their husbands?
- Were sanitary supplies distributed to women/girls? Other items distributed based on gender concerns? By whom?

Example: UNFPA distributed 70,000 hygiene packs first to women with sanitary napkins, underpants, prayer rugs, etc and then when men also needed similar supplies – they put together male packs. What about food distribution systems? Were they gender sensitive – if anyone has information on this I would like to hear it.

Water & Sanitation

- Were there any differences or constraints in access to water & sanitation for women, men, boys & girls?
- Could women & girls easily access water and sanitation without compromising their security or privacy?

Example: Information for the barracks is not good overall for sanitation and providing privacy for women == but this has been recognized and being addressed.

Shelter

- What measures are in place to ensure women (female-headed households) had access to housing and shelter?
- Did any domestic activity (collection of fuel, food etc) compromise the safety/security of men or women?

Example: Again the barracks do not meet standards in most places. Oxfam has instituted a Sphere checklist for shelter and reviewed the barracks and have found that some of them are better at meeting the standards. These should be used in future barrack construction.

Education

- Did the education sector address the needs of girls and boys? What actions were taken to accommodate the specific needs of unaccompanied girls, boys?

Example: Here there have been no barriers to girls education – we must monitor closely that the societal changes caused by the tsunami does not alter this achievement.

Health

- Did the health sector address the health needs of women & men, girls & boys?

Overall Coordination

There are many actors working to support women's programming in the response to the tsunami and some working on gender mainstreaming. However, the degree to which agencies have mainstreamed gender concerns is not completely understood. The Gender Theme Group, under the auspice of the Provincial Government's Women's Empowerment Office, has been meeting but has been more of an information exchange forum – not a group that has as a terms of reference to mainstream gender into the sector working groups and to monitor that there is an adequate response to gender in the work of the humanitarian community. Oxfam, UNIFEM and UNFPA have been the driving forces of the gender theme group = but they have not formally established a plan to work within the overall coordination structure and the various sector working groups to set up gender action plans and monitor their implementation. This is needed as soon as possible.

How did the Health Sector integrate gender issues? The answer is NOT SO WELL. Or at least one could say that it was not an issue. At the operational level = people/organizations did it only because it was part of their own mandates – not as a

result of the lead agency for health taking a lead role in making “gender happen”? Does WHO have a role in doing more?

Reproductive Health: Were reproductive health services available for women and men? (MISP kits used, emergency obstetric services for pregnant women, contraceptives and condoms available, etc?)

Example: The MISP was available but again many actors did not know what it was and still a good number, including in the health sector, do not think the reproductive health needs defined in the MISP are relevant to the early phase of a new emergency. However in Aceh alone some 30,000 women were pregnant at the time of the tsunami and 1000s gave birth since then – many in unclean situations. Luckily from what we know there were no maternal deaths reported but some neonatal ones were. The MISP should be implemented in the early phase of a new emergency and WHO should take action.

Gender-based Violence: Were cases of sexual & gender based violence reported? If so, did health agencies provide care for victims of violence (post-rape care?)

Example: A few incidents of gender-based violence were reported but indications were that the problem was not acute. However since the whereabouts and conditions of the 500,000 IDPs is still not well known and therefore not routinely monitored, there should be continued vigilance for increases in gender-based violence including domestic violence, early forced marriages etc. Protocols for the management of post rape should be established in line with government policy. A multi-sectoral programme for prevention and response should be put in place.

Mental Health: Are the coping mechanisms of men and women known? Children? Do service providers know how to respond and is there a referral system in place?

Example: The sub-working group on mental health in Aceh is meeting under the MoH and WHO guidance – however up to now – it is more an information sharing group. More work is needed to guide the services on mental health at all levels. The needs of men seem to be the most difficult to address so much more work is needed there.

Recommendations

- 1) Early deployment of gender experts in a new emergency from all lead agencies and major sectors including health.
- 2) Formation of a gender working group which is tasked with supporting gender mainstreaming across all sectors.
- 3) The health lead agency should integrate gender and ensure all actors in the health sector mainstream gender issues.
- 4) A list of gender aspects in the health sector should be developed and widely disseminated as part of health standards. WHO should take the lead in doing this.