

Panel 2.3

Gender Dimensions and human rights aspects to health response and recovery

Statement of questions and issues for debate

Discussant: Dr. Melania Hidayat

This panel reviewed issues in the emergency situation; the three speakers highlighted gender issues from different perspectives: (1) gender as part of human rights, (2) gender dimensions of tsunami fatalities and their consequences, and (3) gender dimensions of the response to the tsunami.

The speakers shared common views on some aspects. All of them have agreed that human rights and gender issues were often being neglected especially during the emergency situations; they have also agreed that the poorest of the poor and those who are marginalized; for example those who have to be displaced as the result of a disaster both natural and manmade, are vulnerable to the violation of human rights in which the rights of girls and women are often being the most neglected rights due to gender biases. The three speakers also provided examples from the same setting i.e. Aceh. It could have been more fruitful to have information or some examples from other affected countries to allow comparison and provide broader analyze the situations.

Some key points that have been highlighted by the speakers are the followings:

1. Human rights laws are non negotiable, all players providing support to the IDPs must be consistent in applying them and therefore it is critical to determine how to meet the needs of IDPs within a human rights framework and what are the rights of IDPs?
2. Actors working in tsunami relief efforts appeared not to have mainstreamed gender concerns into their programme. Although some international conventions have clearly provided unambiguous direction to mainstream gender across all areas, no one has taken the lead in the coordination to ensure the gender mainstreaming, and monitor adequate response to gender in the work of the humanitarian community.
3. Quality disaggregated statistics by sex and age are essential to allow proper analysis of the consequences of the situation for the appropriateness, adequacy, and efficiency of interventions.

What is appeared to be missing from the presentations was the information on “what that have been done well?”. This might be the reflection of us, as the actors in the tsunami relief efforts, that has not being able to address gender concerns and mainstream it into our interventions. I would open for any comments and inputs to the fact that we are still talk about human rights and gender issues “in the sky” and not putting it on the ground, put it into action.

As it has been highlighted by Kate, there are some international conventions have been agreed upon to mainstream gender across all areas of works; ECOSOC, gender policy under the IASC, Security council resolution 1325, Beijing platform and Beijing +10, and the famous CEDAW convention.

The question is: who holds the responsibility and accountability to ensure that those conventions are being complied with; what are the roles of each actor in the application of those conventions, what different roles could be played by the government, UN agencies, NGOs, military and other parties related to the tsunami relief effort?

Dr. Chotani raised the issue of SPHERE standards, which indicates that all assistances should comply with the standards as a way to ensure that human rights aspects are being met. The same question applies to this issue: who is accountable and who has the authority to push all players to comply with the SPHERE standards?

In most developing countries, it is most likely that even the general population living in the condition which is not meeting the standards. In this setting, application of SPHERE standards only at the IDPs settlement could create jealousy among the surroundings population, and this will lead to another tension between IDPs and surrounding communities. How are we supposed to deal with this situation?

When it comes to the quality disaggregated data as it has been reviewed by Inez, the fact she has shown was that those data are not available; data on numbers of women died during the catastrophe is hardly to find, even distribution of IDPs by sex and age is sometime difficult to obtain.

The question is: Why is it so difficult to make the data available? Is it technically too complicated to at least identify the sex of the victims; or is it because of lack of awareness on the importance of the disaggregated statistics?

Next question is, in the current situation, where almost all corpses have been buried, what would be the best way to get such information?

In the response to the tsunami, many actors work on women's programming, and some work on gender mainstreaming. However, the degree to which agencies have mainstreamed gender concerns is not completely understood. Kate has critically reviewed the existing gender group in Aceh that has been more of an information exchange forum, rather than a group that has some terms of reference to mainstream gender into other sectors' programmes, and to monitor that there is an adequate response to gender in the work of the humanitarian community. I will take this opportunity to encourage participants of this panel discussion to provide inputs and recommendation on how this kind of working group could play its role in mainstreaming gender into other sectors.

Lastly, the words 'gender mainstreaming' is easily to say, however, to really put it into practical terms are not as easy as voicing it in the meetings. For programming purposes, it could be more helpful if the experts could also provide some practical examples on programmes has incorporated gender concerns.

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Introduction to the discussant:

Dr. Melania Hidayat, MPH is currently in charge as the National Programme Officer on Reproductive Health for UNFPA Indonesia country office. She has served the organization since 2002 and was deeply involved in the UNFPA emergency relief effort in Banda Aceh.

She graduated from the Medical School of Padjadjaran University Bandung – Indonesia in 1988, and completed her post graduate course in Johns Hopkins School of Hygiene & Public Health in 1998. She started her carrier as a civil servant for Ministry of Health, and spent almost 13 years of her services in Papua before she joined UNFPA in 2002. Her main expertise and interest are Reproductive health particularly maternal health and gender issues.

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