

# GUIDELINES FOR GENDER SENSITIVE DISASTER MANAGEMENT

Practical Steps to Ensure Women's Needs are Met And  
Women's Human Rights are Respected and Protected

Asia Pacific Forum on Women, Law and Development (APWLD)

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## FOREWORD

These Guidelines are the result of the documentation project "Survey of Women's Human Rights Violations in the Aftermath of the Tsunami in India, Indonesia, Thailand and Sri Lanka and the October 8, 2005 Earthquake in Pakistan" coordinated by Asia Pacific Forum on Women, Law and Development (APWLD), a women's human rights network of over 140 members in 23 countries of Asia Pacific. This project developed in response to the calls for support from our members involved in relief operations in the aftermath of the December 26, 2004 Indian Ocean tsunami, and their reports raising women's human rights concerns in Aceh province in Indonesia, Tamil Nadu in India, Sri Lanka and the Andaman coast of Thailand. When Azra Talat Sayeed, our member from Pakistan, reported about the impact of the earthquake on women, especially women headed households completely left out of relief assistance, the survey was expanded to document women's human rights violations in Northern Pakistan and Azad Jammu and Kashmir.

"Women and men experience the same hardships," replied Kofi Anan to a question on how the UN was addressing women's specific needs in the tsunami aftermath, at the press-conference during his visit to Jakarta in January 2005. There are a lot of people around the world, including aid workers, who believe that disasters, such as the tsunami, affect everyone equally and there is no need to focus on vulnerable groups, such as women, children, elderly, marginalised groups such as Dalits in India, migrants, religious and ethnic minorities and others.

Although gender disaggregated official statistics were not available in some of the affected countries, the Survey confirms the earlier observations that in Aceh, India and Sri Lanka more women died in the tsunami than men, almost 80% of the dead were women. The tsunami not only killed more women, it produced some very gender-specific after shocks, ranging from women giving birth in unsafe conditions to new forms of violence against women: forced recanalisation of women and "tsunami" marriages. In Thailand, women were discriminated even in death: the government assistance for funerals provided twice as much money for a man's death than for a woman's because men were regarded as heads of households and breadwinners. In Aceh, Indonesia, *ulamas'*, Islamic religious leaders, interpretation of women's disproportionately high death

rates was that the tsunami was the God's curse on women for their immoral behaviour. As a result, the enforcement of Shariah Laws in post-tsunami Aceh became stricter with Shariah police beating women in the streets for not wearing headscarves. Similarly, in Pakistan women were blamed for invoking the earthquake as the God's curse for their sins.

In 2000, at the special session of the UN General Assembly, "Gender equality, development and peace for the twenty-first century", the Assembly highlighted the inefficiencies and inadequacies of existing approaches and intervention methods in responding to natural disasters and the need for gender perspectives to be incorporated whenever disaster prevention, mitigation and recovery strategies are being developed and implemented. The Commission on Status of Women further recognised in 2002 that "gender is a highly significant factor, both in the construction of social vulnerability to risk and in people's organised responses to hazards and disasters. Gender inequalities with respect to enjoyment of human rights, political and economic status, land ownership, housing conditions, education, health, in particular reproductive and sexual health, and exposure to violence, make women more vulnerable before, during and after disasters."

However, five years after the concerns about the lack of a gendered response to natural disasters have been expressed gender blind disaster management recurred in the context of the Indian Ocean Tsunami and the Earthquake in Pakistan. The Survey findings confirm that women are more vulnerable during disasters as women, marginalised and disempowered under normal circumstances, are more at risk because of their lower socio-economic status, barriers to choice and lack of access to resources. Gender neutral disaster management results in discrimination and marginalisation of women because relief efforts rely on existing structures of resource distribution that reflect the patriarchal structure of society.

Gender neutral relief, rehabilitation and reconstruction efforts based on the assumption that men's and women's needs are similar result in:

- Women giving birth in unsafe conditions
- Malnourished infants because their malnourished mothers cannot breastfeed them
- Sexual abuse of women because there are no protection measures and no separate toilets and bathrooms in camps and temporary shelters

- Widows and women headed households unable to restore their livelihoods because employment generation assistance focus on areas which predominantly employ men
- Widows and women headed households unable to access food and other aid supplies because of restriction of their movements (e.g. purdah in Pakistan)

There is an urgent need to move from gender blindness to gender sensitivity in helping the victims of natural disasters. Given that disasters such as earthquakes, floods, droughts, hurricanes and landslides will always occur, it is imperative to ensure that a gender perspective is included in all disaster management programmes so that the relief efforts are able to properly address women's needs and prevent violations of women's human rights. We hope these Guidelines will be translated into various languages and used by government, aid and relief agencies, international and local NGOs in assisting disaster affected people around the world.

On behalf of APWLD, I would like to thank our members who conducted the Survey, on which these Guidelines are based, for their hard work and express my admiration for their commitment to the cause of protection and promotion of women's human rights: Fatima Burnad and her team at Tamil Nadu Dalit Women's Movement for their incessant fight for Dalit women's rights and against caste discrimination in India. TNDWM saved many Dalits from starvation when relief food was denied to them; Titi Soentoro and the team of Solidaritas Perempuan for their resilience and dedication. Titi had to defer her term as Regional Coordinator of APWLD Secretariat in Thailand because her team in Aceh needed her help to provide relief support to the Acehnese survivors. Two members in her Aceh team died in the tsunami and many lost family members. Ravadee Prasertcharoensuk and Duangkamol Sirisook of Sustainable Development Foundation, Thailand; Sunila Abeysekera of INFORM, Sumika Perera of CATAW and Sarala Emmanuel of Suriya Women's Development Centre, Sri Lanka; and Azra Talat Sayeed and the research team of Roots for Equity, Pakistan, for their hard work in conducting the Survey and special thanks to Shyamala Gomez, the writer of the Guidelines, and Lin Chew, an adviser of Global Fund for Women and Mamacash without whose "push" this project would not have gone ahead.

Cholpon Akmatova  
 Project Coordinator  
 APWLD (Asia Pacific Forum on Women, Law and Development)  
 November 2006

## INTRODUCTION

These guidelines have been formulated to assist governments, the non state sector and civil society in dealing with women who have been affected by disaster. They are meant to be practical, easy to follow steps that need to be taken in responding to women's concerns in post disaster situations. They have been categorized into immediate, mid term and long term responses. However, there could be overlap in the responses and this factor needs to be taken into consideration in implementing the guidelines.

The guidelines draw from reports of countries that were affected by the December 2004 tsunami: Thailand, Aceh, India, Sri Lanka and the earthquake in northern Pakistan in October 2005.

In disaster relief efforts, a rights based approach must be adopted so that women's rights are promoted and safeguarded. Women's socio economic and cultural rights, as well as their civil and political rights must be ensured at all times.

Gender sensitive disaster management must be based on the fundamental principles:

1. WOMEN'S RIGHTS ARE HUMAN RIGHTS, therefore, relief efforts should not only be based on needs, but on ensuring that women's human rights are protected and promoted.
2. EQUALITY of women and men
3. NON-DISCRIMINATION against women

These disasters occurred in vastly different places among different populations, yet they share a common factor: during and afterwards, women and children suffered most. That women are disproportionately affected by disasters is indisputable- yet it continues to be ignored: by governments, and by many non governmental agencies involved in relief and reconstruction efforts.

Caught in the Storm: The Impact of Natural Disasters on Women  
The Global Fund for Women



## IMMEDIATE RESONSES DURING DISASTER RELIEF PHASE

Women specific requirements, such as sanitary pads and underwear, must be on the priority list of emergency supplies.

Special care should be given to pregnant and breastfeeding women and women with young children.

In the 2004 Indian Ocean tsunami aftermath, in Tamil Nadu (India) babies died for lack of milk. In Aceh (Indonesia) distribution of food, mattresses and blankets was based on the needs of single adults with no consideration of their children. As a result, mothers went hungry after sharing with their children and had to sleep on the ground during rainy season.



## Identify Specific Needs of Women

Ask the women. Women are the most aware of what family needs are and what immediate responses needed.

1. Women's reliable and regular access to food and clean water is important because women take care of food and water for children, elderly and the entire family.
2. Special care should be given to pregnant and breastfeeding women and women with young children
3. Include sanitary pads and underwear in relief supplies
4. Provide adequate separate toilets and bathrooms for women
5. Provide regular access to gynaecological services by female health workers
6. Ensure women's security and safety
7. Provide adequate shelter and housing
8. Provide psycho-social counselling



### Ensure that Emergency Relief Supplies include:

- Sanitary pads/towels and clean white cloth as in some cultures women are not used to commercially manufactured disposable pads such as Carefree brand products.
- Contraceptives
- Underwear and petticoats/underskirts
- Drinking water
- Baby food and infant milk formula
- Baby items such as diapers, blankets and clothes
- Bedding (mattresses, sheets, blankets, pillows)
- Nutritional supplements (multi vitamins, iron etc)
- Nutritious food
- Children's clothing
- Warm clothing
- Culturally appropriate clothing (traditional clothing, e.g. sarongs, head scarves, hijabs, salwar kameez, sarees, etc.)
- Toiletries: toilet rolls, soaps, shampoo
- Towels
- Mosquito netting
- Mosquito repellents and coils
- Spectacles, hearing aids, walking sticks

## **Ensure Women's Access to Sufficient and Adequate Food**

Ensure that disaster affected people do not suffer from hunger, thirst and malnutrition:

- A steady and sufficient flow of food and drinking water should be maintained until disaster affected people are able to restore their livelihoods, as long as it takes.
- Pregnant and breastfeeding women, widows, elderly, orphaned children and disabled should be provided food aid until their food security has been ensured.
- Distributed food must be of appropriate quality and fit for human consumption.
- To meet nutritional needs, ensure access to a range of food: cereals, pulses and fat sources.
- Basic food aid should include milk and sugar and be provided regularly until families are able to restore food security.
- Breast milk substitutes should be included in the food aid package for families with infants as in disaster situations under stress and trauma mothers have lactating problems.
- Food aid should be culture specific taking into consideration food habits of different communities.
- Consult women about the make up of the 'food basket' or essential food items for distribution.
- Basic cooking facilities such as cooking utensils, stoves and firewood must be provided.

## India

Entire communities of Dalits and Irula did not receive any assistance from the Indian Government or NGOs as they were not seen as directly affected by the tsunami because they had not suffered human losses and property damages. However, they had lost their livelihood sources such as fishing and collecting shells in backwaters that became sand clogged in the tsunami and agricultural land became uncultivable due to salinisation. Drinking water had become a "mirage" after the tsunami as water sources had been salinised. With no means to earn living and no relief support, many Dalit families were on the verge of starvation.

*"We are hungry. It is cruel to let people suffer from hunger,"* said Sundari from Kalpakam. Relief operations did not reach the Dalits until public "hue and cry" raised a few weeks later.

Tsunami Aftermath: Human Rights Violations of Dalit Women

## Aceh (Indonesia)

In the first three months after the tsunami, the supply of food and other basic needs was one of the major problems. Women first fed their children and very often went hungry so many of them suffered from malnutrition and hunger. Malnutrition of pregnant and breastfeeding women led to malnutrition and morbidity of their babies.

In addition to insufficient supply, food distributed by various international and national agencies was mainly instant noodles. Majority of evacuees living in makeshift tents and barracks lacked appropriate kitchen utensils to cook instant noodles. Other food supplies were biscuits, canned food or rice without any accompanying side dishes and there were frequent incidents of expired food products.

Tsunami Aftermath: Violations of Women's Rights in Nanggroe Aceh Darussalam

**Food distribution should be equitable, transparent and respect human dignity**

- Food should be distributed to everyone who lost food security as a result of a disaster: to those who lost livelihoods and jobs as a result of a disaster, not only those who lost family members.
- Food distribution mechanisms should respect dignity of disaster affected people without making them fight for food or feeling like beggars.
- Women should be receivers of food to ensure that food is not sold by men to collect money for alcohol.



People in Devanapattinam queuing to collect relief materials from a private charity



## **Aid distribution for women should be handled by women**

- Include women in aid teams. Women groups need to be at the centre of planning, implementation and management of food aid. There should be minimal involvement of military forces for delivery of goods in the aftermath of disasters.
- Special efforts must be made to reach out to women as in most societies, women feel too intimidated to collect aid supplies. In Pakistan, in the aftermath of the October 2005 earthquake a vast majority of women headed households were left out of the distribution system because in a conservative Muslim society women should not be seen in public unaccompanied by men.
- Women should be encouraged to access aid directly.
- Aid distribution points should have public toilets, including separate toilets for women, access to drinking water and shaded sitting arrangements.
- At aid distribution points, separate queues for women should be made, especially in cultures where gender segregation is practiced.

### **Pakistan**

In Muzaffarabad district, at a food aid distribution point, there were two widows queuing for food in the long line of men. One was nearly fainting from the heat and the long hours she had been waiting for her turn to come. She also had a fever. The distribution point had no drinking water available or toilet facilities. Nor was there any shade or arrangements for people to take some shelter from the heat. In the end, our research team members had to persuade the Army personnel at the distribution point to share some of their water with the women. The women and others at the distribution point reported that they had to hire a vehicle for Rs 500 to come to the distribution point and take back the dry food supplies which were provided there.

Earthquake Aftermath: Violations of Women's Human Rights  
in Pakistan

## Ensure that Women's Menstrual Needs Are Met

Women's menstrual concerns need immediate attention. Current disaster relief practices are culturally and gender insensitive to the needs of women. The humiliation and embarrassment of women must be avoided when distribution of sanitary napkins and underwear is undertaken. Women are reluctant to approach men for their personal hygiene requirements.

Ensure that:

- males are **NOT** involved in the distribution of sanitary napkins and underwear.
- women **ARE** involved in the distribution of sanitary napkins and underwear.
- adequate cloth and washing facilities are provided for menstruating women.

### Sri Lanka

The distribution of underwear, bras and panties was carried out publicly, with embarrassing comments about which sizes were appropriate for which women. In addition, distribution of sanitary products were under the control of male camp officials, who handed them out one at a time, so women had to go back and ask again and again. There were no contraceptives available, even though husbands and male partners insisted on sex.

Caught in the Storm: The Impact of Natural Disasters on Women



## **Ensure that All Disaster Affected People Have Access to Adequate Shelters**

Ensure that:

- Everyone who needs shelter has access to temporary housing facilities. E.g. in Thailand, survivors who did not have proof of ownership of a house before the tsunami were denied access to temporary housing.
- Temporary shelters, including tents, must be comfortable and habitable. In disaster situations, women tend to spend more time in shelters than men looking after children.
- Temporary shelters should provide adequate space and privacy:
  - each family should have a separate space depending on the size of the family;
  - married couples and children should have separate rooms;
  - Dressing rooms for women and rooms for breast feeding should be provided.
- Conditions conducive to disease and structural hazards should be eliminated:
  - Temporary shelters and houses must be constructed of the material appropriate for the climate of the country affected by the disaster
  - Tar and tin sheets must never be used as construction material for human dwellings. They trap heat and make shelters uninhabitable. Climatic conditions should be taken into account when constructing shelters as people may end up living in shelters for many months.
  - Roofs must not leak during rain.
  - Tents and temporary houses should not be constructed too closely together to provide some form of privacy.

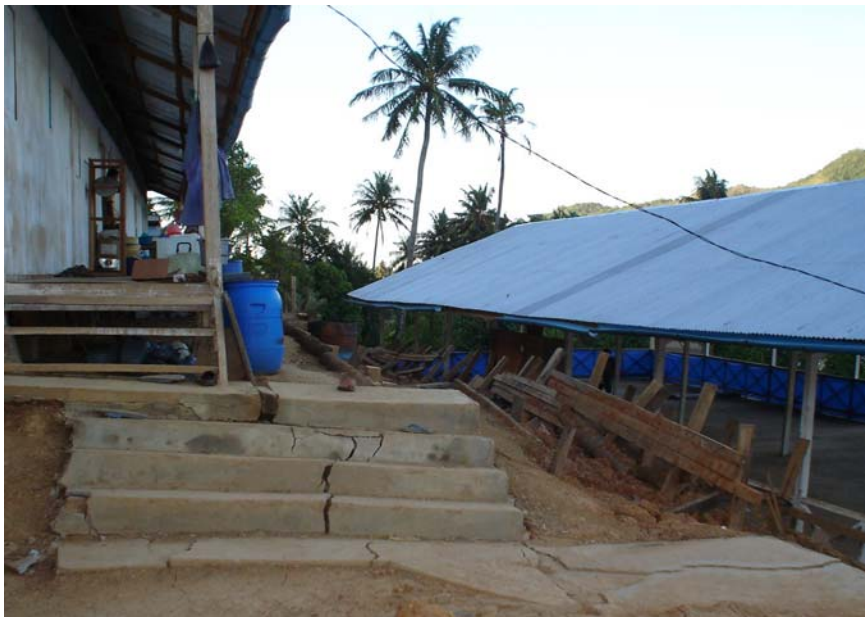
- Location of shelters should be considered carefully. They should not be built on hills vulnerable to landslides or low lying areas vulnerable to floods during rainy season.
- Tents need to be designed with better secure fastenings so that it would provide a sense of security to women.
- In tent distribution, priority should be given to widows, women headed households, male-headed households who have physical or mental disabilities and the elderly, through direct door-to-door service.
- Old-style tents with slanting sides need to be phased out as they leave no space for mobility. Tents with ventilation facilities need to be promoted. Cooling and heating mechanisms need to be developed for maintaining temperatures inside the tents. If not, they can be very cold in winter and very hot in summer.
- Built-in storage space should be part of tents for bedding and clothes to keep them safe from getting wet or damaged.



Camp Lampeunerut, Aceh, flooded when the rainy season started.



Temporary shelters look more like cattle sheds than human dwellings, Tamil Nadu



Temporary shelter built on hills damaged by landslides, Seibun Ketapang, Aceh

## Aceh (Indonesia)

After the tsunami, the government built IDPs' barracks on the top of the hill. The barracks had walls made of thin wood, laminated flimsy triplex and no kitchen. There were various types and sizes of barracks. Some barracks were the size 4x3 meters accommodating approximately 4-7 persons. Besides being very hot, the barracks built in March 2005 had begun to deteriorate by early June 2005. Its thin walls had begun to peel off and parts of the floor had started to crack. Some of the barracks were hit by the land slide and became uninhabitable. The facilities in the barrack were inadequate, with absence of washing, bathing, latrine facilities. Men and women used same bathing rooms (when such rooms were available); sexual harassment or violence against women was frequent.

The conditions faced by women in barracks were frequently pointed out to both the government and NGOs who visited and also to the Aceh-Nias Reconstruction and Rehabilitation Agency. But until December 2005 the situation remained unchanged.

Tsunami Aftermath: Women's Human Rights Violations in Aceh



## **Ensure Women's Access to Adequate Toilet and Bathing Facilities**

Adequate hygiene and sanitation facilities are important because lack of them affects women's reproductive health.

Ensure that:

- women have access to sufficient and regular supplies of clean water for bathing and personal hygiene. Average water use for drinking, cooking and personal hygiene in any household should be at least 15 litres per person per day.
- The maximum distance from any household to the nearest water point should be 500 meters.
- Water sources and systems should be maintained to ensure availability of appropriate quantities of water consistently and on a regular basis.
- women have separate toilet facilities.
- toilets and bathrooms have walls, secure doors that can be locked and a proper drainage system. Toilets should be closed structures which enable women to use them with a degree of privacy.
- toilets and bathrooms are built of durable material to prevent men from making peep holes.
- a maximum of 20 people per toilet. Camp management and residents must develop a system to maintain the toilets in a clean and hygienic condition to minimise the spread of fly and mosquito borne diseases.
- arrangements should be made for sanitary disposal of solid waste.
- within the camps, toilets and bathrooms must be located not far from the living quarters (50 metres) and provided with lighting to



ensure safety of women

- pathways to and from toilets and bathrooms must be well lit to ensure safety of women
- private laundering areas should be available for women to wash and dry underwear and sanitary cloths.
- dressing rooms for women and rooms for breast feeding should be provided.

### **India**

In Kilmanakkudi village, Kanyakumari district, there were seven camps housing 1,225 people. Only 10 toilets and 10 bathrooms were available for 1,225 people! Toilets and bathrooms were either too far from camps or in the midst of camps. They lacked proper drainage and water facilities and were unhygienic.

In Nagai district, Kesavan Palayam village camps, the bathrooms and toilets had no doors so women found it very difficult to use the toilets and underwent a lot of trauma. There was one hand pump which pumped up salt water. Four water tanks were placed near the camps but only three of the tanks were filled with water. Each family, irrespective of the size, could get only 40 litres of water per day for their cooking and drinking needs. Any extra requirement of water should have been met by the family. The camp residents, mainly women and children, had to walk as far as a kilometre away from their shelter to fetch water from other sources like Kathanchavadi village. Rain water reserved in a pond was used for washing and bathing. (India)

Tsunami Aftermath: Human Rights Violations of Dalit Women



Makeshift bathroom in a camp, India



Makeshift bathroom in a camp, Aceh



Men burnt cigarette holes in camp toilets made out of thick vinyl material. This caused general distrust amongst women in using these facilities. Mothers often reported escorting their daughters to toilets and guarding outside." (Pakistan)

### Aceh (Indonesia)

After the tsunami, the Seubun Ketapang residents occupied barracks on the top of the hill. This not only hindered the residents' mobility but also the barracks did not have sufficient water supply. The water tank was placed at the foot of the hill so women were forced to walk up and down to fetch water. In addition, the bathing and latrine facilities built by the government were inappropriate for use. With no water, the latrine could not be used. The bathing facility did not have a sewage system and water from bathing and washing flooded the barrack yards. Poor sanitation triggered diarrhoea in children and several barrack's residents, and affected women's reproductive health. (Indonesia)

Tsunami Aftermath: Violations of Women's Rights in Nanggroe Aceh Darussalam;



## Ensure Women's Access to Free Health Care Services

Ensure that:

- access to health services is granted to all disaster affected people irrespective of their status: citizenship, migration, registration, medical insurance etc. The right to health services is a fundamental human right guaranteed by Article 25 of the Universal Declaration of Human Rights, 1948.
- pregnant women and women with young children are identified and provided with free medical post natal and maternity care and additional nutrition for the women and children
- women who delivered after a disaster are provided with extra reproductive and child health care and psycho-social counselling as they are more vulnerable due to the stress experienced during the disaster.
- necessary vitamins and other supplements are provided to pregnant and lactating mothers.
- a conducive, sanitary and safe environment is set up for childbirth purposes.
- medical assistance is provided to lactating mothers who have lost their babies in disaster and have milk clotting in their breasts.
- adequate provision and easy access to different forms of contraception is facilitated as soon as possible.
- medical services are offered proactively by health workers through regular visits to camp, shelter and disaster affected communities.
- female health workers are included in medical teams servicing camps and affected communities.
- female obstetricians and gynaecologists are at hand to take care of maternity and child related health concerns.

- children are inoculated against childhood diseases within stipulated time periods
- women have access to general health care clinics
- hospitalised women are provided with shelter after they leave hospital and not asked to leave hospital even if they have no place to go. Some of them may be disabled as a result of the disaster.

### **Pakistan**

Injured women were brought to hospitals in the chaos in the aftermath of the earthquake. Once they had been treated they were asked to leave. Many of these women had no relatives with them, as they had been evacuated by helicopters from remote mountainous areas. The hospital personnel in many cases did not know where their patients had come from. The women themselves would sometimes not be able to clearly identify their villages, or in some cases had only phone numbers through which they could contact their families. The phone lines were not working or there was no response from the numbers. However, even when women had no people to look after them, they were being asked to leave the hospital premise.

A majority of expectant mothers in the tent camps delivered their babies in the tents. Even if medical aid was available in the camps, the medical doctors present were mostly men. Women and families were very hesitant to bring the doctors either to the tents or to take women to the medical units. In nearly all cases identified, deliveries had been carried out by mid-wives, commonly known as dais in Pakistan. These women were charging Rs 1,000 to 2,000 per case. Another woman in Bagh, AJK, reported that she had to travel to Rawalpindi (about five hour's journey across mountainous terrain) as her delivery had to be through C-section surgery. The cost of the operation came to Rs 15,000 which she took as a loan and had not been able to repay at the time the research team interviewed her. A third woman reported walking in rain to get to the camp, and had her delivery at the camp at night with no medical assistance. An extreme situation was reported by a woman who had delivered her baby whilst walking with her parents to reach a tent camp and the umbilical cord had to be cut using a stone. The woman was living alone in a tent camp with her four children.

Women, in the period during their pregnancies and after delivery, had little help in the tents, and were basically looking after themselves, to the extent that some reported fetching water, washing clothes and cooking food themselves. At the Mira Camp, Bisham, NWFP, according to a Cuban doctor, women were only brought to them when their condition had deteriorated and become serious, otherwise their husbands or other male household members were not allowing them to seek medical aid. In many of the tent camps there were no female doctors on call.

Earthquake Aftermath: Violations of Women's Human Rights in Pakistan



### Aceh (Indonesia)

In the tsunami aftermath, women's health in Lampuuk village became a grave concern. Due to inadequate health services, women in the village experienced difficulties in maintaining their reproductive health. Even if doctors paid visits to the village, health examinations were normally conducted in open tents without proper examination beds or in unenclosed areas. Therefore, women were reluctant to examine their reproductive organs when they had any pain or ailments. By December 2005, three pregnant and breastfeeding women were unable to receive access to health services. They were also unable to obtain vitamins and necessary vaccines as well as nutritional food.

Tsunami Aftermath: Violations of Women's Rights in Nanggroe Aceh  
Darussalam

Cut Ita, a tsunami survivor from Aceh, conceived her 3<sup>rd</sup> child in a tent camp. When we met her in Banda Aceh in July 2005 she was 6 month pregnant. She was very anxious about the delivery as hospitals charged USD 100 per day for health services. As a survivor dependent on food handouts from aid agencies she could not afford to pay hospital fees. However, she did not have to pay delivery charges. She miscarried soon due to stress and malnutrition.

APWLD

### Sri Lanka

One of the areas most neglected was that of reproductive and sexual health care to tsunami affected women. Many complained that they had no access to contraception until six months had passed. The damage to hospitals included destruction of drug stores and many hospitals did not have stocks of contraceptives - pills, injectibles, loops, condoms - until several weeks after the tsunami.

Tsunami Aftermath: Violations of Women's Rights in Sri Lanka

## Ensure Security and Safety of Women and Children

Ensure that:

- 'vigilance committees are formed in the communities consisting of women to act as monitoring officers to ensure maximum security and safety for women
- written and verbal safety guidelines are provided to be further developed by committees themselves against possible violations against women and children.
- women are trained to raise immediate alarms against violations in the camp sites.
- women police officers, and if necessary, women from the armed forces provide security in the camps.
- women police officers are stationed within the camps to record and address safety complaints made by women in the camps and monitor women's rights violations in the camps.
- night security is maintained at camp sites.
- security guards (male and female) should be trained to be sensitive to women's apprehensions and problems in order to facilitate assistance seeking by women
- Additional security measures need to be taken in camps and communities to prevent abductions of women and girls for forced prostitution, sex trafficking and trade in human internal organs.

## Pakistan

In post earthquake Pakistan, it was reported on TV news, that a number of children had been kidnapped from their tent camp. Two girls who escaped were able to tell their story. A group of young girls and boys were crossing a road to get to a water site. A vehicle came by and people from the vehicle sprayed some substance on the children. When they regained consciousness they found themselves in a secure building in an unknown locality among other kidnapped children. These children had been living with their aunt, as both parents had been killed during the earthquake. According to the girls, kidnapped persons were used for forceful removal of their internal organs. These sisters were able to escape and were currently living in one of the orphanages. The house where kidnapped children were kept was raided by the Federal Investigation Agency (FIA) and a number of people were arrested but no children were present at the facility anymore. It is believed that other kidnapped children have been moved to another area

Earthquake Aftermath: Violations of Women's Human Rights  
in Pakistan

## Sri Lanka

Women at IDP camps were concerned about safety of their own and their children. Although no actual incidents occurred, there was a sense of insecurity and fear that prevailed in most camps. A girl on her way to the makeshift toilet had been dragged by two men but she managed to escape. There had been attempts at molestation by men in charge of camps. Husbands were abusive since alcohol was smuggled into the camps. There were police and security personnel in the camps, but they were primarily present to maintain discipline. They had not received clear instructions regarding possible interventions and responses to complaints of gender based violence. In some camps where women police officers had been detailed, their presence gave the woman and girl children a sense of security. (Sri Lanka)

Women and Media Collective, Sri Lanka

## Protect Women from Violence and Abuse

Studies show violence against women, including sexual abuse, increases during disasters. However, because of stigma and ostracism related to sexual violence the cases go unreported. Increased alcohol consumption and substance abuse results in increased domestic violence and sexual harassment in camps.

Some relief policies offering financial assistance may lead to 'new' forms of violence against women, such as forced recanalisation surgery of sterilised women in families that lost children in the disaster and forced marriages.

Ensure:

- Accessible counselling services for women victims of violence and other abuses
- That free legal services are provided for women survivors of violence
- Full protection of victims of violence and witnesses from reprisals
- Accessible medical examinations on reporting of violence
- Accessible reporting procedures when violence against women is committed
- That women are made aware of their right to be free from physical, emotional and sexual violence
- That women are made aware of the redress available when affected by violence (e.g. court process, police complaint, medical treatment, counselling, support groups)
- That self help groups consisting of women are established within the camps to give emotional and other forms of support to women affected by violence



- That 'vigilant' groups consisting of men and women are set up to respond to violent incidents
- That police, government officials and non governmental workers take women's complaints of violence and harassment seriously and take measures to assist women access redress mechanisms
- A ban on sale of alcohol within camp sites
- Improve lighting and transport facilities to and from the camp to other community locations such as schools, bus stands, markets and shops
- Government policy makers should make an assessment of the potential impact of their interventions before adopting a policy such as offering financial assistance to sterilised women for recanalisation surgery and to newly married couples. Such policies led to new forms of violence against women: forced sterilisation and "tsunami" marriages in post-tsunami India.

