Women in Disasters and Conflicts in India: Interventions in View of the Millennium Development Goals

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Abstract The Millennium Development Goals (MDGs) with their holistic perspective of development are focused on different issues of vulnerability. This article highlights the situation of women in disasters and the challenges in achieving the MDGs with special reference to India. It is accepted that there is no disaster without human engagement and that issues of differential impact on genders is an essential consideration for recovery. The international guidelines on disaster management and intervention have a considerable focus on gender equality, balance, mainstreaming, and sensitive programing, yet the situation is quite grim. India still lacks separate policy guidelines on gender aspects in disaster. In the twenty-first century, India has witnessed a series of disasters in different parts of the country. The author's personal experiences of working in intervention programs of these disasters showed that gender vulnerability depends on various factors like the intensity of the disaster impact, local sociocultural perspectives, effective disaster intervention strategies, the specific focus on issues of women in training of personnel, and gender-sensitive disaster intervention programs in the community. In the context of the MDGs, while development has become a priority concern to end age-old inequalities in society, the added challenge of disasters needs considerable focus on gender inequalities to achieve the goal of gender equity.

Keywords Disaster intervention strategies · Gender inequalities · Gender vulnerability · India · Millennium development goals

1 Introduction

Disasters and their impact on human lives are an important consideration for humanitarian professionals for reestablishing normalcy in the lives of survivors. Disasters are never a problem if human life is not actually affected and the growth of society is not at stake. Water surges or floods on barren islands do not cause disasters. Thus, a disaster is not a natural event, but rather an issue that has a history and impacts the present and future lives of survivors and affected communities. Disasters are a challenge for development. The normal development processes of society are interrupted by disasters and their impacts on people and the environment, and considerable effort is needed to ensure the return of these development processes. Efforts in the relief, rehabilitation, and rebuilding phases need to focus on the impacts survivors have suffered. The cycle of disasters ideally should be taken into account by the development cycle (Diaz 2004) and, thus, would lead to a development orientation in disaster interventions. In the long term, resiliency building and disaster preparedness then become part of the development cycle.

Looking at gendered perspectives is not new, but needs a wider scope of exploration to bring gender into focus and women's issues to the center. Economically developing countries like India need more sensitive programing and a model of practice to strengthen commitments towards the development of women on the wider canvas of the Millennium Development Goals (MDGs) (United Nations 2001). The women-centric goals of the MDGs and the

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Sustainable Development Goals (SDGs) (United Nations 2015a) are crucial milestones for development: MDG 3 committed to “Promote gender equality and empower women” (United Nations 2001, p. 56); SDG 5 calls to “Achieve gender equality and empower all women and girls” (United Nations 2015b, p. 42). In many others goals the concerns for women and girls are equally highlighted to strengthen inclusion and equality. Issues of peace, stability, human rights, good governance to strengthen health, education, the availability of clean water and sanitation, and other facilities for women, and the elimination of all forms of violence and exploitation are significant highlights of this global agenda, in which equality influences the disaster intervention strategies and risk reduction planning. While the MDGs are repeatedly evaluated for commitments and achievements, it is important to look at the Indian context specifically, and how disaster issues are major obstacles to progress.

The MDGs have greatly focused on removing gender inequalities and empowering women through different goals (United Nations 2010). All the goals have an intense focus on facilitating better living conditions for the marginalized sections of every society, including women, who are even more marginalized within larger marginalized communities. Disasters are such a threat that they do not just cause development challenges, but also have long-lasting impacts on less privileged survivors who have very limited access to resources to recover from trauma. The different thematic areas of the MDGs—poverty eradication, health care, gender equality and empowerment, education, environmental sustainability, and overall human development—are all closely linked to the ability of a population to cope with and respond to any natural hazard-induced disaster and humanitarian crisis situations. These issues are closely connected with the development of human beings that enables people to overcome the cycle of suffering, conflicts, reoccurrences of disasters, and high vulnerability. The MDG Summit 2010 (United Nations 2010) outcome document pointed out that:

disaster risk reduction and increasing resilience to all types of natural hazard, including geological and hydrometeorological hazards, in developing countries, in line with the Hyogo Framework for Action 2005–2015: Building the Resilience of Nations and Communities to Disasters, can have multiplier effects and accelerate achievement of the Millennium Development Goals. Reducing vulnerabilities to these hazards is therefore a high priority for developing countries (United Nations 2010, p. 8).

Disaster intervention and, specifically, disaster risk reduction are closely associated with the MDGs. The risk reduction program is more helpful in reducing the cost of

disaster intervention than responding to disasters. Disasters do not discriminate between rich and poor, but the poor have fewer resources and are more likely to be vulnerable and face disaster-related problems.

Women in disasters and conflict situations are often the most vulnerable group because of various impacts based on the differential nature of the human-made and natural disasters. Predisastr vulnerabilities among women play a major role in determining the impacts of disasters. Based on local culture and practice, women in India are primarily active in the domestic realm, without educational attainments or financial independence. Widowhood, or living in families without male household heads, also increases vulnerability for women. Women who have suffered severe losses, lack privilege, or have faced sexual harassment are often more vulnerable than other women. Age may also play a role in women’s vulnerability. While young girls may have problems continuing their education, middle-aged women may face higher economic burdens. Cultural norms, biological conditions (specific needs due to reproductive and maternal health), and the sociopolitical environment all add to women’s vulnerability by limiting the opportunities women have to access support services for recovery. Therefore, post-disaster or post-conflict situations hold women back from a faster rate of recovery and from regaining their confidence. Under such conditions, ignoring the gender perspective becomes a hindrance for the achievement of the MDGs.

2 Methodological Considerations

The qualitative assessment presented in this article is based on the researcher’s involvement in disaster intervention work with survivors in various disaster-affected areas in India. Based on personal experiences of working in different research projects and intervention programs, a longitudinal observation study is being developed. This article is based on the qualitative observations made by the researcher while implementing psychosocial support, livelihood development, microfinance and self-help group formation, health intervention projects, and so on. In these projects women as a vulnerable group were a major focus of intervention, and also were considered a cross-cutting or common issue in every intervention. Community-based participatory research (Padgett 2008, p. 150) was implemented to collect and document information in the form of weekly, monthly, or longer-term progress reports. In each of the disaster interventions at least six hundred families received psychosocial support, and at least one thousand women were covered under the program. In each disaster specific women-centered intervention models were developed with various common components and with some

specific strategies based on the local context and culture. A number of case summaries, including the process of intervention, were documented in every disaster. The development trends or changes were captured over a longer period of time (at least two years), including tracking the changes among similar kinds of people (women survivors of disasters, for example). Thus, personal bias and social barrier are neutralized to bring a constructive understanding about the situation of women in disaster in the Indian context.

In this article longitudinal observations (Padgett 2008, p. 230) for different disasters are presented together and related to relevant literature dealing with similar contexts to explore the situation of women survivors of disasters in India in the context of the MDGs, which is an overarching goal of development in the national Indian context. For a developing country like India, accomplishing the MDGs or SDGs will be unlikely without the effective handling of the disaster vulnerabilities among women.

3 Gender and Impacts of Disasters in India

Whether disasters or conflicts, the impacts are much higher for women than for men (ADPC 2010). The impacts of disasters increase the magnitude of preexisting development issues and are not just dependent on the natural hazards that are part of the environment. Different sociopolitical factors exist within society before a disaster and cause serious vulnerability among women. Disasters expose this vulnerability to a larger extent—often destroying progress towards the MDGs. Women's vulnerability is connected to their generally lower socioeconomic status. Women usually do not hold property or land rights, have less political voice, fewer educational opportunities, and less mobility due to cultural restrictions. In India cultural practices like the *purdah* system (the seclusion of women) that does not allow girls to go to school, marrying girls at an early age, the dowry system, and patriarchal practices limit the opportunities for girls and women.

A fact-finding mission on the 1984 Bhopal gas leak disaster, one of the world's worst industrial disasters, after 17 years revealed that mental trauma continued among survivors, and as a group women were more affected than men. Women had significantly higher functional disabilities and suffered from various forms of violence, abuse, and harassment (Basu and Murthy 2003). The women who had traumatic experiences during the 2002 Gujarat communal riots and conflict had problems like reexperiencing the traumatic events, accompanied by symptoms of avoidance (staying away from reminders, avoiding the thoughts of the traumatic incident) and hyperarousal (feeling restless, pounding of heart, breathlessness) as described in impact of

event scale (Horowitz et al. 1979). Lack of mainstreaming of psychosocial support and the problem of rebuilding support mechanisms are major areas of concern in facilitating the well-being of women survivors, in particular (Kar 2010). More women depend on domestic activities and an informal economy, and displacement, loss of household resources, and lack of adequate support affect them more than men. Like in other developing economies, men tend to migrate for jobs, and women are tied up with their traditional responsibilities and face greater economic insecurity after disasters. The breakdown of the traditional family and community-based support systems disproportionately impact women after disasters (Kimerling et al. 2009).

All of these existing vulnerabilities are closely connected to the MDGs that expose women's more challenging situations during disasters. Yonder et al. (2005) explained that women in disasters suffer four kinds of impacts: (1) loss of productive employment outside the home (domestic, industrial, or commercial); (2) loss of household production and income (including that of the backyard economy and of small businesses run by women from their homes); (3) decrease in home-based work that reduce the daily family expenditure and bring some income at times (for example, kitchen gardens, working in small production units like sewing, stitching, making pickles or other food items for family consumption and also for selling in the community as a member of a self-help microfinance group); and (4) other economic damage resulting from outstanding debts or loans taken at high interest rates to meet some family need or emergency—like the marriage of a daughter, ill health, the education of a son—which exist in a predisaster period but become a bigger crisis after the losses due to a disaster. But these impacts are not limited to natural hazard-induced disasters, but occur in every conflict and human-made disaster, equally impacting women survivors in similar manners. Women tend to suffer more injuries and die more frequently in most disasters. Women and children (both boys and girls) are 14 times more likely than men to die in disasters (Bradshaw and Fordham 2013). The reasons are multiple—restrictive clothing of women prohibits them to run fast, women mostly working inside house causes higher vulnerability in earthquake, maternal and reproductive aspects cause more chance of infection, injured women often are attended after men by the family members, women tend to take more risk to save children and household belongings at the time of disaster, and many other factors that are associated with higher mortality rate of women in disaster. In humanitarian crises—particularly in times of war, in refugee contexts, and during other complex emergencies—gender-based violence against women and girls is also much higher and more severe than in times of peace.

Violence against women and girls (VAWG) in noncrisis situations, especially in areas with poor socioeconomic standards, is much higher than men. For many women in the world domestic violence and abuse are regular events, but crises and disasters greatly aggravate these situations. A broader definition of VAWG includes “controlling and coercive behaviour, subordination, exploitation, disempowerment, deprivation and encompasses physical violence and the threat of physical violence, and a range of types of abuse including, but not limited to, psychological, sexual, financial and emotional abuse” (UK Home Office 2013, p. 29). Included within this definition of VAWG, sexual harassment of women is a major issue in conflict situations. Victimization of the civilian population is common in conflict situations, but “it is now more dangerous to be a woman than to be a soldier in modern wars” (Major General Patrick Cammaert of the UN Mission in Congo, 2008, quoted in Chemaly 2012) due to the fact that rape is used as weapon. Similarly, in disaster situations, post-disaster cramped living conditions, lack of privacy, and living in close proximity to others can escalate sexual violence and abuse for female survivors. Sexually gratifying men becomes a way for women to receive aid (Thomson Reuters Foundation 2013).

The UN Millennium campaign confirmed that the gap between men and women trapped in poverty is widening and women are living in much more impoverished conditions than men (United Nations 2013). Disasters further cause impoverishment of the community, by death, destruction, and displacement and women become the major sufferers. Disasters cause more difficulties among women by increasing different risks in everyday life, disempowering women, reducing their life expectancy, and limiting their opportunities for recovery. These issues, in turn, limit the achievability of the MDGs.

4 Policies and Guidelines on Gender Aspects in India

Disaster management in India has a history dating to the early twentieth century, during the British period. These activities were reactive in nature, but gradually evolved into a proactive institutionalized structure with multi-stakeholder engagement. Activities shifted from a relief-based approach to holistic recovery through an integrated approach connecting mitigation, risk reduction, and preparedness. Disaster management in India became a serious concern at the administrative and practical level in the twenty-first century. This gradually led to the development of a specific administrative structure for disaster management—the National Disaster Management Authority (NDMA), the State Disaster Management Authority

(SDMA), and the District Disaster Management Authority (DDMA); legislation—such as the Disaster Management Act of 2005, disaster management policy guidelines, and training modules; the development of responsible institutional bodies—the National Disaster Response Force (NDRF), the State Disaster Response Force (SDRF), and civil defense; and academic institutions—training institutes, and specialized courses, including a postgraduate degree in disaster management.

The UN General Assembly declared the 1990s as the International Decade for Natural Disaster Reduction (IDNDR). Disaster management has been prioritized by various international organizations like the International Federation of Red Cross and Red Crescent Societies, Oxfam, Care International, the United States Agency for International Development (USAID), the United Nations Development Programme (UNDP), and the United Nations International Strategy for Disaster Reduction (UNISDR); other UN agencies took major disaster response programs all over the world. Over the last decade considerable development has occurred in international policies and guidelines. With respect to dealing with human suffering from various disasters and conflicts, this development includes the Sphere Hand Book and the Humanitarian Charter (The Sphere Project 2011), various Inter-Agency Standing Committee guidelines (IASC 1992), the World Health Organization (WHO) guidelines (WHO 2009, 2013), the international human rights law (OHCHR 1996), and the 1951 refugee law (Geneva Academy of International Humanitarian Law and Human Rights 2015).

Consistent with international perspectives India took initiatives for disaster management. In the 1990s, a disaster management section was established under the Ministry of Agriculture and in 2002 shifted to the Ministry of Home Affairs, now the main ministry of the government of India responsible for disaster management. The Ministry enforced the Disaster Management Act 2005 (GOI 2005), which has since provided the legal and institutional framework for disaster management in India. The National Disaster Management Authority (NDMA) was created by the Disaster Management Act 2005, allowing for the preparation of national policies, plans of action, and sectorial policies and plans of action for disaster management in the country.

In the National Policy on Disaster Management formulated in 2009, women, especially destitute women, are considered an important vulnerable group. The guideline also suggested inclusion of women within the State Disaster Response Force (GOI 2009) as women survivors could be better attended. In community-based disaster preparedness, the participation of women in the decision-making process is being encouraged in the guideline as government departments and other disaster intervention

agencies should facilitate recovery for women from the grassroots level. The National Policy on Disaster Management focuses on linking recovery with safe development, and on women as a target group to encourage social, economic, and infrastructural development. Women are also being prioritized for livelihood restoration efforts. Internationally, The Sphere Handbook (The Sphere Project 2011) considered gender a cross-cutting issue in any disaster intervention, with women considered one of the most vulnerable groups to be focused on in every disaster intervention program. Equal rights and entitlements are an essential consideration in disaster programming for empowering women survivors.

While MDG attainment largely depends on establishing equality and promoting the status of women, these guidelines and policies echo similar thoughts and action points during disasters. The active engagement of women in a specified gender-sensitive policy framework during disasters would also help women deal with the factors of vulnerability that prevent them from attaining the targets of the MDGs. The international and national guidelines for dealing with disasters specify the needs and action points for women in various response and rehabilitation measures in areas like livelihood, economic security, education, and the need to provide special relief for women, by identifying women living in the most vulnerable situations. Thus, women can be at equal levels of recovery, a desired outcome for fulfilling the MDGs.

Among international guidelines, the most important gender document is Women, Girls, Boys and Men: Different Needs—Equal Opportunities (IASC 2006) that explained the gender perspective in disaster response and rehabilitation programs through a series of practical techniques and concepts. This IASC (Inter-Agency Standing Committee) document indicates that:

The term gender refers to the social differences between females and males throughout the life cycle that are learned, and though deeply rooted in every culture, are changeable over time and have wide variations both within and between cultures. Gender determines the roles, power and resources for females and males in any culture (IASC 2006, p. 1).

Gender analysis and gender mainstreaming are crucial for developing gender-sensitive programming in disaster intervention. Gender analysis examines the relationships between females and males, their roles, access to and control of resources, and the constraints they face relative to each other. Gender analysis leads to further action towards gender mainstreaming to establish gender equity. Thus, gender analysis should be integrated in the humanitarian needs assessment and in all sector assessments or situational analyses as recommended by the IASC (2006) guidelines.

Gender equality, or equality between women and men, refers to the equal enjoyment by women, girls, boys, and men of rights, opportunities, resources, and rewards. Equality does not mean that women and men are the same but that their rights, opportunities, resources, and rewards are not governed or limited by whether they were born female or male. Sexual orientations distinctively define the roles, responsibilities, power, and privileges that females and males enjoy in any society, and traditionally this enjoyment is not governed by individual capacity. The concept of gender equality works towards reducing the equality gap between males and females, and that has been a priority in the UN Millennium campaign and the MDGs (United Nations 2013). Gender mainstreaming is a globally recognized strategy for achieving gender equality. The Economic and Social Council of the United Nations defined gender mainstreaming as “the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels” (United Nations 2002, p. 1). It is a strategy for “making women’s, as well as men’s, concerns and experiences an integral dimension of the design, implementation, monitoring, and evaluation of policies and programs in all political, economic, and societal spheres so that women and men benefit equally and inequality is not perpetuated” (IASC 2006, p. 12). Accomplishment of the MDGs with respect to women’s empowerment is closely connected to the implementation of the IASC (2006) guidelines that are not only important for disaster response, but for the development of underprivileged women, who continue to live in poverty. This is described as the feminization of poverty (Moghadam 2005). Now, in the era of SDGs (Sustainable Developmental Goals), the agenda for women’s empowerment is even more strengthened with the equal importance of environmental concerns that are the reason for intensifying disasters globally.

There is now significant progress in disaster management training, professional courses, and academic research in India, following a number of frequently occurring disasters in the country. Many social work institutes in India have started special courses on disaster management. There are separate Master’s degrees and postgraduate diploma courses on disaster management at different universities and research institutes, for example the Centre for Disaster Management Studies, Guru Gobind Singh Indraprastha University, New Delhi; the Jamsetji Tata Centre for Disaster Management (JTCDM), Mumbai; and the Department of Coastal Disaster Management, Pondicherry University, Port Blair. The technical courses under the Indian Council of Technical Education (ICTE) have made it mandatory for the students of Bachelor of Technology courses to study at least one theoretical paper on the basics of disaster management. Various training and capacity

building courses are regularly conducted for different cadres of government officials across the country by the National Institute of Disaster Management (NIDM) and its allied institutions (GOI 2009). In these courses gender, psychosocial support (PSS), and working with vulnerable groups (especially women, children, and persons with challenges) are included as important topics to be covered.

5 Women in Some Recent Disasters in India

Disasters lower the life expectancy of women more than the life expectancy of men. On average, natural hazards and their subsequent impacts kill more women than men or kill women at an earlier age than men (Neumayer and Plumper 2007). In various disasters in India the higher mortality of women is evident. In a disaster like the December 2004 tsunami, higher death rates of women were linked with their dress traditions, long hair that gets entangled with bushes, lack of physical ability to run, as well as their efforts to save valuables from homes and to protect children by taking higher risks (Pittaway et al. 2007). The Kashmir Valley has been going through turmoil for over two decades and women are subjected to different forms of continuous stress and sufferings (Ali and Jaswal 2000). The October 2005 earthquake added another disaster. Kashmiri women expressed their feelings that they are stuck in their personal and family lives with no alternatives left, except to be tolerant of their situation (Mathew et al. 2006).

It is important to understand that the vulnerability of women differs according to the nature and intensity of a disaster. But, human-made disasters cause higher vulnerabilities because women are easy targets for abduction, sexual exploitation, violence, and rape. To outrage a community's prestige and to create threat against a community often women are targeted in situation of conflict. While working with organizations like Médecins Sans Frontières (MSF) participants reported that in many situations women are forced to stay in very threatening situations and are sexually harassed. Higher vulnerabilities of women in human-made disasters need special attention to ensure that those women are able to participate in the community decision-making process and are provided with adequately comforting social surroundings based on local culture and practice. A disaster with intense damage causes grave consequences in the post-disaster situation that requires a greater amount of resources for rebuilding, and often the process of rehabilitation is slow. Particularly for a country with middle or lower socioeconomic standards rebuilding after disaster damage becomes a challenge. As a result women continue to face multiple difficulties in their personal, family, and community lives that are character

ized by domestic ties, imposed restrictions, and limited livelihood options. While “she survives a disaster such as a flood or earthquake, a woman will likely have fewer options to recover” (UN Women 2016, p. 22). In India every disaster creates additional vulnerabilities among girls and women, who can become trapped in the cycle of human trafficking. Both civil unrest and natural hazard-induced disasters have become major sources of human trafficking. Women survivors from poor socioeconomic regions are always at high risk (Ali and Nair 2011; Bhadra 2015).

After the 2005 Kashmir earthquake, in the course of working with the survivors towards a PSS capacity building program (Mathew et al. 2006), the experiences shared by the participants who were also earthquake survivors clearly showed that their psychological trauma was largely connected to their experiences of long unrest and militancy in the Kashmir Valley. Many of them shared how family members had gone missing without information, how they encountered many unexpected deaths of family members, suffered financial losses, and lived under threatening conditions. Women suffered from high levels of stress and trauma and had no other options except to pray and endure an imposed restricted indoor social life, devoid of mobility, economic, and educational opportunity. Women have suffered as wives, mothers, and daughters, and their psychosocial vulnerabilities made them worse affected by violence. Psychological trauma, destitution, poverty, and the lack of job opportunities put them at increasing risk of falling victim to human trafficking (Niaz 2009).

During the 2002 Gujarat riots severe sexual harassment scared women and others in the community (Lakshminarayana et al. 2002). As an immediate response, many organizations joined together to provide counseling and support to the women who were traumatized due to the sexual harassment. But within two days the experts realized that providing counseling was not possible because no one accepted that any member of his/her family had been raped or sexually assaulted. It was understood that identifying some women as victims of sexual harassment in a camp situation would cause more harm. Incidents of sexual assault against women and girls were used as weapons in the riots and caused a social and communal scare in the minds of survivors. The rioting incidents in the post-disaster period especially marginalized women of the Muslim community. Many young adolescent girls dropped out of schools and colleges. Independent movement of women was extremely restricted and early marriage of girls was frequent.

In post-disaster periods, displacement due to disaster results in women living in camps and temporary shelters. Camps are immediate living arrangements, mostly set up in available community places such as school buildings,

temple grounds, a Masjid, cinema halls, community halls, or any other available structures. These structures in the communities are not designed to hold the sudden rush of people for a longer period and end up as unhealthy, cramped living conditions, where women face multiple problems. Temporary shelters, which are established within a week to three months, are usually designed to accommodate people with minimum facilities. The biological needs of women to maintain privacy during menstruation causes a very high level of stress among women in such living conditions, with an absolute loss of personal home space, including privacy and comfort. Reproductive health issues and this psychosocial stress are very closely associated. During periods in displaced living conditions in camps or temporary shelters women have far fewer options to handle their problems. As a result, higher psychosomatic stress levels are also reported. Under such conditions women are subjected to higher rates of culturally inappropriate exposure. Adolescent youths of both genders fall into the trap of high-risk adolescent behavior, causing conflict and concern in families and communities. After the 2001 Gujarat earthquake poor survivors continued to live for more than a decade in temporary makeshift shelters in some urban areas, and women had to struggle with the lack of facilities such as cooking areas, safe toilets, drinking water facilities, and opportunities for livelihood (Bhalla 2011).

After the 2004 tsunami, women who had lost all of their children, or male children in some cases, were subject to very high levels of stress and were victimized further by family members who gave birth to male children. Cases were reported where women who had previously undergone tubectomies were surgically recanalized to reen able conception and childbirth. Women were seen just as child producing machines to give birth to preferably male children. Women lost their rights to their bodies, were severely stigmatized and lived under severe threats to produce children lest their husband marry again. Similar incidents were reported after the 1993 Latur earthquake and this disaster's subsequent phases of rehabilitation (Kedare and Dhavale 2002).

Women's vulnerabilities to disasters are linked to biological, social, and psychological issues that are part of every disaster experience (Sekar et al. 2005). Maternal health and reproductive health systems are closely connected to the mental health of women. The specific complications that women face are related to the disturbance of the menstrual cycle and the complications in reproductive health. Premature delivery and stillborn births are very common after severe disasters. Among young women long menstrual cycles and related weakness due to loss of blood and iron deficiency are also common. Due to severe stress lactating mothers face difficulties feeding their babies as

milk secretion decreases. Combined with these complications, pains all over the body, pelvic pain, and a lack of privacy are added stressors for women and young girls.

There is also social vulnerability due to women's roles as homemakers. Even after disasters women resume their primary roles as caregivers for their families. Providing food to the children or other family members becomes their first concern. Trauma and stress from fending for food and further responsibilities after disasters make women more vulnerable. Changes in power dynamics occur when women lose their financially supportive husbands in disasters and take on both the responsibilities to care for children and to deal with property and compensation issues. Sexual harassment of women and adolescent girls is also widely reported after disasters, and women have even had to sexually satisfy or meet the sexual demands of the aid worker to get humanitarian aid (Ferris 2007; Thomson Reuters Foundation 2013). Socially, restrictions are usually increased and imposed on women and girls in post-disaster periods.

Psychological vulnerability arises from the sense of loss women experience after disasters, making them prone to depression and other emotional disturbances. This psychological state makes women even more vulnerable when social vulnerability and the pressure of the stressful environment increase. This reduces their adaptive capacity and resiliency to deal with the adversities. The multidimensional impacts of disaster on health, nutrition, hygiene, security, protection, education, and livelihood of women are an absolute threat to the human rights and the dignity of the vulnerable women that are major hindrance in accomplishing MDG development agenda. The longer the response time, the longer the recovery time, and achieving the MDGs and SDGs becomes far removed from reality.

6 Women-Centered Models for Disaster Rehabilitation in India

Capacity building to work with women is an essential consideration to facilitate care and support for women survivors in disasters. PSS modules have specifically focused training manuals, sessions on vulnerable populations like children, women, disabled persons, and so on (Sekar et al. 2004). The term psychosocial refers to the dynamic relationship between the psychological and social dimensions of a person, where the one influences the other. The psychological dimension includes the internal, emotional, and thought processes of a person—his or her feelings and reactions. The social dimension includes relationships, family and community networks, social values, and cultural practices (Hansen 2008). Within the PSS program portfolio women are one of the target groups

given special consideration to help them to deal with their vulnerabilities. In India, PSS for disaster survivors is mainly offered by the National Institute of Mental Health and Neurosciences (NIMHANS), an agency that works in disaster response (NIMHANS and WHO 2006) and propagated the PSS program module (Murthy et al. 1987; Murthy 2000) starting in 1990. The module emphasizes the need of developing a holistic model of recovery for the rehabilitation of disaster survivors. This concept of a so-called “umbrella of care” will focus on developing and mobilizing various types of support (livelihood, microfinance, housing, water and sanitation, paralegal, self-help group initiatives, and so on) (Sekar et al. 2005, p. 49). This holistic service module is being developed and implemented in various disaster interventions in India for the rehabilitation of women survivors. Thus, psychosocial support is often provided in combination with other support in coordination with various humanitarian organizations working in a disaster-affected area. The basic purpose of psychosocial support is to ensure normalcy by reducing stress reactions, enhancing positive coping, rebuilding and strengthening social support mechanisms, mobilizing the local community to own the process of recovery as a stakeholder, and working at the individual, family, and community levels.

The capacity building program is the key to establishing a model of care in the process of recovery through the PSS program. In different interventions in disasters, a specialized training for community volunteers to provide support to the women of their community was designed, and community groups for women were promoted. A community-based model of care is being developed by engaging community level volunteers (CLVs) to work with the survivors in a community. The program staff of organizations engaged in the rehabilitation of the women in different disasters (Ramappa and Bhadra 2004; Sekar et al. 2007; Becker 2009; Bhadra 2013) were trained as master trainers to provide training to the CLVs, and at the grassroots level the CLVs worked with the women survivors. Through such a cascading model of training the different levels of staff and volunteers were trained. The training module combined multiple skill sets for providing psychosocial support (for example, facilitating expression by talking, active listening, empathy, social support, externalization of interest, relaxation and recreation, and spirituality). During the training, female community volunteers were taught to internalize that confidentiality is important to facilitating the process of helping. The approach was to provide a comforting environment to the women within the surrounding areas and living spaces where they could feel safe and supported by fellow women of the community. This training program is a combination of methodologies that encourage experiential learning through experience shar-

ing, role play, group discussions with reflections, psychomotor-oriented games for learning concepts, and presentations by the instructor (Fig. 1).

Body mapping was one of the important empowering modules for the women to understand the stigma and cultural beliefs associated with the female body and how persisting in these beliefs causes limitations and stressors among the women. This forced field analysis technique allowed the women to think about all their good qualities and positive strengths that they could use to bring positive changes in their lives, even after disasters, crises, and other problems (Sekar et al. 2005). This training module session was actually a revealing experience for women and affirmed their own strengths (Fig. 2). The holistic model of recovery subsequently focused on working with the other support services for women (Sekar et al. 2005). A similar model of service was developed in interventions for the 2001 Gujarat earthquake, the 2002 Gujarati riots, the 2004 Tsunami, and other disasters in India. Two of the disaster intervention models for women survivors that were established in Gujarat after the earthquake and riots are outlined below. These models of services had the clear focus of empowering women and establishing social support networks in accordance with the aims of the MDGs.

In the 2001 Gujarat earthquake intervention, the process of working with the general community and the need for working with single women emerged. There were various problems faced by women, especially widowed women. The intervention model had three main components for care and support: (1) providing psychosocial support to rebuild women's confidence and self-respect and to make them self-dependent; (2) providing material support such as livelihood options, housing support, paralegal support, and educational support for their children; and (3) organizing groups at different administrative levels (for example, village and district) (Chachra 2004). A wide range of problems faced by women were identified by the community volunteers. To handle these issues, the following services were provided by organizations in an attempt to provide holistic care (Ramappa and Bhadra 2004): (1) meeting women individually and with their families to address their issues and to provide support; (2) providing medical care and referral services; (3) encouraging group building as a social support system, helping women talk about their issues and providing a common platform for them; (4) creating a microcredit group to help women gain financial independence and decision-making power in the family; (5) providing legal support to women to help them gain their legal rights and compensation due to them; (6) providing housing support; and (7) forming self-help groups at various levels to facilitate awareness among the general population.

Fig. 1 Community-based model of care and content of training in support of women disaster survivors in India

- Dealing with stigma
- Ensuring comfort with biological aspect
- Critically examine the social perspective
- Establishing faith and trust to share
- Detaching the event from the feelings of being ashamed
- Develop self-confidence, positive views about self
- Strengthening positive coping

Fig. 2 Body mapping session as a means for empowering women in India

In the 2002 Gujarat riots intervention (Oommen 2008), “binding bonds of harmony” (Pathak 2004, p. 4) was one of the unique efforts, initiating trusting relationships between Muslim and Hindu women. The process of making a peace chain was initiated from individual contacts and continued through group efforts, reaching out to younger generations (adolescent girls). The overall aim was to get all women together to generate and sustain the initiative for peace in different areas. The trained women used individual contacts with Hindu and Muslim women in different areas. Mostly they continued to use contacts that were established during the days in the relief camps. They demonstrated through discussion that the same problems are common for all women without jobs, livelihoods,

proper health care, and housing facilities, irrespective of their religious faith. In the next phase, the women from different religions were put together in a common discussion forum to challenge each other’s preconceptions and come to conclusions about their common problems and sufferings due to the riots. This phase of discussion was the most intensive so that the women developed essential trusting bonds and commitments to maintaining peace. At this stage the women had clearly understood that peace was essential for all and pain was equal for all women who had lost their houses or family members. Hence maintaining peace is everyone’s responsibility. In the next stage those women sent their adolescent daughters or young daughters-in-law to interact closely with the community level volunteers and learn about maintaining peace. These young girls were also supported with skill training in organized classes for sewing and stitching to promote their livelihood options. These groups continued periodic interfaith meetings in different areas and celebrated various community level mass events (for example, celebration of international women’s day, birth anniversary of national leaders, India’s independence day, organized picnic for peace, sport meet for the kids) to promote peace and harmony (Bhadra and Dyer 2011).

In disaster rehabilitation and response efforts a lot of programs by different organizations are being directed to benefit women. But there remains a wide gap between the availability of services provided to women and women’s ability to actually access these services, due to the male-dominated culture, the social restrictions on women, their homebound status, low educational levels, and less exposure to formal systems (banking, administrative

procedures, and so on). A lot of services are given to disaster-affected women, but those are controlled by the men of the family. For example, many times the amount of aid received by the women as part of compensation or microfinance loans is used by male family members. But women are held responsible for the repayment of the loan amount. At times this aid made women more vulnerable as they found themselves trapped between the support they were receiving and the family demands they faced. Hence it is of paramount importance to ensure that the available services are accessible to women and that the provided benefits can actually be used by the women. This also relates to what extent women are able to make their own decisions about what concerns them.

Women as survivors of disasters face social challenges in remaking their lives due to a variety of social and cultural practices where women themselves play a major role. Women's widowed status may be a means of social exclusion for a woman to be independent in her social situation. Her efforts to be independent are marked as social deviation by elderly people in the community. The expected pattern of living for women is always a preconceived notion of submission. In a disaster situation, while she is making an effort to overcome problems with the help of external support, at the same time internal pressures pull her back. An example is a widowed woman from the Darbar Community in Gujarat after the earthquake. Though she was making efforts to come out and join self-help groups, caste practices did not allow her an independent choice. She was subjected to harassment and teasing in family and social situations. Similarly, after the Gujarat riots, in many Muslim communities wearing *burkhas* was mandatory for women, going anywhere alone was totally restricted, and cancelling admission from schools and colleges was common (Oommen 2008).

Women's participation levels in disaster responses and rehabilitation efforts have increased considerably at the grassroots level. Most grassroots-level workers of non-government organizations that played an active role in disaster interventions in India are women. Even the immediate support providers of government departments like health workers, Integrated Child Development Service (ICDS) workers, and teachers are mostly women from the survivors' community. Though it looks like an important step towards the employability of women, these increased responsibilities of women in their professional lives alongside their family responsibilities at times cause higher strain.

The initiative of UN Women on making the public space safe for women is a program promoted through "safe cities and safe public spaces" as a global agenda. This also promotes disaster risk reduction to encourage women to be resilient and develop strategies for mitigating the effects of climate change (UN Women 2016). Empowering women is

an essential task for disaster risk reduction and could accelerate MGD and SDG achievements in any context as well. It implies the need of women's active participation in community development, decision-making processes, management of natural resources, and leading peace building initiatives. Specifically, girls' participation in disaster prevention programs, support for vulnerable families for encouraging education for girls, developing gender-sensitive school curricula, promoting community cohesion for strengthening the safety and security of women, are some important steps towards achieving the MDGs. Women's potential and responsibilities for the development of resilient communities needs to be explored to accelerate the MDGs and reduce gender inequalities in development.

Disasters threaten the food security of the poorest people worldwide and women become the worst sufferers given their roles as homemakers and their traditional responsibility to feed others before having their share. Dealing with disaster risks and rehabilitation is vital for ensuring basic human rights and freedom from hunger. Thus, disaster risk reduction is an instrument for achieving the MDGs (IPU and UNISDR 2010) and SDGs.

7 Key Learning for Practice

Five key lessons can be summarized here. First, the vulnerability of women in disasters and conflicts is higher than that of men and this is difficult to reduce without changing the capabilities of affected women. Thus, gender-sensitive programming that considers gender mainstreaming is essential. While doing so the MDGs and SDGs become crucial guiding forces that focus on the empowerment of women as one of the key goals.

Second, the reality of being born as women limits women's opportunities and always poses challenges for professionals given the need to alter social structures that go beyond disaster-related work. The increasing feature of the feminization of poverty increases the vulnerability of women even as the MDGs focus on reducing this vulnerability of women by enhancing capacity and support systems. In the context of disasters and development, strengthening the MDGs commitment would reduce women's risks and make them more resilient when dealing with challenges.

Third, every disaster has a second wave caused by inadequate response strategies that can be identified as a "humanitarian aid induced social problem" (IASC 2007, p. 2). Women are significant victims of post-disaster situations. Thus, an important development challenge in rehabilitation is the need to enhance the social status and capability of women belonging to different sociocultural groups. Women

in post-disaster situations are the key to bringing back normalcy within the family unit by taking care of food supplies and caring for the children and others. While making such efforts women are subjected to abuse and violence, as well as restrictions in different contexts by family members, workers, government staff, and aid agencies.

Fourth, the strength perspective of the individual, family, and community needs to be explored rather than looking at women as helpless receivers of services. The cultural, social, and mental strengths of these women should be explored for disaster interventions. Though there are considerable efforts made by the organizations in disaster intervention to engage women for disaster risk reduction, the strength of women is not seen as a piece of mainstream strategies where women leading disaster programming is a need. Women as frontline workers in disaster response need support to deal with the dual demands of managing household responsibilities and working as community volunteer or staff with other survivors. Care of women as a family unit and developing support networks around women would make disaster response more gender sensitive and empowering.

Fifth, gender equity is an important consideration for the development of women. For disaster intervention gender analysis should be done considering the local cultural, social, and economic structures of the affected community. Gender roles should be matched with post-disaster interventions that build on the strengths of the individual, family, and community where men and women are complementary for each other.

Disasters will continue to threaten more lives and livelihoods and achieving the MDGs or SDGs is a distant possibility, if women specifically are being ignored in disaster planning and responses. In the context of the MDGs and SDGs, while development is a priority concern to end inequalities, disaster as an additional challenge needs considerable focus to ensure gender equity. Disaster situations that test the resiliency of communities and the social system actually test the ability of how to maintain development standards in the long term.

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