

KNOWLEDGE NOTE 3-6

CLUSTER 3: Emergency Response

Ensuring Protection in Response and Equity in Recovery



Prepared by Yoko Saito, Disaster Reduction and Human Renovation Institution;
International Recovery Platform; Hironobu Shibuya, Save the Children Japan;
and Margaret Arnold and Mikio Ishiwatari, World Bank.

Valuable contributions were also provided by Emi Kiyota, Ibasho; and
Akiko Domoto and Hiroko Sue Hara, Japan Women's Network for Disaster
Reconstruction and Gender.

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As in every disaster, certain groups were more vulnerable than others to the effects of the Great East Japan Earthquake (GEJE). Two-thirds of those who lost their lives were over 60 years old. Response efforts to the catastrophe also affected social groups differently and reflected existing inequities, particularly with respect to women. Children, the elderly, and the disabled also have special needs, which were not always met. These “vulnerable” groups should also be engaged in the planning, design, and implementation of relief and recovery activities to ensure a more effective and efficient recovery, and contribute to more sustainable and resilient communities in the longer-term.

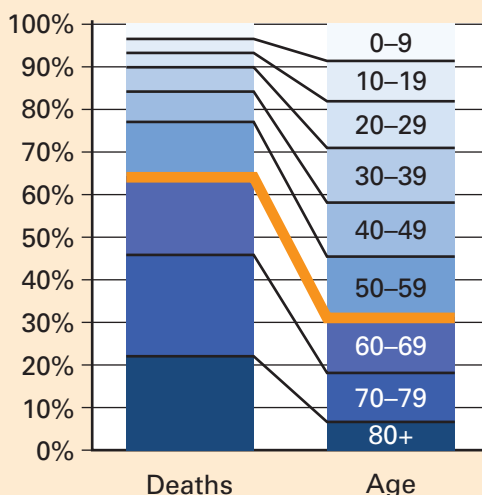
IMMEDIATE IMPACT OF THE DISASTER

Vulnerability to the impacts of natural hazards normally varies by social and demographic group, and the GEJE was no exception, with the elderly proving to be the most vulnerable. Two thirds of the deaths occurred among the elderly—people over 60 years old—who accounted for some 30 percent of the total population in the affected areas. They are physically weaker than other groups, and could not run fast enough to reach higher ground.

Seven hundred and twenty-seven children and young people (0-19 years old) lost their lives in the GEJE. As of October 31, 2011, 1,327 children had lost one parent and 240 children had lost both their mother and father. Of these, 160 were adopted by relatives. A survey conducted by Ashinaga, (“Daddy-Long-Legs,” a scholarship organization for orphaned students) revealed that households with disaster-affected children, in particular female-headed ones, face difficulties in livelihood. The details are as follows:

- Half of affected children are in female-headed households.
- Forty-five percent of the heads of households have permanent full-time jobs, while 30 percent are unemployed or looking for work.

FIGURE 1: Age distribution of people killed in the GEJE



- Among female-headed households, 24 percent are employed full-time, while 47 percent are unemployed or looking for work.
- Seventy percent of their houses were damaged; 30 percent are living in their own homes, with the remainder living with relatives (29 percent) or in evacuation centers or transition centers.

RESPONSE AND EARLY RECOVERY

GENDER

Women in Japan do not have the same socioeconomic status as men, participate less in decision making, and have less access to social and economic opportunities. The relative poverty rate of women is higher than that of men (28.1 percent vs. 22.9 percent in 2007). The average hourly wage rate in 2008 for female full-time workers was 69 percent of the rate for male workers, and the proportion of women in positions equivalent to or higher than section manager in private corporations is 6.5 percent. The prefectures affected by the event belong to a medium range of gender equality in Japan: The ranks of gender equality index of Iwate, Miyagi, and Fukushima prefectures are 11th, 27th, and 17th, respectively out of 47. The GEJE relief and response efforts reflected and reinforced these preexisting inequalities. Most evacuation centers were managed by men. In fact, throughout Japan, 96 percent of the leaders of residents' associations, who also served as the leaders of evacuation centers, are men.

Privacy and security. Privacy for women was rarely available at evacuation centers, which added greatly to their stress. A survey conducted by the Cabinet Office in April 2011 revealed that only 26 percent of the centers had private spaces for women; at many centers women had to change their clothes under blankets or in a toilet.

Women were hesitant to voice their needs to the male leadership of the centers. Basic needs related to hygiene were overlooked or handled in an insensitive manner. For example, in one center, male staff distributed a sanitary napkin to each woman and said: “If you need another one, please let me know.” In centers where women were engaged in management, those items were made readily available in bathrooms. Male leaders at evacuation centers considered skin lotions and other cosmetic items to be luxury goods, while for women they contributed to a sense of normality. When a cosmetic company sent make-up kits to several centers, women were able to put on make-up for the first time since the disaster, which raised their spirits and encouraged them to be more active.

In May 2011, there were two reported cases of rape confirmed in the three affected prefectures after the disaster, compared to nine reported incidents at the same time in 2010. There were thirteen reported cases of forcible indecency compared to thirty-two cases in the previous year. The Minister of State said these incidents did not occur in the affected areas. It is difficult, however, to obtain verifiable numbers of sexual harassment incidents since they can take many forms—from sexual taunting to physical harassment—and often go unreported. At evacuation centers, personal alarms were distributed to protect women and children, and they were cautioned to avoid going to the outdoor toilets alone, especially at night.

FIGURE 2: **An evacuation center, one month after the earthquake**



In one center, a grievance desk was set up; however, since there were no partitions in the facility, everyone could see and hear who was registering a complaint. This made women reluctant to report any concerns or incidents. In another center, a private, soundproof space was set up where women felt more confident about reporting grievances.

Domestic violence is also difficult to track, as it is typically considered a family matter and seldom discussed or reported. Of the cases that police responded to in the three affected prefectures from March 11 to December 31, 2011, 98 were recognized as having a clear linkage to the disaster. Many of these involved violent acts by husbands who had increased their alcohol consumption after the disaster.

The Gender Equality Bureau of the Cabinet Office recognized that gender perspectives were not sufficiently considered in managing evacuation centers, and on March 16, 2011 issued an ordinance on “Disaster response based on the needs of women and women with children” to provide guidance to relevant agencies. They also initiated consultation services for women dealing with distress or violence. However, conditions on the ground made it difficult to reach the evacuees and people managing the centers.

At the Fukushima Big Pallet, a major evacuation center accommodating more than 2,000 evacuees, spaces for women were set up in collaboration with local women’s organizations. The organizations provided advice to women and referred them to experts when necessary. They provided a safe space for women to gather and share their thoughts and concerns with others, and also held events such as cooking and handicraft classes. Women said that they felt relaxed and comfortable in these spaces.

Maternal care. Many nursing mothers did not have privacy for breastfeeding. Some went outside in the cold in search of privacy and others gave up nursing and changed to powdered milk. A number of maternal care clinics and hospitals offered temporary evacuation facilities free of charge for families with pregnant women and infants. However, the Japan Primary Care Association reported that many pregnant women refused to move to these places because they were concerned that their neighbors would no longer consider them to be community members if they moved to a separate place.

The Japan Primary Care Association set up several programs to support pregnant women and families with infants, and sent an obstetrician and gynecologist to the affected area.

Workload and livelihoods. Women in many evacuation centers were requested to prepare meals for the evacuees three times a day, in addition to taking care of the elderly and children while the men were out looking for work. This placed a heavy burden on them. In some centers, a rotation system was established to alleviate the pressure on any specific person or group. Moreover, while men were engaged in cash-for-work programs cleaning up debris from the disaster, women were not compensated for their work in the centers.

Men’s needs. Integrating a gender-sensitive approach in relief and recovery efforts means understanding and addressing the needs of men and boys in addition to those of women and girls. While data still needs to be collected in the affected area, there are indications of a need for counseling for men to deal with alcoholism and domestic violence. Moreover, men may need special counseling for child rearing if they have become single parents or if they have lost their livelihood.

BOX 1: **Single Father Japan**

Single Father Japan was established before the GEJE to support single fathers. The organization requested the Japanese Government to extend bereavement pensions for men who had lost their wives in the event. Their main activities are providing counseling and open lectures, awareness raising, and research on single-parent families. See <http://zenfushiren.jp>.

CHILDREN

The GEJE left children feeling frightened, confused, and insecure. The number of incoming calls to “Childline,” a free counseling service for children, increased fourfold in the Fukushima, Miyagi, and Iwate prefectures following the event. The government made plans to deploy some 1,300 mental health counselors to all public schools in affected areas.

The government expanded its support to foster parents caring for relative’s orphans; and recommended that the child’s previous connections with friends and with the child’s home region should be maintained. Governments and various organizations, such as Ashinaga and the Fund for the Future of Children affected by the GEJE, started providing financial support or scholarships to orphans.

Because of the accident at the Fukushima Daiichi Nuclear Plant, children in the Fukushima prefecture have stopped playing outside or swimming in pools, and have suffered from the stress of remaining indoors. In 74 percent of Fukushima households, children have decreased the time they play outdoors to 13 minutes per day to avoid the effects of radiation. These children demonstrate signs of increased stress through acting-out twice as often as other children. The government organized a few days of “refresh camp” where children can play sports and engage safely in outdoor activities. Some 6,000 children participated in the program.

OLDER PEOPLE AND THE DISABLED

A lesson learned from the Great Hanshin-Awaji (Kobe) Earthquake in 1995 was that special centers should be established for older people and the disabled. In 2008, the Ministry of Health and Welfare issued guidelines stating that Welfare Evacuation Centers for special care needs should be established within seven days of a disaster emergency. However, only 20 percent of municipal governments in the three affected prefectures prepared special evacuation centers in response to the GEJE. Many disabled people faced challenges accessing evacuation centers; and there were some reports of mentally ill and autistic people leaving centers because they were not properly cared for.

People over 60 make up 30 percent of the population in the affected area, but local authorities were unprepared to respond to their needs. Evacuation for elderly people with dementia and their family members was challenging. While long-term care facilities organize regular

evacuation drills, local government had limited knowledge about the elderly with dementia who lived in their communities and were not well prepared to support them. Older people also faced accessibility issues at evacuation sites and temporary housing sites. A number of older people in need of soft food and diapers went with their needs unmet. Older people are prone to withdrawal when disconnected from friends and family; this is an issue for many people in temporary housing who have lost their social networks.

The elderly residents in care facilities that were damaged in the GEJE were relocated to evacuation centers such as school gymnasias, where they faced difficulties living without nursing care. Finding nursing care staff was a challenge because many of them had suffered from the GEJE: 52 out of 1,165 eldercare facilities in the Iwate, Miyagi, and Fukushima prefectures were damaged by the event, and 173 staff members are dead or missing. In April 2012, the Ministry of Health, Labor and Welfare (MHLW) issued an ordinance to local governments to prepare for large disasters by: arranging for evacuation of the elderly living in care facilities; support for staff who are sent to devastated areas; and support for the elderly who need care at home.

One eldercare facility became an evacuation site by default. Designed as a group home for 20 people, the building was equipped with an accessible kitchen, bathrooms, bedrooms, and a living room for individuals with physical and cognitive impairment. While large-scale multilevel eldercare facilities could not function without electricity and running water because of the GEJE, this small-scale group home was able to provide basic services and an accessible environment for over 100 people of all ages from the community.

Coordination challenges among agencies may have hindered the collection of data and the provision of support to disabled people affected by the GEJE. For example, DRM staff at a local government's could not have access to information on the disabled in the affected area because of privacy policies; and a housing facility that provided income-generation activities for disabled people did not fall under the purview of MHLW so did not receive assistance. Such "bureaucratic mismatches" resulted in certain groups falling through the cracks.

In an effort to ease the burden on vulnerable groups, MHLW temporarily suspended the collection of national insurance system premiums for long-term nursing care. They also simplified procedures for claims; and allowed affected people to receive services without showing their insurance identifications cards, and reduced or waived service fees.

EMPOWERING MARGINALIZED GROUPS FOR LONG-TERM RECOVERY

Recognizing its importance, a number of groups have acted to enable marginalized groups to participate meaningfully in medium and longer-term recovery efforts.

The first meeting of the Government's Reconstruction Design Council was held on April 11, 2011. No mention was made of gender or of issues related to the disabled in the Council's reconstruction principles, and only one woman was appointed to the 15-member Council. This is a nationwide problem, reflected in the following figures:

- In the National Disaster Prevention Council, only 1 out of the 25 committee members is a woman.
- At disaster prevention councils at the prefectural and municipal levels, the participation rate of women is only 4 percent.

In response to the GEJE, there was an appeal led by several women leaders, including Akiko Domoto, former governor of the Chiba prefecture, and Hiroko Sue Hara of Josai International University, to establish the Japan Women’s Network for Disaster Reconstruction and Gender. In June 2011, on the three-month anniversary of the disaster, the network held a symposium on gender equality in the GEJE reconstruction process. The network’s advocacy efforts have been successful, and have contributed to the inclusion of the following text in the Basic Act on Reconstruction in response to the GEJE which was passed on June 20, 2011: “...opinions of the residents in the disaster-afflicted regions shall be respected and opinions of a wide range of people including women, children and disabled persons shall be taken into account.” There were also accompanying guidelines issued on promoting the participation of women, children, and the disabled in all aspects of the reconstruction process. The real challenge in the coming months will be the implementation of the law and guidelines, as so far the capacity and will to engage and address the needs of vulnerable groups and women has been quite limited.

A number of UN and civil society organizations are also supporting children. Four organizations: UNICEF, Save the Children, General Research Institute of the Convention on the Rights of the Child, and Childline have established a Network for Supporting Children at the GEJE, with the objective of coordinating among governments, CSOs, experts, and the private sector. Through the network, information is shared on support activities, damages incurred, and the progresses of recovery; children’s messages are issued to the public;

BOX 2: **Save the Children**

One key lesson Save the Children has learned over many years of responding to emergencies is that while children are more adversely affected by disasters, they also have a great capacity to recover quickly, provided they are given the proper support and directly engaged in supportive dialogues. Children can inform families, school officials and local officials of their needs, and of how they can help their communities recover. When asked about what would be of most support to them, children generally expressed their desire to return to normal routines and living situations—and to help their communities recover. Save the Children surveyed more than 11,000 children in the affected area on what type of role they would like to play in the recovery process, and how they would like to see their towns rebuilt. Close to 90 percent said they wanted to contribute in some way to rebuilding their communities. Save the Children is strengthening children’s participation in the recovery process by ensuring their views are part of the planning for rebuilding their towns and communities, and assisting children to convey their thoughts and ideas to their communities and to local and national government officials.

and recovery policies are recommended. As of November 2011, 29 organizations were participating in the network.

UNICEF is providing assistance to the children of Japan for the first time in nearly half a century with a budget of JPY4 billion. The assistance covers emergency support supplies; health and nutritional support; educational support; psychosocial support (psychological care); protecting children in harsh environments, such as being orphaned, in need, or in impoverished families; and child-friendly reconstruction plans.

Older people are more often thought of as a vulnerable group in need of care rather than as a resource to support younger generations. When marginalized, elders lose opportunities for interaction and the ability to contribute to society, and young people lose the wisdom and talents that elders can offer. After the GEJE, an NGO, called Ibasho, focusing on issues of aging societies, visited the affected area and heard many stories about elders who saved younger people's lives by instructing them on where to escape to or by teaching them how to survive with extremely limited resources. Older people also expressed a great deal of gratitude for all the foreign aid they had received, and wanted to give back. "I want to be useful to others but I do not know how," was heard numerous times.

To empower elderly survivors of the GEJE, Ibasho is building a café adjacent to a large temporary housing site in Ofunato Iwate, which is expected to open before the end of 2012. The Ibasho café is being designed in partnership with the community as a place where people of all ages can gather and share conversation and refreshments in an informal setting. It is envisioned that elders will plan, manage, and operate the café. Everyone—including people with physical disabilities or cognitive illnesses such as dementia—will be encouraged to participate to their fullest ability. It is hoped that this intergenerational exchange and interaction will create stronger social capital in the community, resulting in strengthened resilience to natural hazards and the risks associated with the rapid growth of an aging population.

LESSONS

Lessons learned from the GEJE include:

- Data collection disaggregated by gender and age, and including the disabled is needed to understand the relief and recovery needs of all affected people, and particularly those groups that have special needs. It would be worth looking into arrangements and agreements that can be made between agencies for accessing data in case of an emergency.
- Once an emergency occurs it is already too late to start advocating for gender-sensitive perspectives. A gender perspective must be included in center management at normal times to ensure women's privacy and safety. It is crucial to involve women in center management.
- The livelihoods of women also need to be supported; opportunities for income generation during relief and recovery should be provided to them as they are to men.

- Children are in particular need of support that will provide them with a certain sense of security and normality; they can also be meaningfully engaged in rebuilding their communities.
- When planning evacuation sites, it may be beneficial to reexamine how care facilities for the elderly and disabled are designed and integrated into neighborhood and city planning.
- Engaging marginalized groups actively in the design and implementation of recovery efforts contributes to their recovery and to the future resilience of the community.

RECOMMENDATIONS FOR DEVELOPING COUNTRIES

- The needs and impacts of different groups can be quite varied. Assess and understand the different needs of women, girls, boys, men, the elderly, disabled, ethnic groups, the very poor, and other marginalized groups in order to respond effectively. Those working in the informal economy may face particular difficulties, for example, where the loss of housing also means the loss of workplace, tools, and supplies. It is important to formally recognize and compensate those working in informal economy.
- Rights-based approaches should be adopted. Women should be encouraged to participate in disaster management committees, camp management, and risk assessment. National and local disaster management policies and strategies should be reviewed from a gender perspective.
- Establish specific monitoring mechanisms (for example, Continuous Social Impact Assessments) to ensure that women and children can access recovery resources, participate publicly in planning and decision making, and organize to sustain their involvement throughout the recovery process.
- Sexual harassment and domestic violence comes in various forms. It is necessary to create safe and secure spaces for women, children, and other marginalized groups. Protection shelters and consultation services for victims should be established in collaboration with NGOs, governments, and the police.
- For longer-term recovery, support can be designed to help upgrade the living standards of the poor, to enable the most marginalized to participate, and to establish mechanisms that promote an inclusive, more resilient society. Supporting marginalized groups requires a solid understanding of the broader societal and policy context (e.g., labor market practices).

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