

Rights to Water and Food in Post-disaster Situations

Everyone has the right to water. This right is recognized in international legal instruments and provides for sufficient, safe, acceptable, physically accessible and affordable water for personal and domestic uses. An adequate amount of safe water is necessary to prevent death from

Article 25, Universal Declaration of Human Rights, 1948

*(1) Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including **food**, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in **circumstances beyond his control**.*

Article 11, International Covenant on Economic, Social and Cultural Rights,

*1. The States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate **food**, clothing and housing, and to the continuous improvement of living conditions. The States Parties will take appropriate steps to ensure the realization of this right, recognizing to this effect the essential importance of international co-operation based on free consent.*

2. The States Parties to the present Covenant, recognizing the fundamental right of everyone to be free from hunger, shall take, individually and through international co-operation, the measures, including specific programmes, which are needed:

(a) To improve methods of production, conservation and distribution of food by making full use of technical and scientific knowledge, by disseminating knowledge of the principles of nutrition and by developing or reforming agrarian systems in such a way as to achieve the most efficient development and utilization of natural resources;

dehydration, to reduce the risk of water-related disease and to provide for consumption, cooking, and personal and domestic hygienic requirements.

The right to water is inextricably related to other human rights, including the right to health, the

right to housing and the right to adequate food. As such, it is part of the guarantees essential for human survival. States and non-state actors have responsibilities in fulfilling the right to water.

Access to food and the maintenance of adequate nutritional status are critical determinants of people's survival in a disaster. Malnutrition can be the most serious public health problem and may be a leading cause of death, whether directly or indirectly. The resilience of livelihoods and people's subsequent food security determine their health and nutrition in the short term and their future survival and well-being. Food aid can be important in protecting and providing for food security and nutrition, as part of a combination of measures. As the international human rights instruments talk of those rights in general, it is more important in disaster situations. In normal circumstances, at the failure of the State, people can at least fend on themselves but in disaster situations, the victims are helpless and have to entirely depend on the authorities for essential services. Hence, the international human rights obligations of the State becomes almost non-derogable during such troubled times. Unfortunately, the reality witnessed during all the three disasters is far unconvincing with several instances of human rights violations due to the callousness of the State.

Furthermore, when we talk about food and water, it is not to generalize the affected population's needs. The affected populations invariably include pregnant women, infants etc. who need some extra care and precautions. It would be interesting to see if in any of those disasters, the State ever conceptualized their needs while developing relief programmes.

A. The Orissa Cyclone

Orissa is one of the backward states in the country. In Orissa, 60 per cent live below poverty line and 53 per cent are malnourished.¹ Thus, the impact of a natural disaster on availability of food and water aggravated an already dire situation. The destruction of farmland, the flooding of land and the vast infrastructural damage meant that few affected people had access to water and food which met the standards of their human rights.

A series of UN reports in the weeks following the cyclone kept track of the relief packages which were sent to try and provide affected people with basic food and health. Three weeks after the cyclone hit, the Government had allocated 217,540 tonnes of rice to be distributed at the rate of 20 kgs. per affected family per month.² They further allocated 2000 tonnes of rice to NGOs to run free kitchens.³ Supplies of rice were often more than adequate in relief packages; and this resulted in the affected areas of people having too much rice but no other food. Such initiatives prove that the programmes were not properly planned and the aid was supplied to just fill in the gaps.

This over-compensation in one area at the expense of another is a common sign of the lack of

communication between disaster relief and rehabilitation authorities. This includes the coordination between the different layers of the government; between government and civil society and amongst different civil society groups. Improved communication and coordination is needed to ensure that all resources are used to the fullest extent possible. An example of the impact lack of communication can have on relief efforts is the truck loads of cooked rice, brought in from Andhra

SPHERE Standards

Assessment and analysis standard 1: food security

Where people are at risk of food insecurity, programme decisions are based on a demonstrated understanding of how they normally access food, the impact of the disaster on current and future food security, and hence the most appropriate response.

Food security standard 1: general food security

People have access to adequate and appropriate food and non-food items in a manner that ensures their survival, prevents erosion of assets and upholds their dignity.

Pradesh and dumped at Kalinga stadium, Orissa. Nobody was notified of its arrival or was prepared to distribute it; it just lay there for 48 hours before it went bad and had to be thrown away.⁴ This shows complete indifference of the authorities in the emergency situation and lack of co-ordination in the relief programmes. At the same time, it is against the certain provisions of the SPHERE Standards which specifically mention about the prevention of the erosion of the food items.

The flow of medicines and other health related relief materials appears to have been of a significant level by about three weeks after the cyclone. The main supplies were 34 million halogen tablets, 350 tonnes of bleaching powder, 230 tonnes of DDT, 200,000 litres of Phenyl, 3.5 million antibiotic tablets, 600,000 doses of measles vaccine and 1.5 million anti-diarrhea tablets.⁵ In spite of these efforts, 68,018 diarrhea cases were reported.⁶ In the post-disaster situation ensuring safe drinking water is the primary as well as the toughest challenge. After the cyclone, drinking water was scarce and people were forced to use dirty water for consumption.

The less said about the public distribution system (PDS) in Ersama the better. The only commodity available at the PDS outlets here is kerosene. The quantity of rations also varied from village to village. The authorities have also failed to bring all the vulnerable villages under the Integrated Child Development Scheme.⁷

B. The Gujarat Earthquake

After the earthquake the government immediately launched a massive rescue and relief operation by mobilizing available resources and personnel to mitigate the suffering of the victims.⁸ A UN assessment argues that essential services were restored by the government within the week but the scale of the disaster meant it was impossible to reach relief everybody that needed it.⁹ Certainly providing immediate relief to all the affected is a huge task, but this is what needs to be aimed in order to provide more people with the rights they are entitled to. Further, it appears that the government could have done more to provide food and water.

As with other relief and rehabilitation programmes the government relied heavily on the support and work of civil society, such as the United Nations Children's Fund (UNICEF). The UNICEF mobilized an initial \$4 million in relief supplies, including medical drugs and equipment, one million chlorine tablets to purify water, and 50,000 plastic sheets. UNICEF plans an additional \$10 million to help restore among other things, basic health service for children and women, ensure a safe supply of water in the hardest-hit areas.¹⁰

The state government also worked with the World Food Programme (WFP) to implement an Emergency Operation valued at \$4.15 million to provide relief food rations to 300,000 people for months.¹¹ This project highlights how food and water provisions were not adequate. First, the Gujarat Government only informed the WFP of the earthquake and the relief needs five days after the quake struck.¹² This kind of delay leads to the death of affected people who are trying to hang on through the initial relief stages. Second, the 4-month timeframe for this operation exemplifies the short-term approach, which was taken to provide food and water. All of the affected people were not going to have restarted their previous livelihoods or started new ones, by then. This is part of a larger problem of seeing relief, rehabilitation and reconstruction as distinct phases. In reality, they overlap and the only way for there to be sustainable improvements to living standards of the affected people is for there to be a long-term element to any of the relief work undertaken. The central Government admits to this policy failure in its 10th Five-Year Plan, when it states that existing policy is based on 'calamity' relief, which is inadequate as it only focuses on immediate relief. It argues that due to the impact disasters have on the economy and development of India the issues need to be addressed.¹³

C. The Tsunami

The Tsunami had an equal impact on the provision of water. Water pumps were damaged, shallow wells needed draining and piped supplies were disrupted. An Oxfam study explains how the salt water flooded coastal wells and in cases it caused irreversible salinization of shallow groundwater wells, making the wells unusable in the tsunami-hit areas in the Asia-pacific region.¹⁴

A study taken up by the Tamil Nadu Voluntary Health Association (TNVHA) on behalf of TRRC in the tsunami affected districts of Tamil Nadu brings about the hard fact that most of the portable water are unsafe for drinking and the open wells (46.3%) are the main source of such unsafe water followed by ponds (36.1%).¹⁵ Though disinfection processes (e.g. boiling, chlorination etc.) are prevalent among the people in those areas, there is ample doubt to what extent they can be effective to fight the menace. On a whole, the study reflects the deplorable condition in those districts even months after the disaster. The lack of drinking water on such a scale for a relief project was critical, as can be discerned from the following facts and figures:

Poor quality of drinking water is the leading cause of deaths among the children around the world. Congenital anomalies, intestinal infectious diseases, parasitic diseases are the common causes to the disaster. A third of the world's population lacks a safe water supply. Everyday 25,000 people die from water-borne diseases. Typhoid, cholera, dysentery, diarrhea and gastroenteritis are some of the common waterborne diseases. More than one billion people are annually affected by diarrhea-related and other waterborne diseases; 2.2 million of these die from it, of which 1.8 million are children under 5 years of age.¹⁶

Availability of safe drinking water in post-disasters is a serious problem impacting women. Women in India have to provide food and water for the household, tend to animals, and take care of children, the sick and the injured. This role and responsibility is exactly the same in post-disaster situations and even while living in temporary shelters, which are often far away from any clean drinking water sources.

In Tamil Nadu, after the tsunami, the relief camps were overcrowded, unsafe and very insecure. Some women had to sleep under trees with their children. Only a few wells were available, so there was shortage of drinking water. Adding to the burden of providing water for the whole family is the fact that drinking water in tsunami-affected areas was salinated.

The following were the water-related problems faced by women and girls after tsunami:

- Women walked six kilometers to collect one pot of water and had to pay Rs. 10 for it.
- The young girls had to fetch water disturbing their study hours.
- While going to fetch water, some women became victims of sexual exploitation and violence at the hands of those living in inland areas.
- They had to travel up to ten kilometers for privacy to have bath.
- Due to lack of water skin infection was very common.

There were, however, other serious problems with the post-Tsunami relief policies and relief distribution which affected the right to water and food of the affected communities. Some

village heads delayed providing relief until there was enough for everybody. Although this equality ethos is commendable this had serious consequences on the worst-affected. This highlights a real problem with relief programmes. Relief aid should be provided to the affected people equally, but sometimes the only option is unequal provision; this is better than no relief at all. Also, sometimes when relief trucks were sent away to get the rest of the relief, they would never make it back as the trucks would be looted by powerful families and communities.¹⁷

Another problem with relief distribution was that the initial relief was only for those who were registered. Thus it excluded those who lived away from the coast or those who had fled their destroyed homes for a few days and then returned.¹⁸

In a caste-stratified society, the dimension of caste is definite to play its role – whether in normal circumstances or in disaster situations. Tsunami had not been an exception. Members of the fishing communities also denied Dalits access to relief materials supplied by the government and NGOs. Murlidharan, a Dalit rights activist, recounted that, “We had problems earlier as relief materials could not be taken to Dalit areas because the fishing community refused to let us pass.” After persistent reports of caste-discrimination arose in the media, the government belatedly focused attention on assessing damages in Dalit communities, including the loss of livelihood of Dalit laborers in fishing villages, saltpans and farmlands. Emergency rations were distributed to these communities as well. Nevertheless, complaints about discrimination against Dalits and members of tribal communities during relief operations were a constant refrain throughout the area visited by Human Rights Watch in January 2005.¹⁹

The relief that was provided was also often not specific or effective enough. For example, in the post-tsunami relief packages no baby food provided.²⁰ Further, a study done on the impact of the Tsunami on children showed that during the relief period 24 per cent of the children did not get three square meals a day.²¹

D. Recommendations

It is difficult to measure exactly how many people, affected by the disasters, have had access to adequate food and water. However, what appeared is that in all the cases there was a differing impact on the shortage of food and water.

There are enough evidences to show that international standards for water access and availability of food were not adhered to by any state government in the post-disaster period. Even today there is a scarcity of water in places devastated by disasters and women bear the brunt of bringing water from distant places.

All of these disasters highlight the need for better coordination, logistical management and agreement of standards amongst relief and rehabilitation authorities. The Disaster Management Act 2005 includes a governance structure. However, it is complex and different levels of

authorities seem to have overlapping responsibility.²² This structure does not help to clarify decision-making, if anything, it will make the process longer. Once again this policy is not adequate. And, it should be reiterated once more that there needs to be a permanent provision regarding food and water relief supply, as these are the most vital elements so far human life is concerned. With the task cut-out the authorities would be to act as soon as a disaster strikes. Although immediate relief must be provided as quickly as possible it must be within the framework of the longer-term sustainable development programmes, which occur in the later stages. More importantly, protecting the right to safe water and food would in turn ensure good health and reduce the possibilities of epidemics which usually follow after the disasters.

We can sum up the situation by recommending on the following terms to ensure the right to water and food of the victims:

- Better quality of food to be distributed through PDS.
- Better coordination; more effective use of resources and less duplication
- Better logistical management so that items were given out quickly with coordination and agreement between agencies
- Special care in case of babies, pregnant women, infants etc. – groups of people who require additional care.
- Make portable waters available at the first instance with provisions to store them. Article like plastic sheets often act has a multi-purpose item – it can be used as roof as well as can be used for collecting rain water.
- SPHERE guidelines or other agreed national standards should be known and applied by all actors
- Technical support to Government Agencies and NGOs

Finally, a functioning interest & needs-based network of the State and the civil society groups will enhance preparedness, facilitate agreement on minimum standards for response, speed up initial response and assist in matching external support to local needs.

NOTES:

1. T.K. Rajalakshmi, 'Some lessons from Orissa', *Frontline*, Volume 18, Issue 05, (March, 03 - 16, 2001), available at <http://www.frontlineonnet.com/fl1805/18050350.htm>
2. United Nations Disaster Management Team (UNDMT): 'Orissa Cyclone Situation Report 8', p. 1, available at <http://www.un.org.in/sitrep08.pdf>
3. UNDMT: 'Orissa Cyclone Situation Report 9', p. 2, available at <http://www.un.org.in/sitrep09.doc>
4. *Supra*, note 1.

5. *Supra*, note 3.
6. *Id.*
7. Prafulla Das, 'The Agony of Living', *Frontline*, Vol. 21, Issue 23, November, 06 - 19, 2004, available at <http://www.hinduonnet.com/fline/fl2123/stories/20041119002204600.htm>
8. 'UNDMT: The UN System Response to the Gujarat Earthquake Immediate Needs and Action Plan', available at <http://www.un.org.in/UNDMT/states/gujarat/actiond.htm#action>
9. Smita Mishra Panda, 'NGOs as Partners in Disaster Recovery and Reconstruction: Case of Gujarat Earthquake' (Gujarat: Institute of Rural Management, 2001), p.4.
10. *Supra*, note 8.
11. *Id.*
12. R. Bremer, 'Policy development in disaster preparedness and management', *Medical Journal*, 2003, p.378.
13. 'Disaster Management - The development perspective Government: An Extract of the Chapter in the Tenth Five Year Plan 2002-7' (Government of India, Ministry of Home Affairs), p.1.
14. Tsunami Relief and Rehabilitation Co-ordination (TRRC), 'The Water and Sanitation Situation of the Tsunami Affected Areas' p. 8 – 9
15. *Ibid*, p.22.
16. 'The State and Civil Society in Disaster Response: An Analysis of the Tamil Nadu Tsunami experience' (Mumbai: Tata Institute of Social Sciences, 2005), p.3.
17. *Ibid*, p.4.
18. *Id.*
19. 'After the Deluge: India's Reconstruction Following the 2004 Tsunami', *Human Rights Watch*, Vol. 17, No. 3 (C), p. 27
20. *Supra*, note 13, p. 28.
21. *Ibid*, p. 3
22. Subhradipta Sarkar and Archana Sarma, 'The Disaster Management Act, 2005 – A Disaster in Waiting?', *Economic and Political Weekly*, Vol. XLI, No. 35, (September 2- 8, 2006), p. 3760 – 63