

Delivering Gender-Informed Health Services in Emergencies

In emergencies, the physical and mental health of girls, women, boys, and men can be affected in a variety of ways. Differences are correlated to gender in terms of exposure to and perceptions of risk, preparedness, response, and physical and psychological impact, as well as capacity to recover. Gender groups may also experience trauma in different ways.

Importance of Maintaining a Gender Perspective in Emergencies

- Incorporating an awareness of gender into plans and mission tasks enables response operations to most efficiently reach target groups, including at-risk individuals.
- Studies have shown that females and males respond differently to emergencies and that gender roles can change across age and over time.

How to Provide Gender-Responsive Health Services in Emergencies

- Analyze population demographics and characteristics of the impacted area.
 - Explore cultural and religious aspects related to providing health care.
 - Become familiar with the local health infrastructure pre-emergency and identify any potential barriers to physical or mental health care.
- Ensure equal access to services.
 - Hold trainings at shelters or other sites that allow parents to participate without leaving their children. Conduct spot checks at service locations to monitor accessibility to services by girls, women, boys, and men.
 - Provide private settings for women, men, and family units when appropriate (i.e. bathrooms, examining areas).
- Utilize consultation from all gender groups in assessment, monitoring, and evaluation activities.
 - Aim for a balanced ratio of gender participation in area health and/or needs assessments.
 - Have a proportionate ratio of males and females serving as translators, assessors, and service providers.
- Take proactive steps to prevent and discourage gender-based violence.
 - Provide appropriate lighting around sanitation and shelter facilities to allow safe passage.
 - Organize community events in the daylight hours to promote safety.
 - Encourage people to accompany one another as they move around disaster affected areas.

2013 Philippines Typhoon Haiyan

Women and girls experienced an increase in gender-based violence and sex trafficking following the typhoon.

2014-2016 Ebola Epidemic

In Liberia, up to 75% of those infected were women, largely due to their role as primary care givers, including nurses.

Zika and HIV Epidemics

Many women are not empowered to participate in reproductive decision-making, such as negotiating condom use. This increases their chance of contracting sexually transmitted infections, putting their health and potentially the health of an unborn child at risk

- Use targeted actions to address special concerns for at-risk groups.
 - Involve women in the distribution of household supplies or food aid.
 - Consider the increased water-intake needs of breastfeeding mothers when allocating water rations.
 - Ensure availability of feminine and continence care products, as well as child and infant care supplies.

Addressing Physical and Psychological Trauma of Gender-Based Violence in Emergencies

- Gender-based violence increases in the aftermath of a disaster. Any violence, particularly sexual violence, involves physical and psychological trauma.
- There will be variations of help-seeking behavior from victims—some may readily seek out help while others may try to get lost in the crowd and seek support after the disaster has passed.
- Some survivors may experience intense psychological distress and dysfunction, suggesting mental disorder. These individuals should be referred to a health or mental health provider for evaluation and treatment.

Guiding Principles for Providing Support to Survivors

- Ensure safety and security of survivors and responders.
- Guarantee confidentiality and respect the wishes, choices, and dignity of survivors.
- Ensure non-discrimination in terms of access to and types of services.
- Provide ongoing supervision to responders receiving training in psychosocial support.

