

KEY GENDER RECOMMENDATIONS FOR THE RESPONSE TO HEALTH EMERGENCIES

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Health emergencies impact women, men, girls, boys, adolescents and LGBTIQ+ people in different ways. Recognising these differences is crucial to ensuring that the most effective and accountable humanitarian response is developed, focusing on people and gender-sensitivity. The [Gender Alert by IASC Reference Group for Gender](#) reiterated, “gender norms and pre-existing inequalities disproportionately impact women and girls in emergencies, including health emergencies. Gender, together with other factors including age, sexual orientation and gender identity, ethnicity, disability, education, employment, and geographical location may intersect to further compound individual experiences in emergencies”.

The COVID-19 outbreak has caused severe impacts specifically on women and girls living in the most vulnerable situations. They are exposed and disproportionately impacted by this emergency in terms of inequality, stigma, discrimination, violence, and the violation of their rights. **Women, adolescents, and girls have built different levels of resilience and different capabilities of recovering and they should be involved in response plans and decision-making.** Below, are some of the key gender-integrated actions, as well as actions for useful humanitarian sectors in the response to this humanitarian emergency.





Key actions:



Identify specific needs and integrate gender equality into the preparation and response

During the emergency, the needs of women, men, boys, girls and LGBTIQ+ people are different. Therefore, it is necessary to **identify risks, needs and abilities as well as observing the participation of each group before, during and after the emergency**. It is crucial to integrate gender equality and the empowerment of women, adolescents and girls in needs assessments, response plans and budgets. All plans, programmes and projects should use the [IASC Gender and Age Marker tool](#) to guide their design, ensuring **specific gender needs are addressed in a comprehensive way**. They should also focus on an **adapted and appropriate intersectional and intercultural perspective, which promotes gender equality and the empowerment of women, adolescents, girls and LGBTIQ+ people, and ensures respect for diversity**.



Collect and analyse data on sex, gender and age

Data collected about the affected population must always be **disaggregated by age and sex and where possible, before other relevant factors** such as ethnic origin, immigration status, socio-economic status, sexual orientation, gender identity, disability or reduced mobility. Having an initial characterisation of those impacted – women, men, girls, boys, adolescents and LGBTIQ+ people and their families, as well as **establishing which people are most at risk, is fundamental to ensure that the services provided reach the most vulnerable population**.



Be aware of the risk of violence, abuse and exploitation

All types of violence are heightened and exacerbated in the context of a disaster or humanitarian emergency, in particular, gender-based violence and more specifically domestic violence, intimate partner or ex-partner violence and forced marriages and pregnancies of girls, incest, abuse and different types of exploitation against women, girls, adolescents and LGBTIQ+ people. **All humanitarian actors should adopt measures to prevent and respond** through design and/or implementation of accessible, confidential and effective mechanisms, such as protocols and routes to access health care and protection for survivors, as well as measures for victims/survivors to access justice and comprehensive reparation. At the same time, **all humanitarian actors, including the health care sector should be prepared and receive training**. They should also **prevent, report, and pay due attention to the risks of exploitation, negligence, and abuse on behalf of those impacted by the crisis**.



Ensure the active participation and leadership of women, girls, adolescents and LGBTIQ+ people

Women, girls, adolescents and LGBTIQ+ people should actively participate in decision-making related to humanitarian response. Their leadership and active participation are crucial, as are the integration of their needs and proposals in the development and implementation of prevention and response plans, and their positions in decision-making. **Promoting their empowerment and leadership and creating favourable environments** is fundamental because it allows the response to obtain better opportunities, accountability, and effectiveness.

For more information visit:

- [The Gender Handbook for Humanitarian Action, IASC.](#)
- [Gender IASC \(Inter-Agency Standing Committee\) Website.](#)

Protection



1. **Conduct an intersectional gender analysis and include a “do-no-harm” approach** so that programmes are designed and implemented taking into consideration the different needs of women, men, boys, girls, adolescents, youth and LGBTIQ+ people, and the centrality of protection. Use the results of the analysis carried out on the women and girls as a starting point to plan actions for protection.
2. **Consult women, adolescents and girls, with an intercultural focus, about the concerns and risks** that they may face or be facing as a result of the emergency. Also, discuss the solutions that can be implemented in a safe environment.
3. **Directly include women and girls and promote space for dialogue with civil society**, always incorporating women and youth organisations, including indigenous people and people of African descent, and LGBTIQ+ people, throughout the response.
4. **Ensure that humanitarian response teams** who conduct needs assessments are **equal and sensitive towards gender inequalities**.
5. **The protection response must endeavour to prevent household separation**, including the provision of alternative care arrangements to preserve household unity where possible.
6. **Establish a mechanism which allows women, adolescents, girls and LGBTIQ+ people to confidentially make complaints and officially report** against gender-based violence, sexual and intimate partner violence, sexual exploitation and discrimination against sexual orientation, gender identity or ethnic origin. This mechanism must avoid risking their safety and enable access to support or basic amenities.
7. **Train the affected population and the people who participate in the humanitarian response** about the integration of gender, gender-based violence and prevention of abuse and sexual exploitation in humanitarian action.
8. **Advise local companies to implement different protection measures during the emergency**, including guidelines, instructions, and public employee training.
9. **Ensure strict security and confidentiality** of information collected throughout the emergency, including needs assessments and information related to survivors of violence.
10. Ensure that women, adolescents, girls and LGBTIQ+ people have **access to free, immediate, adequate, and convenient** services including legal, psychological and health care. Additionally, they should have access to advice, education, water, housing, childcare, employment, access to justice and reparation, in accordance with international standards.
11. **Provide advice, support and assistance to women who are migrants, internally displaced, repatriated, stateless, asylum seekers and refugees** to secure their rights and access to basic amenities such as comprehensive health care. Additionally, take action against gender-based violence which may impact them. Similarly, **secure international protection, including the principle of non-refoulement** for women, men, boys, adolescents, girls and LGBTIQ+ people.
12. **Undertake increases in gender-based violence, particularly sexual or intimate partner or ex-partner violence, as well as the risk of early or forced marriages of girls and adolescents. Identify the exposure and vulnerability risks of these types of violence** and identify the available measures to mitigate and provide a comprehensive response, ensuring the participation and cooperation of women and feminists and their organisations.
13. **Implement and/or strengthen prevention and response measures for cases of gender-based and intrafamily violence**. These include, the establishment and disclosure of early alert and quick response mechanisms with key actors who are in contact with GBV survivors and are suitable according to age and vulnerability; the creation and/or strengthening of standard operational procedures for handling cases; the identification and monitoring of protocols and routes to access health care; the creation and/or strengthening of referral mechanisms and appropriate multi-sectoral monitoring; permanent training, among others.
14. **Identify and appoint institutions and/or local organisations with the capacity and competency** of handling gender-based violence cases, including women, youth and their organisations.
15. **Provide advice, support and assistance to survivors of gendered-based and intrafamilial violence so they can access justice** and international **protection** and comprehensive **reparation** measures, through safe and alternative channels.

For more information visit:

- [Global Protection Cluster IASC Website.](#)
- [Gender-Based Violence Area of Responsibility IASC Website.](#)
- [Child Protection Area of Responsibility IASC Website.](#)
- [Protection Information Sheet. IASC Gender and Age Marker tool.](#)
- [UNHCR Handbook for the Protection of Women and Girls.](#)



Shelter

1. The wellbeing, privacy, protection and safety of women, girls and adolescents must be ensured in temporary accommodations.
2. **Women, girls, adolescents and LGBTIQ+ people should actively participate in decision-making, coordination, management, and planning of shelters.** Also, they should participate in the implementation and monitoring of programmes for a safe and dignified access.
3. Shelters must be **safe, separated by sex taking into consideration sociocultural context and include areas for families especially for children and female-headed households.** Moreover, they should avoid over-crowding, implement segregation that offers **privacy**, physical accessibility (for example, for people with disabilities or elderly people), adequate **lighting** and **locks** for better safety for women, particularly girls, adolescents, single women, widows, women with disabilities, women living on the streets, women from female-headed households and LGBTIQ+ people. Additionally, they should include mechanisms for transgender people according to the gender that they identify with, even though this may not correspond to their passports/identity documents.
4. Prioritisation of **continued service provision should consider the most urgent needs of women, girls, men, boys and LGBTIQ+ people, especially the care of elderly people**, those with pre-existing illnesses, including HIV, pregnant women and nursing mothers, sexual and reproductive rights, mental health and the care of newborn babies.
5. **Women and girls should be represented and participate in risk assessments**, identification of high-risk populations and the establishment of monitoring mechanisms.
6. **Managerial staff of shelters should be trained to incorporate a gender approach and prevent and respond to GBV.** Also, they must include women and subject matter experts within their teams.
7. Temporary shelters should **provide permanent information about services, programmes and available spaces for women and girls**, considering the appropriate means of providing information, levels of literacy and language.

For more information visit:

- [Shelter Information Sheet. IASC Gender and Age Marker tool.](#)
- [Global Shelter Cluster. Guidance on mainstreaming gender and diversity in shelter programmes.](#)
- [CARE. Gender & Shelter: Good programming guidelines.](#)
- [Management of Shelter in Emergency Situations with a gender equality and protection perspective. Guatemala.](#)



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WASH

Water, Sanitation and Hygiene



- 1. Women, girls, adolescents and LGBTIQ+ people should actively participate in decision-making, planning and design, implementation and monitoring of programmes for safe and dignified distribution centres and collection of water, showers, latrines,** disposal of solid waste and cultural preferences for personal hygiene. Moreover, they should be involved in **maintenance and monitoring committees**, and should attend related practices and training sessions.
- 2. Distribution centres for water, showers, latrines, and clothes washing facilities must be supplied in communities that do not have them and should be located in safe areas with adequate lighting.** They should be accessible for people with disabilities, elderly people and LGBTIQ+ people, without discrimination. Moreover, **showers and latrines should be separated by sex, have locks, and offer privacy including hygiene facilities for transgender people.** Where possible they should also be separated between boys and girls and men and women. They must also be located nearby and should be easy and quick to access from accommodation and other provided services.
- 3. Ensure that women, girls, adolescents and LGBTIQ+ people have access to information about the health emergency with an intercultural approach.** They should have access to information about the virus, how it is transmitted, the likely symptoms and how to protect themselves and their dependants. This information should be accessible, and their specific needs should be taken into account.
- 4. Hygiene measures should incorporate the needs and individual requirements of women and girls in line with their age and diversity group.** Measures for menstrual hygiene, self-protection and sexual and reproductive rights should be included.
- 5. Distribute soap, sanitary products including menstrual hygiene supplies and information about them,** through community mobilisation initiatives. Ensure that **women, adolescents, transgender men and male intersex individuals are included in receiving these supplies** and in the process of distribution.

For more information visit:

- [WASH Information Sheet. IASC Gender and Age Marker tool.](#)
- [UNICEF. Gender-Responsive Water, Sanitation and Hygiene: Key elements for effective WASH.](#)
- [Brief: Mitigating the impacts of COVID-19 and menstrual health and hygiene.](#)
- [Checklist - Gender, Water, Sanitation and Hygiene in Emergency Situations. Guatemala.](#)
- [Technical Brief for the Integration of Menstrual Health in SRHR.](#)





Health Care

1. Health care providers should have an **information system which is disaggregated by sex, gender, ethnicity, age and disability**. To avoid stigmatisation and discrimination, they should also have a gender analysis of the health situation, particularly of the differentiated impact and exposure of the COVID-19 outbreak on women (including indigenous women and women of African descent), men and LGBTIQ+ people.
2. **Surveillance systems established to detect COVID-19 cases should not inadvertently expose women and girls to additional harm** in line with human rights.
3. These systems should **prioritise the high-risk population in the provision of health care services, especially women over the age of 60**, women with health conditions such as HIV, diabetes, hypertension, cancer, lung diseases and **women who belong to highly vulnerable groups**. These groups include female-headed households, elderly women, indigenous women, women of African descent, women with disabilities, pregnant women and nursing mothers, migrant, refugee and asylum-seeking women.
4. Women, girls, adolescents and LGBTIQ+ people should **actively participate in situational health analysis and in committees and community health management groups**. This would allow their needs, risks and measures to be identified to adapt health programmes, and to avoid any risk of infection.
5. **Health professionals should have the ability to safely manage gender-based violence with confidentiality without causing further harm to the survivor**. There should be availability to supplies such as age-appropriate post-exposure prophylaxis kits (PEP kit), dignity kits, emergency contraception, among others. People from the community should be aware of the importance of finding a PEP Kit within the first 72 hours after having been exposed to the virus.
6. **The protection and safety of health professionals**, in particular frontline workers who are predominantly women, **should be ensured**. This includes preventative and mitigation measures against abuse, harassment, and other types of gender-based violence that may affect them.
7. **Women, girls and LGBTIQ+ people should have continual access to health and nutrition, mental health, psychological support, and sexual and reproductive health services**. Additionally, at the time that they have been cared for, they should be able to decide if they would prefer to be seen by male or female health professionals.
8. **Consider using remote health care services** to provide advice, including psychosocial support, especially for gender-based violence.

For more information visit:

- **Health Care Information Sheet. IASC Gender and Age Marker tool.**
- **Practical guide for the implementation of a minimum package for sexual and reproductive health services. Colombia.**
- **Checklist for gender and health care. Guatemala.**



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Non-Food Items

1. Gather **information on the number of women, including pregnant women, nursing mothers and elderly women, as well as girls, boys, adolescents, especially those under the age of five.** Due to their needs for specific items, this information can be used to analyse their needs and abilities with regard to distribution. Consider an analysis which encompasses culture, gender, age, disability, and other diversity characteristics.
2. **Women and girls should actively participate in identifying, planning, and implementing programmes for safe and accessible distribution centres, selecting essential items and distributing them, taking into consideration the risks of infection for which they should be properly informed.** Community mechanisms or committees which are established for identifying and distributing non-food items, including measures to avoid the risk of infection, should be included within this process.
3. **Women, adolescents and girls should have access to information about the amount and range of items that they will receive as well as the date and place where distribution will take place.** They should be provided with the necessary measures to ensure they are able to access distribution centres and avoid infection. Any changes in times or locations of distribution should be implemented only after consultation with different members of the community, in order to meet their specific needs.
4. The provision of NFI (Non-food items) must include distribution of **personal and menstrual hygiene supplies**, dignity kits, including underwear. The distribution will be based on a previous participatory consultation with women, girls and LGBTIQ+ people.
5. The **number of women who directly participate** in the distribution of non-food items should be **equal** to that of men. Moreover, biosafety measures must be put in place and LGBTIQ+ people should be included in staffing.





Livelihoods

1. Considering the economic impact of health emergencies in both formal and informal markets, livelihood interventions should be informed by **gender analyses, including risks and impacts of gender-based differences, in both rural and urban areas.**
2. Targeted **women's economic empowerment strategies should be developed, and/or cash transfer programming explored to mitigate the impact of the emergency and its containment measures** including supporting them to recover and build resilience for future shocks. This could be achieved through connecting non-traditional sectors, business development, valuable employment, promoting agriculture, access to credit and land, savings programmes, value chain integration and availability of childcare services within the workplace.
3. Livelihood interventions must **be aware of gender and protection considerations. Additionally, measures should be put in place to reduce risks related to GBV, forced marriages of girls and human trafficking,** particularly sexual, labour, and child exploitation and sexual harassment in the workplace. Moreover, transgender people with or without passports/identity documents, which may not correspond to their gender expression, should have access to livelihood programmes.
4. When **livelihood programmes are aimed at people who are migrants or refugees, measures should be taken in host communities** to reduce tensions which are created because of a lack of employment, discrimination, and xenophobia. Also, adopt measures to address lack of documentation and access to the labour market.
5. Livelihood programmes must **put measures in place so that women, girls and LGBTIQ+ people are not restricted from participating in planning and implementation tasks.** This includes restrictions such as: the accessibility of locations, insecurity, timetables, childcare, access to technology, among others.
6. Studies and data on the economic impact of the crisis on women should be used as a basis to develop **early recovery strategies.**

For more information visit:

- [Livelihood Information Sheet. IASC Gender and Age Marker tool.](#)



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Education



1. It is crucial that **appropriate measures are in place to minimise students dropping out of school**, especially **girls and adolescents** who are at higher risk of an increase in care responsibilities, forced pregnancies and marriages. Educational institutions must **ensure that women, men, boys, girls and LGBTIQ+ people have equal access to education and continued attendance in schools**.
2. Educational institutions can **develop alternative, informal, flexible and non-traditional education programmes which contribute to overcoming challenges that prevent the access and continued attendance of women, girls, adolescents and boys**, such as online learning, non-traditional timetables, childcare services, alternative funding options, among others. If alternative technologies are required for online learning, consider that girls, boys, and female-headed households will have different access to these technologies.
3. **Encourage equal participation of girls, boys, and adolescents during school closures** when alternative, remote learning initiatives are implemented. Careful focus should be placed on monitoring the participation of girls in these initiatives ensuring they are not exposed to additional risks. The establishment of feedback mechanisms about their experience of home-schooling or classroom-based schooling is fundamental.
4. Temporary educational facilities **should be located in safe areas, close to residential areas, have safe routes and should be regularly inspected**. Women and girls will actively participate in planning and selecting locations of educational facilities, as well as **bathrooms which should be separated by sex, have locks and adequate lighting**.
5. It is important to consider **reaching children who are out-of-school with humanitarian education strategies** and developing child-friendly materials to provide them with crucial information about self-protection. Moreover, integrate an **intercultural approach** in the education response.
6. **Sensitise** teaching staff and relevant community members about increased **risk of gender-based violence and sexual exploitation and abuse**. Additionally, educate children through the use of age and gender appropriate material on how to recognise signs of violence, specific gender-based violence risks, sexual exploitation and abuse, as well as showing them how to deal with this type of situation and where to go.
7. Alternative/temporary educational facilities or strategies must have **separate WASH facilities for girls, boys, and adolescents**. Remote learning strategies (radio, television, digital delivery) should reinforce good hygiene practices, including menstrual hygiene.
8. **Advocate equal sharing of domestic chores and care duties among all female and male members of the household**, so that each person has time to participate in alternative education initiatives.

For more information visit:

- [Education Information Sheet. IASC Gender and Age Marker tool.](#)





Food Security and Nutrition

1. All food security, agriculture and nutrition **needs assessments** should identify and **include a robust gender component** and results should be used for gender-responsive targeting and programme design.
2. All food security, agriculture and nutrition **needs assessments** should analyse how responses to social isolation and quarantine impact **access to important natural or agricultural resources for the food security** of women and their families, especially rural, indigenous and women of African descent.
3. The food security response must **ensure that women, boys, girls and LGBTIQ+ people** –especially those in quarantine, lock-down or self-isolation– **are identified and targeted for food assistance**, including in-kind distribution and cash-based transfers.
4. Support programmes must include **gender-based criteria for the prioritisation of help**, ensuring that help reaches women living in poverty, female-headed households, indigenous women, women living in vulnerable conditions, among others.
5. Food security related responses must **consider the impacts on the food safety chain and food supplies and the roles of the women involved in these chains**, especially the impacts caused on their ability to obtain and secure food resources for themselves and their families.
6. **Food assistance should be designed, delivered, and monitored with the participation of women**, men, girls, boys and LGBTIQ+ people from different socio-economic groups and indigenous groups in the affected populations.
7. **Women and girls**, including elderly women, women with chronic illnesses such as HIV, diabetes, hypertension and other illnesses, pregnant women and nursing mothers, girls, and adolescents, in all household types should be **targeted by malnutrition prevention and response initiatives**.
8. Food security and nutrition-related responses should **understand and address the unpaid care and domestic work of women, adolescents and girls** and include interventions aimed at the most vulnerable women and girls.
9. All **employment** made available through food distributions should, where feasible, be assigned fairly between women, men and LGBTIQ+ people.
10. **Establish alternatives to communal cooking areas in camps, temporary accommodation, and settlement settings**, such as increased distribution of cooking stoves, cooking fuel and utensils. Strategies to support women's agricultural productivity and marketing activities are essential to reduce the detrimental effects on the wellbeing of rural people, and to ensure the provision of food to urban and peri-urban areas.

For more information visit:

- [Food Security Information Sheet. IASC Gender and Age Marker tool.](#)
- [Word Food Programme Gender Toolkit.](#)



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Camp Coordination and Camp Management (CCCM)



1. All coordination and planning efforts to prepare and respond to health emergencies must include **representation from women residents in the camp**. Strengthen the leadership and participation of women, adolescents, and girls in all decision-making processes.
2. **Resource mapping, needs assessments and safety audits should consult and include women and girls**, as well as men and boys.
3. **All re-planning of sites and accommodation of individuals must consider the protection and rights of women, girls, boys and LGBTIQ+ people** – including segregated and safe WASH facilities, lighting, accommodation for single women and men, female-headed households, child-headed households and separated children.
4. **Prioritisation of continued service provision should consider the most urgent needs of women, girls, men, boys and LGBTIQ+ people**, especially the care of elderly people, those with chronic illnesses such as HIV, hypertension, diabetes, etc. Additionally, the care of sexual and reproductive rights, mental health, people with disabilities and new-born babies.
5. **Camp community participation must include representation of women, adolescents, girls and LGBTIQ+ people** in risk assessments, identification of high-risk populations and the establishment of monitoring mechanisms.
6. **Establishment and management of community mobilisation and communication strategies must have women and LGBTIQ+ people at their core**. All messaging and information about the health emergency must be appropriate, understandable, and relayed through proven effective mechanisms, such as groups for women, young adolescents, women with disabilities and associations for elderly people and LGBTIQ+ people.
7. **It is crucial to incorporate reporting mechanisms in case any irregularities arise against the dignity of camp residents. Additionally, implement service mapping for GBV.**

For more information visit:

- **Camp Management and Coordination information sheet. IASC Gender and Age Marker tool.**
- **Camp management safety Audit tool: Focus reducing risks for women and girls in the camp/site environment.**
- **Checklist for Gender and Governance and Internal Management of Shelter. Guatemala.**



To access documents about gender, COVID-19 and humanitarian action, please visit the [regional resources](#) supplied by the REDLAC Gender Round Table in Humanitarian Action.

Sources:

IASC, Gender Alert for COVID-19 Outbreak and The Gender Handbook for Humanitarian Action.

This information leaflet was created by REDLAC Gender Round Table in Humanitarian Action.¹

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¹. The Regional Group on Risks, Emergencies and Disasters for Latin America and the Caribbean (REDLAC) is a regional coordination platform for preparedness and response to disasters. Inspired by the Inter-Agency Standing Committee (IASC), established in 2003 as a way to boost understanding and joint analysis and to encourage an approach from a regional, global and national level. REDLAC facilitates better coordination, preparation and analysis and facilitates permanent dialogue between humanitarian organisations. During an emergency, the group offers services for the coordination of humanitarian actions, support in needs assessments among multiple agencies and multiple sectors, and the exchange of information and humanitarian assistance in cases in which international cooperation is requested.