

HUMANITARIAN CRISIS IN WEST AFRICA (EBOLA) GENDER ALERT: Sept 2014

TAKING INTO ACCOUNT THE DIFFERENT NEEDS OF WOMEN, GIRLS, BOYS AND MEN MAKES HUMANITARIAN RESPONSE MORE EFFECTIVE AND ACCOUNTABLE TO ALL AFFECTED POPULATIONS.

As of 18 Sept 2014, the cumulative number of Ebola cases (probable, confirmed and suspected) in the countries with *widespread and intense transmission* (i.e. Guinea, Liberia and Sierra Leone) stands at 5,335, with 2,622 recorded deaths. This equates to a mortality rate of 49%. In addition, countries with *initial case or cases, or with localized transmission* have 21 cases and 8 deaths in Nigeria and 1 case in Senegal. Approximately 45% of the total number of reported cases were recorded within the past four weeks¹. A worse-case scenario puts the total number of fatalities at over 20,000 if the outbreak is not contained efficiently and effectively².

The official epidemiological data that is available is not disaggregated by sex and age, so it is impossible to get a clear understanding of what the actual situation is vis-à-vis gender disparities amongst reported cases³.

Irrespective of the actual figures, this does not negate the potential for women and girls to be more at risk as victims of the outbreak. Historical evidence demonstrates the vulnerability of women and girls⁴ and as such, it is essential that gender is integrated into the consolidated response strategies. This has been attributed to some of the cultural and traditional practices in the affected communities of West Africa. These include:

- Women are more likely to be front-line health workers or health facility service-staff (e.g. cleaners, laundry etc.) and as such they are more likely to be exposed to the disease – non-disaggregated data records 318 healthcare worker cases with 144 deaths in Guinea, Sierra Leone and Liberia as of 18 September 2014. This equated to a mortality rate of 47%.
- Norms and customs dictate that women and girls play the role of caretakers for ill family members. Feeding and washing persons infected with Ebola increases the risk they face of contracting the disease, through contact with bodily fluids of infected persons.
- Similarly, women are often traditionally tasked with preparing dead-bodies for burial which again brings them into direct contact with the disease.
- In addition, given that pregnant women are more likely to have contact with health services (antenatal care and delivery), they experience greater exposure to infections in health facilities. Also, Ebola has a devastating impact on fetuses, with most ending in spontaneous abortion and the only record of a child born after its mother was infected, lived for just three days⁵.

¹ WHO: [EBOLA RESPONSE ROADMAP UPDATE - 18 September 2014](#)

² WHO – [Ebola Response Road Map 28 Aug 2014](#)

³ There have been unverified figures cited in [press quotes](#) from authorities in Liberia that estimate as many as 75% of their Ebola fatalities are women, whilst similar sources in Sierra Leone report women representing around 59% of the deaths by Ebola.

⁴ WHO – [Addressing Sex and Gender in Epidemic Prone Infectious Diseases](#) 2007

⁵ WHO – [Addressing Sex and Gender in Epidemic Prone Infectious Diseases](#) 2007

The impact of the Ebola crisis also goes beyond morbidity and mortality. The disease outbreak is having a significant impact on the economy and people's livelihoods in the region, especially in rural areas. With limited access to markets smallholder farmers (predominantly women) are unable to sell their produce whilst cross-border traders (70% women in the Mano-River Union region⁶) cannot ply their trade as borders remain sealed. In turn, all this is driving up the costs of essential commodities.

With schools suspended, as well as the potential for orphaned children or widowed families and the potential for stigmatization of survivors, women and girls can potentially find themselves exposed to a heightened risk of GBV and sexual exploitation and abuse. This is in a context where GBV and sexual exploitation programming have been seriously disrupted, further raising the possibility of unreported and untreated cases during the crisis. In addition, with health care workers at greater risk through exposure to the disease, abandoned health facilities and limitations on people's movement, pregnant women are more likely to give birth unattended and forego ante and post-natal care, as well as not being able to access life saving emergency obstetric and newborn care.

PARTICIPATION AND LEADERSHIP OF WOMEN AND GIRLS

The *World Health Organization*, through its defined *Ebola Response Roadmap* is providing the overarching coordination mechanism for the regional response. In recognition of the nature of the Ebola outbreak in the West Africa context, the roadmap relies heavily on social mobilization and community engagement. The cultural roles and responsibilities of women and girls in the community are a crucial aspect of this. As such, their participation and leadership in the containment and elimination of the disease is absolutely fundamental. In addition, the role of women and girls in the post-crisis recovery will be essential to facilitate an expedited normalization of the social and economic landscape.

Action Points for Participation and Leadership of Women and Girls:

- Gender equality and women's participation should be integrated throughout the outbreak management and recovery process.
- All coordinating bodies to collect, utilize and disseminate sex- and age-disaggregated data.
- All social mobilization and community engagement initiatives are to be developed in conjunction with women and youth groups, female Community Health-Workers, traditional birth attendants, traditional female healers etc.
- All healthcare workers and social mobilizers should be sensitized on the need to target women and girls with messages on disease prevention and countering anti-treatment misinformation.
- All mass-information campaigns and their materials must be developed in consultation with appropriate men and women community representative leaders and experts so that they include appropriate contextualized and targeted practical messages for women, men, girls and boys.
- A regularly updated and comprehensive multi-agency gender assessment focusing on food, shelter, WASH, livelihoods and protection for affected zones needs to be conducted as soon as possible.

PROGRAMME PRIORITIES TO ENSURE A GENDER-INTEGRATED RESPONSE

HEALTH CARE — The primary focus of the outbreak containment strategy is community mobilization through advocacy and information campaigns. It is essential that all Ebola prevention messages take into consideration the distinct needs of women, men, girls and boys - relating to their context and presented in an understandable format. Communities, and in particular women and girls, need to be provided with adequate amounts of the necessary protective materials along with appropriate instructions in their use and disposal.

⁶ African Development Bank Group - [Ebola: The need for a gendered approach](#) 2014

The frontline of treatment of the disease not only involves dedicated health-care professionals, but it also includes support staff – such as cleaners, laundry, catering – who are in the majority women. It is essential that they are adequately considered in the protective measures and training developed for health care workers.

In addition, it is essential that where ever feasible, standard health services – in particular antenatal, postnatal care and delivery services including emergency obstetric and newborn care – are continued, all be it with the necessary infection control measures in place.

Action Points for Health Care:

- In Ebola-affected communities and quarantined areas women should be prioritized in the provision of medical supplies, food, care, social protection measures and psychosocial services. Particular attention should be paid to pregnant and nursing women.
- The health care response must facilitate the development and dissemination of targeted messaging on preventive, protective and care seeking behaviors and available health resources responsive to the different contexts and concerns of women, men, boys and girls. It is important that any targeted programming does not exacerbate potential stigmatization or discrimination due to gender, age or any other population differential.
- With low levels of literacy - especially amongst women and girls (as per UNESCO, female adult literacy figures are Nigeria 44.4%, Sierra Leone 33.6%, Liberia 27.0% and Guinea 12.2%) - it is important that messaging is relayed through appropriate materials and means that are accessible and understandable by all.
- The health care response must ensure that protective training, provision of Personal Protective Equipment (PPE) and medical care facilities for health-care workers must also be extended to the treatment facility support staff who are primarily women.
- The health care strategy must develop strategies to help mitigate the effects of stress for all of its health care workers (male and female), as well as develop strategies to counter potential stigmatization.
- The health care response must provide messaging that pregnant women and girls should continue with their natal care and seek out assisted deliveries. Such messaging should also advise them on precautionary measures they must take relating to their pregnancy. These messages should be conveyed by health care workers and social mobilizers.
- In addition, health workers performing and/or assisting deliveries should be trained in safe-delivery protective measures.
- The health care system must ensure the continuity of care for reproductive health services in the non-Ebola affected areas, as most health care workers have been pulled into the Ebola response and many health services/facilities have been abandoned.
- The health care response must develop adequate guidance for precautionary measures for healthcare workers in non-Ebola treatment health facilities.

NON-FOOD ITEMS (NFI) – Dignity kits and sanitary materials must be made available to populations under quarantine and to women and girls currently under-going treatment and/or in recovery.

Action Points for Non-Food Items and Shelter:

- The provision of NFI must include adequate supplies and dispersal of dignity kits, sanitary materials and other materials related reproductive health to quarantined communities,households affected by Ebola and treatment centres.
- Distribution should be accompanied with sensitization on the safe disposal of sanitary materials to counter potential increased stigma around menstruation.

- Dignity for patients attending treatment centers and isolation units must be maintained - particularly for women and girls with separate ablutions, toilets and privacy screens as well as safe disposal bins for used sanitary items.

FOOD SECURITY AND LIVELIHOODS – The Ebola crisis is having a significant impact on the ability of the affected populations to fend for themselves and as a consequence, levels of food insecurity are rising. This is especially true amongst the rural poor and in particular female and child headed households.

Small holder farmers (predominantly women) are leaving behind crops and livestock to locations perceived as safer from exposure to the virus. With production down and access to markets limited by travel restrictions food prices are rising accordingly (a rapid market assessment by WFP in Liberia showed a 30% rise in basic commodities prices). Cross border traders (70% women in the Mano River Basin) are unable to ply their trade as borders are currently sealed. In addition, the majority of Ebola victims are aged between 15-45 years old which is the age group of the main income providers of most families. Such reductions in household incomes coupled with the already observed food price rises will lead to a further deterioration of food security amongst the crisis affected populations.

Consideration must also be made for the food security and livelihood opportunities of women and girl survivors of the disease who may find themselves stigmatised and isolated from their communities.

Action Points for Food Security and Livelihoods:

- The food security response must ensure that female and child-headed households – especially in quarantined locations - are specifically identified and targeted in all food distributions, cash for work, food for work etc. interventions.
- The food security response and livelihood orientated agencies must ensure that women and female headed households are specifically targeted in post-crisis economic recovery efforts such as seeds, livestock and tool distributions.

PROTECTION - The ongoing crisis is having a massively detrimental affect on the social fabric of all the affected countries. Whilst some communities are displaced and others are isolated in quarantine, people everywhere are living in a state of fear, panic, misinformation, paranoia and distrust. All of this is conducive to the breakdown of normal communal protective structures as demonstrated with the recent murder in Guinea of a health team and the journalists accompanying them.

The disruptive impact on normal legal, social and policing structures means that security, justice and social services are severely curtailed, leaving limited avenues to justice for survivors of GBV. In addition, with many health services abandoned or severely disrupted, survivors ability to access essential treatment is further restricted.

Women and girls are particularly vulnerable in such an environment. Households are left unprotected with adult members incapacitated and/or in treatment. Displaced women and girls are vulnerable to sexual exploitation and abuse. Survivors can be stigmatised and isolated from the support of their communities and left with no means of shelter and livelihood. In addition, orphaned children and young boys and girls are at particular risk by being shunned from their community and leaving them vulnerable to exploitation and abuse without a lack of income or adult support.

Action Points for Protection:

- The protection response must aim at reducing emerging protection threats and vulnerabilities associated with humanitarian assistance and the “do no harm” approach must be emphasised.
- The Protection response must identify gaps in GBV survivor-service provision and to provide essential stop gap measures where feasible. This especially applies to quarantined areas.

- The protection response must endeavour to prevent family separation, including the provision alternative care arrangements to preserve as much as possible family unity (e.g. keeping siblings together).
- The Protection response must develop community mobilisation to counter Ebola-survivor stigmatisation and to assist in their reintegration into their communities, households and schools.
- The Protection response must pay close attention to the protection needs of women and girls in quarantined communities.
- The Protection response must make special provision towards targeting traditions of FGM still being undertaken. Under the Ebola crisis the practice of FGM is potentially even more harmful, not only to those undergoing the procedure, but for those practicing it and those in attendance.
- Whilst high levels of distrust and misinformation prevail amongst the wider population, health workers and community mobilisers must be afforded security protection whilst undertaking their work.

ASSESSMENT AND PLANNING – Negligible gender-specific data is currently available, highlighting the need for greater priority to be given to collecting sex- and age-disaggregated data. Needs assessments and project developments must prioritise the collection and analysis of sex-and age-disaggregated data and gender-responsive consultations with women, girls, boys and men. For more details, please refer to the ADAPT an ACT-C Framework for gender programming found in the IASC *Gender Handbook for Humanitarian Action* –

English Version -

http://www.humanitarianinfo.org/iasc/documents/subsidi/tf_gender/IASC%20Gender%20Handbook%20%28Feb%202007%29.pdf.

French version:

<http://www.humanitarianinfo.org/iasc/downloaddoc.aspx?docID=4974&type=pdf>



FOR MORE INFORMATION AND TECHNICAL SUPPORT, please contact the secretariat of the Gender Reference Group at grg.secretariat@unwomen.org