### The National GEM Guidelines

are high level and strategic guidelines, devised specifically as a gendersensitive approach to the planning for and delivery of disaster relief and recovery. Specific examples are provided to indicate ways that States and Territories can operationalise them within their own context.

Using these GEM Guidelines will enhance the current system and improve recovery capacity by:

- Authentically involving women and people of diverse gender and sexual identities.
- Promoting self-care (e.g. by countering gender stereotypes).
- Acknowledging and addressing domestic and gender-based violence in times of emergency.
- Raising awareness of the gender spectrum and the way gender assumptions and gender stereotyping can contribute to trauma.
- Creating awareness of gender or cultural practices which may endanger women and people of diverse gender and sexual identities in times of disaster.
- Acquiring gender-disaggregated data.
- Progressing uniformity across jurisdictions, enabling staff to transfer resources and support with ease.

These guidelines relate in particular to the 'understand the context' 'recognising complexity', 'acknowledging and building capacity' and 'employing effective communication' Principles of the National Principles for Disaster Recovery. The GEM Guidelines effectively progress these Principles specifically through use of a gendered approach.

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The Gender and Emergency Management Guidelines were launched by Professor Maureen Fordham, University College of London, at the Diversity in Disaster conference, Melbourne, Victoria on 18 April, 2018.

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For evidence, references and further reading, please refer to the Literature Review on the Gender and Disaster Australia website: https://genderanddisaster.com.au/



### National Gender and Emergency Management (GEM) Guidelines

#### 1. Introduction to the GEM guidelines

#### 1.1 Purpose

To provide guidance to enable a gender sensitive approach in planning for and the delivery of relief and recovery after emergencies.

#### 1.2 Audience

Agencies involved in emergency management relief and recovery.

#### 1.3 Scope

This document is limited to the issue of gender. Other guidelines may complement the information provided, including those that exist for children, culturally and linguistically diverse (CALD) people and Aboriginal and Torres Strait Islander (ATSI) people.

The guidelines have been developed specifically for agencies (and their employees and volunteers), involved in emergency management relief and recovery, and for senior EM policy and decision-makers. They are not targeted directly at communities, families and individuals affected by emergencies.

The guidelines provide practical advice for consideration in planning for and the delivery of relief and recovery services after emergencies.

The scope of this document covers the development of an agreed set of gender and emergency management guidelines. It does not cover their implementation which is the subject of NEMP Year 2 funding.

#### 1.4 Definitions

Definitions of the following terms differ widely. These are the agreed definitions for this document and may be revised as more is understood about this evolving field:

'Sex' refers to the biological differences between females, males, non-binary and intersex people.

'Gender' is a social construction of female and male identity that refers to the roles, behaviours and attributes that society considers appropriate for women and men and how these roles are valued.





This dominant construction of gender disproportionately privileges men over women on the basis of their sex (and privileges some men over other men). Traditional gender stereotypes (such as 'men should be tough' and 'women should be carers') are limiting and harmful to women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people.

'Gender identity' refers to how people view and express themselves across the masculine-feminine spectrum, including people who identify as transgender, genderqueer or gender fluid. 'Sexual identity' refers to people's sexual orientation, including gay, lesbian and bisexual. In these guidelines LGBTIQA+ refers to lesbian, gay, non-binary, bisexual, transgender, transsexual and intersex.

These guidelines are designed to address the needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people, and to minimise the negative impact of gender stereotypes on all members of the community.

'Domestic violence' as referred to in this document, encompasses any violent, threatening, coercive or controlling behaviour that occurs in current or past family, domestic or intimate relationships. This includes not only physical injury but direct or indirect threats, sexual assault, emotional and psychological torment, economic control, damage to property, social isolation and any behaviour which causes a person to live in fear.

In some jurisdictions including Victoria, the term 'family violence' is used rather than domestic violence. However 'domestic violence' is the preferred term at the national level.

The words 'emergency' and 'disaster' are used to describe the situation and not to reflect the particular terminology employed by different States and Territories.

#### 1.5 Document structure

These guidelines cover three key areas of focus:

- Supporting community gender equity and diversity
- Gender-sensitive communication and messaging
- Addressing domestic violence before, during, and following an emergency

Each area encompasses a brief background, principles and actions for consideration.



#### 2. Background and context

Equal rights are a human rights issue and one of global concern. According to the 2015 Global Gender Gap Report, in 2015, Australia was ranked 36<sup>th</sup> out of 145 countries in the world for gender equality – dropping 12 places since 2014.<sup>1</sup> Internationally, gender is accepted as a key area of focus to minimise the negative consequences of disaster. Gender is significant in all communities, and for that reason is relevant to emergency management across all states and territories, communities, community organisations, government and non-government organisations.

Australia is committed nationally and internationally to the improvement of disaster management policy and strategy. These commitments include the *National Strategy for Disaster Resilience*, and the *Sendai Framework for Disaster Risk Reduction 2015-2030*. The Sendai Agreement states that a gender perspective should be integrated into all disaster policies and practices, and that women's leadership should be promoted and facilitated. Emergency management positions are overwhelmingly held by men, which creates a limited awareness of the impact of gender discrimination within communities. It is well recognised that specific vulnerabilities exist for women, men and everyone of diverse gender and sexual identities, including LGBTIQA+ people. Gender inequality is a fact in Australia and the empowerment of women and girls and of people of diverse gender and sexual identities, including LGBTIQA+ people, enables positive change.

Gender inequality and rigid gender stereotypes are recognised as 'root causes' of domestic violence. Domestic and family violence and sexual assault are gendered crimes – that is, they have an unequal impact on women. Whilst there are many forms of violent behaviour perpetrated against women, domestic violence and sexual assault are the most pervasive forms of violence experienced by women in Australia and require a focused response. There is strong evidence to suggest that the incidence of domestic and family violence significantly increases in the wake of natural disasters.

Nearly all Australians (98%) recognise that violence against women and their children is a crime. The prevalence of violence, however, continues to be unacceptably high. One in three Australian women has experienced physical violence, and almost one in five has experienced sexual violence since the age of 15 according to the Australian Bureau of Statistics.

Domestic violence and sexual assault perpetrated against women costs the nation \$13.6 billion each year. The emotional and personal costs of violence against women cannot be measured – the effects reach all levels of society. Violence not only affects the victim themselves, but the children who are exposed to it, their extended families, their friends, their work colleagues and ultimately the broader community.

<sup>&</sup>lt;sup>1</sup> http://www.amma.org.au/news-media/media-center/australia-falls-in-gender-equality-ranking/



Gender specifically plays a large part in the roles and experience of communities in emergency prevention, planning, response and recovery. For example:

- Gender roles in existence before an emergency become more stereotyped in the aftermath, even reverting to traditional roles of decades earlier, e.g. women are to put themselves last to nurture family and men are expected to protect and provide.
- These stereotypes limit the roles of women and men in ways that can reduce capacity for community recovery and self-care.
- o Domestic violence increases during and after emergencies and natural disasters.
- The majority of elderly people, children, and people with disabilities are cared for by women. This extra responsibility for others can inhibit the ability of women to escape and/or protect themselves from harm during an emergency.
- Men are frequently reluctant to seek help and are sometimes isolated from support services and social networks. It is common for men to self-medicate with drugs or alcohol as a coping mechanism. Although not a cause of violence against women, use of drugs and alcohol are associated with harmful behaviour to self and others.
- Improving the organisational, institutional, and systemic understanding of the gendered impacts on communities in the aftermath of disaster requires the commitment and expertise of those in policy, management, and key decision-making roles. A shared understanding of the dynamics of gender discrimination at the decision-making level will have benefits for community resilience. Such understanding would include social and structural issues, and the complex psychological, financial, and physical challenges that communities and individuals face in disasters. Leaders at every level of emergency management have influence and therefore, the potential to address aspects of gender equity. In order to shift organisational culture towards a more inclusive and representative model, positive action and decision-making by community leaders and senior management staff is key. Positive actions may include:
- inclusion of gender specialists (e.g. Women's Health Services, Workplace Gender Equality Agency, Centre for Ethical Leadership) in assisting in the review of existing specific organisational EM guidelines;
- seeking local expertise wherever possible; promotion and awareness of the consequences of outsourcing response and recovery arrangements to third-party faith-based organisations;<sup>2</sup>



<sup>&</sup>lt;sup>2</sup> Faith-based organisations are given public taxpayer funds, and are simultaneously granted exemptions from anti-discrimination legislation.



- educating emergency managers to identify and assess social and cultural risk factors, focusing on gender in the first instance;
- training personnel in workplaces involved in emergency management in the importance of 'gender equity' in a systemic, ongoing way, e.g. through orientation and professional development, to be tested in performance reviews.
- The companion literature review provides the evidence base for this document, and is available from the website: <u>www.genderanddisaster.com.au</u>.

These National GEM Guidelines endeavour to support equal rights and improve the experience of all community members during and after an emergency. The effectiveness of gendered guidelines depends on the way policy-makers endorse and communicate them. The Gender and Emergency Management Guidelines – and the priority outcomes of the *National Strategy for Disaster Resilience* (NSDR) – can best be achieved with the support of states, territories, and institutions, thereby making them a truly national initiative.

#### 3. Supporting community gender equity and diversity

#### 3.1 Background

It is recognised that gender plays a large part in the roles and experience of individuals during emergency relief and recovery. Gender awareness is required to minimise negative impacts from gender stereotyping and strengthen community resilience in the context of disasters.

Socially constructed gender roles have historically led to a difference in risk perception between men and women, resulting in different reactions and decisions about whether to stay and defend, or to evacuate. Of the 173 people who died in Victoria on Black Saturday (2009), 73 were female (42%) and 100 were male (58%). Perception of risk has been linked to care responsibilities and, as a consequence, the majority of male deaths in Australian bushfires in this event and historically were due to their defending of property, whereas the majority of female deaths were due to late evacuation.

Women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people, require specific support with their particular responsibilities and circumstances. Women's escape from disaster can be hampered by their caring responsibilities and in disasters' aftermath, women can face increased violence from male partners. Men are frequently reluctant to seek help during and following an emergency and are sometimes isolated from support services and social networks. For many LGBTIQA+ people, disclosure of their gender and/or sexual identities is selective and their homes are considered their places of safety. Public interaction in a relief centre or emergency shelter has the potential to expose personal vulnerability and risk.

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#### 3.2 Principles

- All members of the community and those working in emergency management are to be treated equally and respectfully.
- People have the right to their own expression of gender identity and have the right to behave in ways that don't fit with the traditional 'masculine' and 'feminine' expectations.
- Emergency management planning and delivery of relief and recovery services should be aware of gender discrimination and be enacted in a way that is inclusive and sensitive to benefit the community and those working in emergency management.

#### 3.3 Actions for Consideration

- □ Investigate the demographics and characteristics of the communities affected by disaster to inform all stages of managing emergencies.
- □ Identify and include community leaders to represent women and a diversity of groups.
- □ Seek out and target opportunities to include women and people of diverse gender and sexual identities, including LGBTIQA+ people.
- □ Seek out and target opportunities to include people with gender expertise in emergency management.
- □ Support training of emergency management employees and volunteers to better understand discrimination based on gender and sexual identity in the context of emergencies, and to respond to such discrimination effectively.
- □ Find ways of including and supporting people with carer responsibilities so they can fully participate in consultations and activities, noting that the majority of primary carers are currently women.
- □ Investigate ways of increasing psychosocial support to men in the emergency relief and recovery period, with the knowledge that men are often reluctant to seek formal counselling.
- □ Involve women, and everyone of diverse gender and sexual identities, including LGBTIQA+ people, in all aspects of emergency management to reflect the society we live in and gain the advantages of diverse skills and contributions.
- □ Involve specialist LGBTIQA+ services in recovery efforts and community recovery committees.
- □ Take advice from specialist agencies to develop, or support, a wide range of gender specific programs or groups in the emergency relief and recovery period, e.g. women's support groups, men's sheds, specific LGBTIQA+ programs.



□ Planning for relief and recovery processes and public evacuation/relief venues should consider the particular needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people.

For example, consider facilities such as bathrooms, toilets and showers beyond 'Male' and 'Female', to add 'All Genders' to reduce fears and vulnerability. Another example is to provide options for recording gender on official forms. [As of November, 2023, we suggest Male, Female, Non-binary, Prefer a different term (please specify), Prefer not to answer.

□ Offer gender identification options above in written forms or documents, and in verbal interviews, for example, consider asking, 'How would you describe your sex/gender?' or 'What is your sex/gender identity?'

#### 4. Gender-sensitive communication and messaging

#### 4.1 Background

The way people act is often the result of social conditioning and people may adopt or revert to traditional or stereotypical gendered roles before during and after emergencies which can leave them at a disadvantage. Historically, messages have supported the perceptions of men as protectors and providers. Men may experience peer pressure to stay and 'fight' the fire or defend their property, and women may be pressured to play roles of nurturers, putting their own needs last. Such messages have omitted consideration of the LGBTIQA+ community.

Communications for emergency management planning, relief and recovery can unintentionally marginalise, ignore or neglect the specific needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people. Communications are generally non gender-specific and often lack an awareness of when gender considerations are appropriate.

Understanding community and social networks pre-emergency is important in identifying the different ways in which information is acquired and shared. Women, in particular, are more likely to learn about disaster risk from their social networks, including their friendship circles, through connecting with other parents/carers and through acquaintances in community work.

#### 4.2 Principles

- $\circ$   $\;$  Messaging in relation to emergency management should avoid gender stereotypes.
- Emergency management communications and resources should consider and attend to the needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people.

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- 4.3 Actions for Consideration
  - □ Review and update communications and resources and ensure there are no references to gendered stereotypes or assumptions about capability based on gender.
  - □ Choose spokespeople for media messages who are women and people from diverse gender and sexual identities.
  - □ Investigate ways to enable women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people to have an equal voice. For example, programs or meetings should address gender-related concerns.
  - □ Use effective wording to prevent harmful gender stereotypes in messaging and communication, for example:

'You don't have to stay and defend property just because your mate is.' 'Don't be pressured into staying to defend.' 'Everyone has the right to leave early.'

- □ Encourage joint pacts between neighbours about leaving early.
- □ Employ professional support to update household guides for emergency preparedness with a gender lens to ensure the different needs of women, men, and everyone of diverse gender and sexual identities, including LGBTIQA+ people, are covered in preparing for an emergency.

#### 5. Addressing domestic violence during and following an emergency

#### 5.1 Background

Australian and international research finds that domestic violence increases during and after emergencies and natural disasters.

In recent years, Victorian police statistics have demonstrated that domestic violence is gendered, with approximately 80% of perpetrators being male and approximately 80% of victims being female. People of diverse gender and sexual identities (LGBTIQA+) are as likely to experience domestic violence as the general population. Along with women and children, non-binary, transgender and intersex people have a heightened vulnerability in disasters. For women with violent ex-partners, the risk level can increase following a disaster event. For example, evacuation may expose them to renewed violence, with intervention orders being difficult to enforce in evacuation centres and relief centres.

Research both in Australia and internationally has found strong correlations between disasters' aftermath and increases in domestic violence against women, and with increased alcohol and substance abuse. Domestic violence is known to be linked to (though not caused by) alcohol and/or substance abuse. After a disaster, women's right to live free from violence is compromised as tolerance of violence against women can be linked to the level of suffering men face during and following emergencies.

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Some unique elements of LGBTIQA+ domestic violence include the use of someone's sexual or gender status against them, such as threatening to 'out' someone to their family, community or workplace; and a lack of mainstream services that understand LGBTIQA+-specific needs, including safety for male victims and support for female perpetrators. The limited specialist support for LGBTIQA+ domestic violence is exacerbated in the context of an emergency.

Changes in practices and policies could help contribute to a reduction in family violence post-disaster and an increase in the representation of women in decision-making roles. Such changes could encourage men to actively seek help after disasters and address the negative consequences of stringent gender roles.

#### 5.2 Principles

- Everyone has a right to live free from violence.
- Particular groups of people who are more vulnerable to and suffer disproportionately from domestic violence are entitled to the same right to live free from violence. These groups include women, children, pregnant women, Aboriginal and Torres Strait Islanders and LGBTI people.

#### 5.3 Actions for Consideration

- □ Include in emergency management planning (particularly emergency recovery plans) actions to address the risk of increased domestic violence during and after emergencies.
- □ Identify risk and vulnerabilities of communities and expand your State or Territory's strategies to prevent and respond to domestic violence, especially in relation to the changed environment in communities during and after an emergency. For example, communities have been shown to be more accepting of domestic violence and less likely to act on it in the aftermath of disaster.
- Draw on existing expertise and consider the inclusion of domestic violence workers in recovery efforts and community recovery committees.
- □ Include domestic violence specialists as speakers at community meetings.
- □ Consider conducting separate meetings for men and women to encourage free discussion of issues, such as domestic violence.
- □ Include responsible drinking advertising in community relief and recovery locations and consider alcohol-free events for the community to reduce the risk of violence emerging from alcohol abuse.
- □ Support the provision of specialist domestic violence services during community relief and recovery periods.
- □ Support training of emergency management employees to look for opportunities to identify, record, and report on domestic violence.
- Emphasise and require collection of gender disaggregated data at all levels of emergency



management for the purposes of analysis, reporting and program development.

- □ Provide training to funded organisations on how to include gender analysis in evaluation of EM activities.
- □ Encourage evacuation centre managers to ask adults if there are any restraining/ intervention or similar orders that they should know about in the evacuation centre. Take steps to facilitate their safety, e.g. by prioritising the presence of Family/Domestic Violence Liaison Officers and alerting them to high risk situations.
- □ Be aware of the implications of existing intervention or restraining orders in temporary villages/towns.
- Support training of emergency management employees in providing your State or Territory's referral information and resources on domestic violence (as well as the 1800 RESPECT number). It is critical to include information about domestic violence in information about emergencies.
- □ Professionals in frontline roles and community members should be trained and supported to encourage open communication and safe expression of emotion by all. The following example is taken from the 'Disaster is no excuse for violence postcard:<sup>3</sup>

#### ASK: Are you safe at home?

NAME IT: What you've just described to me is violence and it is a crime.

*RESPOND: Give contact details of support services such as women's crisis organisations, police or 1800 RESPECT.* 

FOLLOW UP: 'Last time, you spoke about your safety. I'd like to know how you are now.'

DON'T USE EUPHEMISMS: Say the word 'violent' rather than 'stressed' or 'angry'.

#### 6. Conclusion

These guidelines have been collaboratively developed as a starting point for improving the ways in which disaster preparation, response, and recovery are managed by focusing on the gendered impact of disaster.

Their implementation across Australia will be addressed in Year 2 of this project, if funded.

In the interim, local communities, regions, states and territories are encouraged to promote and embed these guidelines in broader emergency management documents.

<sup>&</sup>lt;sup>3</sup> Disaster is no excuse for family violence postcard (GADAus) <u>https://genderanddisaster.com.au/responding-to-an-emergency/</u>

#### **Authorship and Acknowledgement**

Our deep appreciation to the many emergency management personnel (and some community members) who took the time to contribute both expertise and lived experience to this important endeavour. In this national consultation, there were approximately 330 contributors from across Australia, more than 250 of whom directly participated. A further 150 key emergency management sector stakeholders helped frame the draft Victorian guidelines that formed the basis for these national guidelines.

Sincere thanks to the GEM (NEMP) Advisory Group members, its Chair, Emeritus Professor Frank Archer, and critical friends who gave so generously of their time, knowledge and wisdom. Particular thanks to Professor Bob Pease, Carole Owen, Associate Professor Dale Dominey-Howes, Dr Andrew Gorman-Murray and Scott McKinnon, Mark Stratton, Lizz Van Den Boogaard and many more. Our appreciation to external evaluator, Naomi Bailey.

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Two (2) Addenda are included on the following pages.

These were developed following acceptance of the national GEM Guidelines at the conclusion of the 'All on Board' program (funded by the Commonwealth Government), and are provided for your additional information.

The GEM Guidelines will undergo a comprehensive update in 2024.



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ADDENDUM 1

# Addressing needs of pregnant and breastfeeding mothers and those caring for infants and small children

[With thanks to Assoc. Professor Karleen Gribble.]

#### Background

In line with the most recent and globally recognized evidence, emergency planning and procedures should address identified concerns and safeguards for pregnant and breastfeeding mothers and those caring for infants and young children.

#### Principles

- Pregnant women, lactating women, and those caring for infants (including non-breast-fed) and young children have the right to targeted support and appropriate facilities for their particular circumstances.
- Breastfeeding women have the right to support and protection in breastfeeding their infants including in (and especially in) emergency situations.

#### Actions for Consideration

- □ Support training of emergency management employees and volunteers to recognise the specific needs of pregnant women, women with childrearing and breastfeeding responsibilities; as well as the specific needs of those caring for infants and small children.
- □ Ensure training and leadership in WHO Code compliance to volunteers.
- □ Ensure emergency nutrition and hydration for pregnant and breastfeeding women, and nonbreastfeeding mothers and carers
- □ Prevent pressure on women to stop breastfeeding and begin or increase formula feeding.
- Ensure support for infant feeding is available, including skilled breastfeeding assistance, appropriate access infant formula and other resources for formula feeding after assessment of need by a suitably skilled health worker.
- □ Where possible, engage community maternal and child professionals in the delivery of quality care to mothers and carers of infants and small children in emergencies.
- □ Ensure sanitary and nursing provisions are available to pregnant and breastfeeding women.
- □ Ensure disinfection facilities are available for those preparing bottles for infants.
- □ Provide quiet and private breastfeeding rooms or areas for breastfeeding women.



ADDENDUM 2

# Addressing needs of women, men and people of diverse gender and sexual identities in evacuation and relief centres

#### Background

Existing guidelines on evacuation planning in Australia reflect the emergency management sector's broader lack of attention to gender. There is often resistance to requests for inclusion or consideration of safety needs beyond safety from the imminent threat of disaster. However, it is possible to do both – well before any disaster – by planning ahead and educating staff and volunteers. Given the complex experience of safety in public spaces for women and people of diverse gender and sexual identities and the prevalence of gender-based violence and harassment, evacuation centres must be safe for those sheltering. Lives are endangered if community members choose to take their chances to escape fires, floods or cyclone rather than go into an evacuation centre where they feel unsafe.

#### Principles

- Evacuation and relief centres must be a viable option for community members, regardless of gender.
- All members of the community and those working in emergency management are to be treated equally and respectfully, including in emergency situations.
- Women and people of diverse gender and sexual identities have the right to feel safe in evacuation and relief centres.

#### Actions for Consideration

- □ Provide safe and separate toilets for women and people of diverse gender and sexual identities.
- □ Provide a 'family toilet' or baby change amenities in both women and men's toilets.
- □ Ensure safety for people showering.
- $\hfill\square$  Inform intake workers on what to do to keep people with intervention orders safe.
- □ Allocate safe areas for women, men and people of diverse gender and sexual identities where circumstances require this.
- □ Ensure arrangements been made for emergency births.
- □ Provide secure access to refrigeration for medications requiring this.
- □ During intake procedures at the evacuation and relief centre, allow inclusive options for sex/gender; ask about Intervention
- □ Orders; ask about medications that need refrigeration.
- □ Where possible, engage family violence/support workers for support by telephone or zoom.
- □ Where possible, offer telehealth options to people in need of urgent health services.
- □ Ensure sanitary items and appropriate disposal are available.
- □ Educate staff on processes to respond to gender-based complaints of harassment by staff, volunteers, or others sheltering.