



7th September 2017

Introduction

The past weeks have witnessed the outbreak of cholera in Borno state, believed to be caused by increased flooding coupled with poor sanitary conditions. As of 7th September 2017, 28 deaths have been registered, and the official number of registered cholera cases have reached 837². The following six areas are affected: Muna Garage IDP camp – the epicentre of the outbreak, Custom House IDP camp, Bolori II, Custom House and Jalamare Haruna Allahna, Ruwan Zafi, and Chad Basin Development Authority³. 43 and 288 suspected cases have also been reported in Monguno and Dikwa respectively in Borno state. An official declaration of the cholera epidemic has been made by the Ministry of Health (MoH) and there are indications that the outbreak may spread to other areas including IDP locations.

Through the Borno State Ministry of Health (MoH), key partners and sectors are responding to provide treatment, control the epidemic and prevent the spread. The current response is mainly focused on saving lives through WASH, medical and nutritional interventions. These efforts need to be enhanced through a better understanding and addressing that cholera affects girls, boys, women and men in different ways. The GBV sub sector seeks to engage with the WASH, Health and nutrition sectors, and support communities to ensure that the different needs of women, girls, boys and men are addressed in the cholera response.

The aim of this briefing note is to:

- Increase understanding on how cholera affects girls, boys, women and men differently
- Integrate gender into cholera prevention and control programming and response.

Why Gender Matters

Although *Vibrio cholerae*, is an equal opportunity infection, it is not gender-neutral. Women and girls are disproportionately affected by the epidemic as gender roles influence different patterns of exposure to cholera, disease incidence and outcome, and responsibilities within families to prevent and respond to cholera. Evidence from similar contexts points to a higher disease burden among women and girls due to their increased exposure to the infection since they carry most of the household work to prevent and respond to cholera – such as fetching and treating water, cooking food and caring for the sick family members. Understanding and analysing how the differences in gender, due to this division of labour within families, affects exposure and disease progression helps to improve understanding of the epidemic, aid in surveillance, treatment and improves prevention and control efforts.

¹ Excerpts of this write up were adapted from UNICEF's Briefing Note: Strategy for Integrating a Gendered Response in Haiti's Cholera Epidemic; 2nd December 2010

² Daily cholera Sitrep, Borno State Ministry of Health; 6th September 2017

³ Daily cholera Sitrep, Borno State Ministry of Health; 3rd September 2017

Gender analysis:

Three main ways in which cholera can disproportionately affect women and girls

- **Disease burden:** transmission of cholera is primarily through contaminated water and food. While all persons are vulnerable, women and girls have a heightened risk of getting in contact with highly infectious doses of cholera through their domestic work such as caring for sick family members, cleaning latrines, fetching and handling untreated water and preparing contaminated raw food.
- **Emotional, physical and socio-economic toll:** due to their traditional roles in the domestic sphere and their primary roles as carers for the sick, the increased workload on women and girls results in decreased participation in community initiatives and work outside the home – such as attending school, selling at the market, joining the women’s activities at the safe space or participating in information and education sessions on cholera prevention.
- **Gendered roles in cholera prevention and response:** women and girls shoulder most of the behaviour change measures of cholera health education due to their position and roles in their households. These measures such as purification of water, disinfection or providing hand wash facilities, come with additional responsibilities, demands and economic burden on women.

Recommendations

- Collect, analyse, use and report sex and age disaggregated data when dealing with cholera cases;
- Engage communities in dialogue and inform them about the different gender roles in cholera prevention and response. Engage women’s groups and other community based actors with emphasis on promoting messages and community dialogue about what family members can do to protect themselves and their family members from cholera;
- Promote the participation of women and girls in the design of prevention and control interventions. Work with partners in the GBV sub sector to meet women’s and adolescent girl’s groups in female friendly safe spaces to elicit their participation;
- Ensure that everyone, including women and girls, have equal access to information and treatment;
- Train and inform community health educators, volunteers and key resource persons on how to integrate gender analysis into cholera sensitisation activities.
- Provide targeted support to vulnerable groups including female headed households with critical items such as energy efficient stoves to enhance proper food handling, hygiene kits to reduce the physical, social and economic burden on women and girls.
- Ensure that the existing WASH facilities are designed to guarantee accessibility for all persons, including those with disabilities (e.g. physical disabilities; injuries; visual or other sensory impairments; etc.)
- Ensure women and other at-risk groups are actively involved in community activities related to WASH (e.g. community water management and sanitation committees, etc.)
- In the plan for rehabilitation, this is an opportunity for the WASH sector to ensure gender separated latrines with locks and appropriate barriers to provide for privacy and safety; and install lighting to make them accessible at night.

For any inquiries about the cholera response, get in touch with the Health Sector Working Group at WHO on the following contacts;

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