

1. Japan Disaster Relief (JDR) Activities

Natural disasters such as earthquakes, tsunamis, typhoons, floods, and volcanic eruptions occur frequently throughout the world and claim people's lives. In most cases, the damage caused by natural disasters has a greater effect on the people in developing countries than in developed countries. JICA dispatches Japan Disaster Relief (JDR) teams and provides emergency relief supplies when major disasters occur, mainly in but not limited to developing countries, in response to requests received from the governments of the affected countries or international agencies. JDR teams consist of rescue teams, medical teams and expert teams on disaster response and reconstruction. In the wake of a large-scale disaster, the Self-Defense Forces can be dispatched when such a dispatch is deemed necessary. Japan has accumulated rich experiences and technical know-how on natural disasters through coping with frequent catastrophes such as earthquakes and typhoons. These experiences and know-how have been utilized for JDR activities.

2. Gender-responsive Activities

JDR medical teams are required to understand the social and cultural backgrounds of the affected areas because any medical treatment is practiced in a social and cultural context. If practitioners have a poor understanding of the social and cultural considerations, they may miss vulnerable members of the society including children, the elderly, and women, especially pregnant women. Accordingly, JDR medical teams have carried out the following gender-responsive activities.

(1) Before dispatch: Gender-responsive training

Medical practitioners who are willing to participate in

the JRD medical teams need to take training before they register for the teams. The training program gives the participants an opportunity to understand the social and cultural situations and learn how to carry out gender-responsive activities in an affected area through: a simulated exercise in which the participants are asked to identify the reasons why 80% of the patients are men; and a simulated medical treatment in which a mock female patient refuses to be seen by a male medical staff, etc..

(2) On decision-making of dispatch: Dispatch of female medical personnel

As many female doctors and nurses as possible are included on the team. Midwives are also recruited to provide advice on breastfeeding and prenatal checkups when necessary.

(3) In an affected area: Provision of women-friendly medical services

In some countries and regions, there is a gender gap in access to medical services even before a disaster. In such a situation, JDR medical teams provide women-friendly medical services such as mobile clinics for those who have limited access to medical services, health education materials for illiterate women, women-only consultations and waiting rooms and recruitment of local female volunteers.

Gender-responsive activities implemented by the JDR medical teams have contributed not only to improvement of women's health in disaster-affected areas, but to enhancement of health conditions of her children and other family members. JICA will continue to carry out socially and culturally sensitive emergency disaster relief activities.

Gender-responsive activities during emergency disaster relief to the Philippines affected by a typhoon

In November 2013, Typhoon Yolanda cut across the center of the Visayas, an island group located in the central part of the Philippines, resulting in more than six thousand deaths, one million destroyed homes and four million refugees.

Immediately after the typhoon, JICA dispatched three JDR medical teams (1st to 3rd batch) to the most affected area, Leyte. The teams set up a temporary tent and provided medical services in Tacloban city. At the same time,

the teams operated mobile clinics in the neighboring areas. Approximately 3,300 patients were given medical treatment by the teams for a month.

There was a need for medical treatment for children and prenatal care in Leyte even before the disaster, so it was anticipated that the need remained high during and after the disaster. To tackle these challenges, female doctors and midwives were recruited for the teams. A local female interpreter

was also deployed. In addition, the teams arranged for female patients to see a female doctor or nurse. A pregnant woman who had been soaked in water for hours after the disaster came to have a prenatal checkup and was very relieved to hear that her unborn baby was safe.

