

- *Sector Programming*
- *Gender Specific Programming Recommendations*

Rapid Gender Analysis Cyclone Amphan



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Rapid Gender Analysis Cyclone Amphan



GENDER IN HUMANITARIAN ACTION (GIHA) WORKING GROUP
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TABLE OF CONTENTS

ABBREVIATIONS	5
EXECUTIVE SUMMARY	6
Key findings	6
Key recommendations	7
INTRODUCTION	10
The Rapid Gender Analysis objectives	11
Methodology	12
DEMOGRAPHIC ANALYSIS	13
Demographic Impact	14
Sex, Age and Other Disaggregated Data	14
FINDINGS AND ANALYSIS	15
Gender Roles and Responsibilities	16
Capacity and Coping Mechanisms	18
Access	18
Participation	22
Protection	23
Needs and Aspirations	25
CONCLUSIONS	26
ANNEXES	28
Annex I – Household Level Analysis	
Annex II – Key Informant Information Analysis	
Annex III – Gender in Brief (CARE Bangladesh)	
Annex IV – Tools and Resources Used	
REFERENCES	29

ABBREVIATIONS

BBS	Bangladesh Bureau of Statistics
CBO	Community Based Organization
DWA	Department of Women Affairs
DPHE	Department of Public Health Engineering
FHH	Female Headed Household
GoB	Government of Bangladesh
GVB	Gender Based Violence
JNA	Joint Needs Assessment
KII	Key Informant Interview
HH	Household
LNGO	Local Non-Government Organization
MHH	Male Headed Household
NAWG	National Assessment Working Group
NFI	Non-Food Item
NGO	Non-Government Organization
PIO	Project Implementation Officer
PWD	Person with Disability
RGA	Rapid Gender Analysis
SRH	Sexual and Reproductive Health
UHFPO	Upazila Health & Family Planning Office
UN	United Nations
UNO	Upazila Nirbahi Officer
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene



Photo: UN Women/Anindit Roy-Chowdhury

EXECUTIVE SUMMARY

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On May 20, Super Cyclone Amphan made landfall in Bangladesh impacting 2.6 million people in 19 districts. A Rapid Gender Analysis (RGA) on the impacts of Cyclone Amphan has been conducted through contributions from the following Gender in Humanitarian Action Working Group (GiHA) member agencies: UN Women, CARE, Oxfam and Christian Aid. In the hardest hit districts, it is estimated that nearly 820,000 women – including over 49,316 pregnant women and 29,133 female headed households – were affected by Cyclone Amphan. The Rapid Gender Analysis confirmed that certain groups were hit particularly hard, including female-headed households, pregnant and lactating women, people with disabilities, sex workers, transgender persons, adolescent boys and girls. In the aftermath, women and girls are at greater risk of gender-based violence such as domestic violence and early marriage in a context of existing gender inequality and discrimination. The report outlines key findings and concludes with immediate and medium to longer term recommendations for humanitarian response.

Cyclone Amphan has left behind a trail of destruction in the Bangladesh's Southwest region – a region already ravaged by salinity, natural disasters, poverty and an inability to cope with recurrent shocks. The coastal and char (island) households have the lowest per-capita income in the country. Millions living in poverty in these areas have been devastated by the effects of Cyclone Amphan. Majority of the hard-hit areas are remote char and riverbank erosion prone areas that constantly experience deterioration of resilience due to frequent natural disasters. For example, many of these affected areas were also affected by super cyclone Sidr in 2007 and Cyclone Aila in 2009, taking several years to restore livelihood. And in these current situations, particularly women and girls are disproportionately impacted, and their sufferings prolonged by long period of inundation, displacement, ongoing extreme weather, loss of livelihood, and the added fear of coronavirus pandemic.

In Bangladesh, the persistence of patriarchal attitudes and deep-rooted stereotypes regarding the roles and responsibilities of women and men perpetuate discrimination against women and girls and are reflected in their disadvantageous and unequal status in many areas, including in employment, decision making, marriage and

family relations, and the persistence of violence against women. These inequalities contribute to women, girls and excluded groups appearing to be the worst-affected by Cyclone Amphan, subject to greater food insecurity and increased risk of gender-based violence. This is in line with global and national evidence on the disproportionate, gendered impact of natural disasters. At the same time, COVID-19 has a significant implication on livelihoods of women in Bangladesh as 91.8% of the total employment of women is in the informal sector: domestic workers, daily labourers, street vendors, cleaners, sex workers including transgender persons, and other informal workers who have rapidly lost their means to earn an income. In this backdrop, Humanitarian respond agencies must account for the different experience of crisis felt by women, men, boys and girls, and ensure action tailored accordingly. Moreover, those responsible for recovery programming should use the opportunity to address inequalities and transform harmful gender norms where possible.

KEY FINDINGS

The gendered impact of Amphan is evident in following areas:

- Food was identified as most prioritized immediate need, due to the food insecurity induced by COVID-19 lockdown that has obstructed the livelihoods of millions and pushed many poor households below the poverty line;
- The negative coping mechanisms adopted in the aftermath of Cyclone Amphan such as reduced meals, selling productive assets, taking loans has taken a more drastic impact on women and girls;
- Safety measures for women and girls in the shelters and for the displaced community remains a concern and existing shelters are not gender, age and diversity friendly;
- Protection and safety issues such as domestic and intimate partner violence and child exploitation will likely increase and become compounded by factors such as loss of habitat, loss of income, school closures ,etc.;

- Access to quality, life-saving sexual reproductive healthcare services and information is limited, due to disruption to healthcare facilities as well as struggle to cope with pandemic;
- The existing referral system is not functional to connect women, girls and other at-risk groups to appropriate multi-sector GBV prevention and response services in a timely and safe manner;
- The crisis affected people do not have access to quality mental health and psychosocial support to cope with impacts of the disaster, global pandemic and GBV incidences;
- Displaced persons including adolescent girls and women remain among the most severely affected groups facing unequal access to aid humanitarian assistance such as dignity/hygiene kits;
- COVID-19 situation amplified by Cyclone Amphan has increased unpaid care and domestic work for women; it has also increased men's participation in housework;
- 65% respondents reported women are not consulted by response agencies or service providers. 13% respondents noted the involvement of women led organizations/NGO, CBOs in responding to Amphan;
- Humanitarian assistance has been directed primarily towards men without taking into consideration the differentiated needs, priorities and capacities of women, girls, men and boys, particularly excluding groups such as sex workers, transgender persons;
- Community participation, especially women and girl's participation in disaster preparedness, disaster response and recovery planning are limited;
- To mitigate the double blow from cyclone and COVID-19, increased numbers of women are seeking opportunities to work outside the house.

Key recommendations

IMMEDIATE

- Food relief packages are an immediate need and must consider extra nutritional supply for the HH to maintain nutritional needs of women, particularly pregnant and lactating mothers;
- Food distribution channels must ensure food aid reaches women, girls, persons-with-disabilities, elderly groups, minority groups and other identified marginalized groups;
- Support displaced persons, especially women and girls with access to culturally relevant dignity kits to reduce vulnerability and connect women and girls to information and support services;
- Targeted needs-based interventions; for example, provision of multi-purpose Cash Grants (MPCG) with protection to the most vulnerable groups like FHHs, sex workers, transgender women, ethnic minority women and female day labourers including domestic workers to restore their livelihood as well as for ensuring their access to adequate WASH services;
- Strengthen protection, safety and security measures at emergency or makeshift shelters for women and adolescent girls to protect them from any form of GBV.
- Humanitarian Response Plans must focus to include provision for prevention of and response to VAWG/GBV as an integral part of response plans, particularly for the most vulnerable and marginalized groups.
- Enhance mental health and psychosocial support for women, girls and other at-risk and marginalized groups;
- Ensure access to information on protection issues and on reproductive health, as well as and access to basic hygiene supplies are essential, indeed lifesaving, for women and adolescent girls;
- Ensure women's access to technology as a means of disseminating life-saving information, both during response and throughout recovery;
- Relief and humanitarian response activities must maintain all COVID-19 protocols.

MEDIUM TO LONGER TERM

- Response plans must focus on inclusion of long term programmatic effort to prevent harmful practices, including girl child abuse, girl child marriage, sex trade and all forms of GBV specifically domestic violence;
- Ensure shelters design address specific needs identified by women particularly on privacy, dignity and safety and must include women in the decision-making process of shelter construction;
- A further in-depth assessment and consultation with local women's group and women -led organisations are required to design for a long-term Gender Responsive WASH programme to ensure women led safe water resources, so that the crisis that women in south western region of Bangladesh have been experiencing since the time of SIDR are mitigated;

- Recovery Plans must have priority to explore and design of alternative resilient livelihood and income generating activities for women through partnership with women's organizations, CBOs and engagement of community women leaders. This may include interest free loans or specific intensive cash support for women to run small and medium scale entrepreneurship;
- Recovery Plan must include capacity building initiative specifically on enhancing leadership skill on humanitarian response among community women's groups and leaders, women led civil society organizations, women's rights organizations, women journalists to support their solidarity efforts as women's agency to protecting women's equal voice, equal rights and equal dignity throughout humanitarian programme cycle;
- Monitor relief distribution and humanitarian response activities to ensure that they do not increase risks of sexual exploitation and abuse (SEA) ;
- Advocate to urgently repair embankments in order to ensure safety and security of communities, especially for vulnerable groups such as women and girls
- Response plans must have provision and linkages to ensure equal access to primary, reproductive and mental health care that is being disrupted due to COVID-19;
- Response plan must focus on increase outreach of community clinic to enable its functions to reach out women who are mostly vulnerable to different public health emergencies, specifically focus on safety of birth attendant, availability of contraceptive and increasing number of beds for pregnant women;
- Ensure community based and women led Safe Spaces so that this space can emerge as the multipurpose point to serve women's need, participation and leadership to uphold women's agency in normal time, different crisis and public health emergency period;
- Decision-makers and those coordinating response efforts should use the Gender and Age Marker to ensure gender analysis and gender responsive response plan, and must include gender specialists at all levels to inform disaster preparedness and response measures.



Photo: UN Women/Saikat Mojumder

INTRODUCTION

INTRODUCTION

On May 20, Super Cyclone 'Amphan' made landfall in Southwestern Bangladesh accompanied by high winds, torrential rain and tidal surges. Cyclone Amphan has left behind a trail of destruction in the country's coastal areas, affecting more than 2.6 million people in 19 districts. The Joint Needs Assessment (JNA) 31 May 2020 identified Jashore, Satkhira, Khulna, Barguna, Patuakhali, Bagerhat, Barguna, Bhola, and Pirojpur districts as the most affected areas. As a preparedness measure, Government of Bangladesh (GoB) shared early warning messages and evacuated 2.4 million people to 14,636 cyclone and other temporary shelters across the coastal region. Yet, 26 casualties were still reported. Full or partial damage to houses and displacement due to tidal inundation and/or embankment collapse as a result of the cyclone has left many with no choice but to live in makeshift shelters or remain marooned under the open sky.

The cyclone hit the country at a time where, along with the rest of the world, the people are enduring the onslaught of the COVID-19 pandemic. People's sufferings under the lock down-induced loss of income and fear of death have been further exacerbated by the impact of cyclone Amphan. This distressful situation is fertile ground for increased gender-based violence like abuse, sex trading, child labour, child marriage, and human trafficking. There is already one confirmed rape case during the cyclone; based on past experiences, it can be presumed that there will be increased safety and security risks of women, girls and children in the shelters, where people have to stay for longer period due to destruction and damage to houses. However, GBV cases are underreported since the survivors often do not come forward to fearing shame and retaliation from perpetrators and other members of society. Only closer inspection reveals GBV cases in disaster situations.

The GoB immediate assistance consists of food packages, food aid for children, house repair items and water purification. However, not much has been done to meet the specific needs of pregnant and lactating mothers or women's protection needs. The cyclone has practically terminated available access of more than 500,000 women and girls to life-saving protection and sexual and reproductive health services in the affected area, as

indicated in the JNA by NAWG¹. A coordinated short and mid-term humanitarian response focusing on the needs of women, girls, and gender diverse populations will be required.

The Rapid Gender Analysis looks at identifying the impacts of cyclone Amphan based on the socio-economic condition and geographical locations of affected populations, which would provide the foundation for Amphan response planning.

"My house and belongings washed away because tidal wave broke the embankment of Kholpetua river"

– Farida Parveen (40)

"These days we are having one meal per day, we [Kakoly and husband] can manage but my kids cannot sustain by only eating one meal each day. We are living without shelter and food"

– Kakoly (21)

Rapid Gender Analysis Objectives

Rapid Gender Analyses (RGA) provides information about the different needs, capacities and coping strategies of women, men, girls and boys in a crisis by examining their roles and their relationships. The objectives of this RGA were to better understand:

- the roles and responsibilities of women, men, girls and boys, as well as at-risk groups, and how these have changed since the crisis
- the main needs concerns and priorities of women, men, girls and boys, as well as at-risk groups across key sectors of intervention as well as future areas of intervention

1 https://reliefweb.int/sites/reliefweb.int/files/resources/cyclone_amphan_joint_needs_assessment_final_draft_31052020.pdf

- how emergency response can adapt services and assistance to meet the different needs of women, men, girls and boys, as well as at-risk groups, through inclusive services and assistance with dignity, ensuring that we ‘do no harm’.

Methodology

Rapid Gender Analyses (RGA) provides information about the different needs, capacities and coping strategies of women, girls, men, and boys in a crisis. A Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, girls, men, and boys and to ensure we ‘do no harm’. Rapid Gender Analysis uses the tools and approaches of Rapid Gender Analysis Frameworks developed by CARE and adapts them to the tight time-frames, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

To collect the quantitative and qualitative data, seven districts were chosen purposively based on the level of impact of the cyclone Amphan and the percentage of existing COVID 19 positive cases. One upazila from each district was further selected for data collection based on the same criteria. The selected districts and upazilas are: Barguna Sadar, Bhola Sadar, Kalapara, Shyamnagar, Dakope, Jhakorgacha, Sarankhola. It is notable that, Satkhira, Khulna, Barguna and Patuakhali have been recognised as severely affected by the cyclone, where Jashore, Bagerhat and Bhola were moderately affected. Similarly, Jashore has high, and Shatkhira, Khulna, Barunga, Patuakhali have a moderate level of COVID 19 positive cases.

Quantitative surveys were conducted using a structured survey questionnaire (Annex I) during 31 May and 02 June 2020. It was projected that from each upazila minimum responses from 10 women, 10 men and 10 intersection groups will be collected, such as women-headed households, sex workers, transgender groups, adolescent girls, minority communities, persons with disabilities, fishing communities, lactating mothers, and pregnant mothers. The living condition of the respondents was also kept in account whether they are living in makeshift places, living in their own house but inundated, or living in their own house but not inundated. Similarly, Key Informant Interviews (KII) (Annex II) were conducted with representatives of local government (DWA, DPHE, Agriculture Extension Officer, UHFPO, PIO, UNO), Public representatives (Upazila Vice-Chairman (female), Upazila/

Union Chairman, Female Union Parishad members) and members of Civil Society (women-led CBO, NGOs’ frontline women staff). Overall, 194 responses were collected from the seven districts in addition to 100 KII. These interviews were conducted maintaining all the humanitarian policies on the involvement of human respondents in a study. Informed consent was taken in written format or verbally considering the circumstances.

The data was collected through an online platform named KoBo Collect, where the interviewing tools were uploaded and ready to be filled. The data could be collected and exported simultaneously to perform data cleaning, interpretation and analysis. From 3 June 2020 to 9 June 2020 data cleaning, interpretation and analysis were conducted.

Challenges and limitations of this assessment include the compromised accessibility to the respondents due to infrastructural damages caused by the cyclone as well as movement restrictions due to COVID 19. During the assessment, social distancing measures were maintained and where appropriate, interviews were conducted over phone. Another challenge is availability of pre-crisis data specifically on women role in HH level decision making as well as community decision making related to disaster and also access to various services specifically those are related to agriculture, livelihood and WASH.



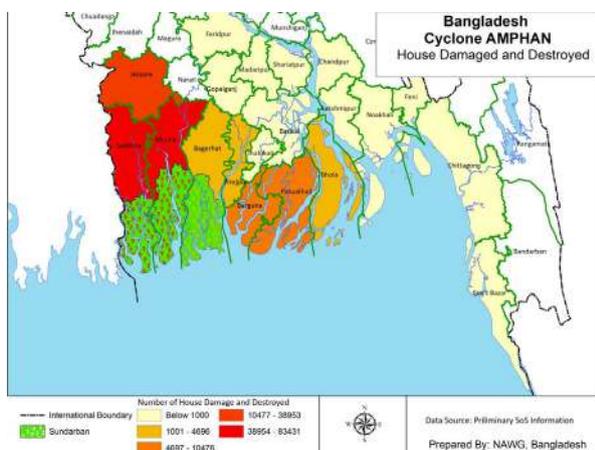
Photo: UN Women/Fahad kaizer

Demographic analysis

DEMOGRAPHIC ANALYSIS

Demographic Impact

A total of eight Districts are mostly affected. Among these eight districts, Satkhira and Khulna has highest number of population affected and Patuakhali has the third highest. Other districts came sequentially as shown in the maps. Based on percentages of union affected in the districts the impact scenarios remain same except Jashore has less percentages of union affected in comparison to others. 34 Number of Upazila out of total 62 in 8 districts are mostly affected. 224 Number of Union out of total 342 Number in 34 Upazila are mostly affected.²



2 https://reliefweb.int/sites/reliefweb.int/files/resources/cyclone_amphan_joint_needs_assessment_final_draft_31052020.pdf

SEX, AGE AND OTHER DISAGGREGATED DATA

A total of 2.6 million people are being affected by cyclone Amphan and of them 0.82 million are women.³ A total of 29,133 households are female headed among 3,83,906 affected households. Percentage of female-headed households is 8.2375%.

Infant and Child (0 to 59 months)	0.15 Million
Child and adolescent (Girls 5 to 18 age)	0.26 Million
Child and adolescent (Boys 5 to 18 age)	0.25 Million
Elderly Population	0.14 Million
Person With Disability	27,623
Pregnant Women	49,316

Approximately 52.13% of women are of a childbearing age. Among the affected 8 districts infant mortality rate is 16.05 and under 5 mortality rate is 24.45.

AGE	Female	Male
0-14	32.30%	32.24%
15-49	52.13%	53.42%
50 -59	6.96%	6.96%
60+	8.60%	8.59%
Total	100%	100%

Source: Bangladesh Bureau of Statistics (BBS) - data from affected 8 districts, Survey 2019.

3 https://reliefweb.int/sites/reliefweb.int/files/resources/cyclone_amphan_joint_needs_assessment_final_draft_31052020.pdf



Photo: UN Women/Fahad kaizer

Findings and analysis

FINDINGS AND ANALYSIS

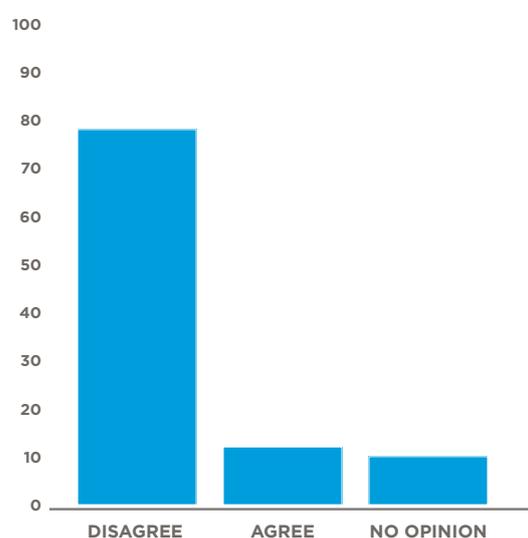
Gender Roles and Responsibilities

HOUSEHOLD DECISION MAKING

Cultural and traditional factors heavily influence how women are participating in decision making. According to Gender Statistics 2018 done by BBS, women's role in household's decision making is mostly related to food expenditure, food procurement, cooking, visiting to health society for her health needs and sending of mothers or children to health facility centre for his/her health needs etc. Regarding kinds of food to be cooked for family, in 41.0% cases decision was taken by both mother and husband jointly and in 37.1% cases only mothers took the decision. It is seen that 21.1% of decisions in respect to food expenditure was under taken by the husband only, and in 56.6% of cases the decision was undertaken jointly by mother and husband.⁴ 11% women reported they were sole decision makers and 16.3% women reported joint decision making about working to earn an income. On the other hand, 17% reported limited decision-making power regarding working outside to earn an income. Women participated in joint decision making in areas such as visiting relatives, buying and selling assets, children attending school, and accessing health care for themselves or children. However, crucial areas where women have limited participation include migration, bodily integrity, whether to have another child and general family planning decisions. Primary data from household level reveals that major changes in women's decision making took place after cyclone Amphan in the areas of: working to earn an income, visiting relatives, access to healthcare for children,

birth control or family planning and control of one's bodily integrity. An alarming 21.78% women said that they have no involvement in the decision making on sexual and reproductive health (ie, family planning decisions) and 19.21% of women said that they have no say over their bodily integrity. Regarding men's authority over decision-making within the household, respondents from 195 HHs, 77 respondents disagreed that men should have the final say about decisions in the household, 13 respondents agreed and 10 made no comment.

A MAN SHOULD HAVE A FINAL SAY ABOUT A DECISION IN HIS HOUSE



4 http://bbs.portal.gov.bd/sites/default/files/files/bbs.portal.gov.bd/page/b343a8b4_956b_45ca_872f_4cf9b2f1a6e0/Gender%20Statistics%20of%20Bangladesh%202018.pdf

COMMUNITY DECISION MAKING

In the cyclone affected areas, 58% respondents reported that the local government makes decisions in the community since the crisis began, followed by 23% reporting decisions being made by elders and 9% by military authority. 47% of women respondents reported that they do not participate in community decision making. 43% of female respondents also indicated that they are not part of any type of association, group or committee that regularly holds meetings. 9% have indicated involvement with social, volunteer, NGO, women, religious and political groups. The analysis reiterated that women have a limited role in decision making power in the family and the community compared to men, which specially in times of disaster, exacerbates women's overall vulnerability. This finding is saying that current decision-making process of response design and implementation are not following the commitment of Standing Order on Disaster (SOD) of Bangladesh that allows to bring women voice in times of disaster to reduce women's overall vulnerability. According to the KII data, prevailing social and cultural structures and norms dictate community decision making, which is often done through discussions with local notable persons and local government representatives, where women and girls do not play a big roles.

LIVELIHOODS AND INCOME

Respondents confirmed that only 9% of them were not involved in any paid work or income generating activity before the crisis, but 55% of them reported that after the crisis they are not involved in any paid activities. In the Amphan hit areas, 15% women confirmed daily labour as their main source of livelihood before the crisis. Women are also involved in rearing livestock, farming/fishing, homestead gardening, small trading and sex work. 15% reported still being involved in daily labour, 13% in livestock rearing, and 11% in homestead gardening. It was reported that on average 26% women work 5-9 hours/day compared to 18% men and thus workload for women has been increased. 37% women reported that they did not have additional sources of income compared to 20.7% of men. 16% female respondents with additional sources garnered support from relatives, loans from NGOs, humanitarian assistance, remittance or bank loans.

Before the crisis, on average, 16% earned less than 5,000 BDT, 28% earned a monthly income of 5,000-10,000 BDT, 4% earned between 10,000-14,000 BDT and 5% earned above 20,000 BDT. However, after the crisis, 53% female earned less than 5,000 BDT, 3% earned between 5,000-10,000 and 1% earned more than 10,000 BDT. 38% females indicated they shared money with their partner compared to 17% males. 38.2% reported joint decision making on expenditure.

LIVELIHOOD AND INCOME

Feroja Begum (40) is a widow who lives with her two sons. After the death of her husband, she is the only earning member of her family. She used to earn 200-300 BDT on daily basis from her betel-nut business. She lost her only earning source when COVID 19 arrived in Bangladesh and the government declared nationwide lock down. After enduring cyclone Amphan, she must wait for the government to lift the ban completely and for the comeback of socio-economic working environment. Her eldest son has passed secondary school examination recently but he has no plans to get admission in college. She and her two sons are not eating three meals a day. She is worried whether the boys will have to stop studying as she won't be able to support their schooling expenses. she is waiting eagerly for the opportunity to work again as her whole family depends entirely on her income.

CONTROL OF FAMILY RESOURCES

Women seldom have control over resources in the country. Women's ownership and control over household assets, or control over land are very limited and the inheritance law and practices are not favourable to women. Ownership and rights over productive assets, e.g. land, housing, and livestock are closely related to the empowerment of women. According to a World Bank report the rural women who reported having rights over productive assets tend to hold jobs, have access to financial services, and control income. However, with only 13 percent of rural women reported owning, solely or jointly, agricultural land.

In the Amphan affected areas, 21.8% women reported that husbands decide how money is spent, 17% indicate decision is made jointly and only 3% report decisions made by wives. 12% reveal these decisions are made by other family members such as father, son or daughter. 32% women reveal they do not have any money of their own to decide its use compared to 10% men. In terms of technology, 34.8% women own a mobile phone compared to 25% of their male counterparts. The majority of the KII respondents have opined that in a male headed household, men control the fixed/larger assets such as land, business, large sums of money, jewellery, cattle and livestock. Women are in control only of smaller assets at family level which they use on a regular basis such as utensils, homestead gardening and poultry. However, they rarely have ownership of poultry to sell and handle cash.

DIVISION OF LABOUR WITHIN THE HOUSEHOLD AND UNPAID CARE WORK

Domestic unpaid care work is always women's domain, disasters only make it doubly burdensome for women and girls. Women and girls spend 11 times more time than men and boys on unpaid care work like cooking, cleaning and collection of water and fuel. Average number of hours spent on unpaid domestic and care work in a week disaggregated by sex in Bangladesh is 24 for women and 7 for men.⁵ The unpaid care work is more difficult for female headed households; single mothers (identified through a UN Women analysis as unmarried/widowed/divorced female living with children) are particularly overburdened with unpaid domestic work. Water sources heavily damaged means extra hours for women and girls to collect drinking water and scarcity of water makes cleaning tasks all the more difficult. With homesteads damaged, women's domestic labour time is increased manifold making each of her jobs more difficult and time consuming with additional tasks of recovering and repairing of homesteads.

This is highlighted in the analysis, where respectively 31.44%, 43.3%, 44.85%, 38.14% and 51.55% of the women spend partial time in farming, collecting firewood, livestock, food purchase and health care of relatives respectively. On the other hand, 37.11%, 41.75%, 42.27% and 44.33% women dedicate their total time to achieve respectively children care, house work / cleaning, collecting water and cooking. To conclude broadly, on an average the women of the family spends 7.2 hours each day to complete the above-mentioned household and unpaid care works.

Similarly, on the KII survey, respondents have said economical work i.e farming, cash earning activities are done by male members of the family. Household chores, caregiving and partial farming is done by the female members of the household. In a few cases there are women now who work to contribute to their families financially but cyclone Amphan has put a halt on livelihoods of both men and women. Now it has become a part of survival strategy to manage an earning job and gender is less of a barrier in times like this.

Capacity and Coping Mechanism

According to the assessment, in the last 7 days 43% women were able to borrow food or rely on support from family and friends; 43% women indicated they have to reduce portion size at mealtime in comparison to 22% men.

Similarly, 31% women had to limit daily meal intake to 1-2 times to allow children to eat compared to 14% men; 44% women indicated they were unable to purchase food because food price had exceeded purchasing ability in the last 7 days. Before the crisis, 48% women were able to eat 3-4 times/day, however, after the cyclone, only 23% were able to eat 3-4 times/day. The percentage of females eating 1-2 times/day increased from 16% to 39%. 29% reported they would have a shelter for a few nights and 17% would have financial assistance available. 36% reported there was no in-kind assistance and only 18% access to psychological support. In terms of ownership, 29% women do not own land, whereas 11% own jointly or solely. 19% indicated they do not own their houses, whereas 20% owned jointly and 13% solely. These figures indicate women's low capacity and drastic negative coping mechanisms during Cyclone Amphan.

According to the KII, the female members are primarily taking up the burden of household work compared to male members. However, in some cases, men are also doing household chores, maintaining small assets, looking after livestock and children. Some families are minimizing costs or working overtime, while others are spending their savings. The major negative coping mechanisms of families including eating less, selling assets, and borrowing money.

Access

MOBILITY ANALYSIS

Controlled mobility, a patriarchal norm, impedes women's access to services and enjoy their rights to the fullest. Restrictions on women's mobility increased during the nationwide lockdown imposed to flatten the curb of COVID 19 contraction. Cyclone Amphan created a compounded effect on the lives of women including mobility. Respondents indicated that majority of women cannot move beyond their neighbourhood including local market without any restrictions. 28.87% of respondents need to be accompanied by any male member to visit health centres or access gender-based violence-related services. More than one-third of the respondents (37.63%) have zero mobility in terms of visiting their families in another location. Around half of the respondents (43.81%) cannot visit another district because of their restricted mobility. The major proportion (72.16%) of respondents perceive a lack of security as the most critical factor that limits their freedom of movement.

5 Labor Force Survey 2016-2017, BBS

ACCESS TO SERVICES AND RESOURCES

Services	Access to these services															
<p>Water</p>	<p>A large proportion of respondents (72.68%) perceived that their water point location is safe. Respondents who perceived the location to be unsafe (26.29%) took no measures or had no alternative options to take action regarding this. Female-headed HHs were less likely (25.77%) to have access to safe water points compared to male-headed HHs (46.39%). Displaced community people hardly have access to any safe water point.</p> <p>RESPONDENTS PERCEIVE THAT THE LOCATION OF THE WATER POINT IS SAFE</p> <table border="1"> <caption>Data for Water Point Location Perception</caption> <thead> <tr> <th>Living Situation</th> <th>NO (%)</th> <th>YES (%)</th> </tr> </thead> <tbody> <tr> <td>Resident in own home</td> <td>16.06</td> <td>63.73</td> </tr> <tr> <td>Displaced in temporary settlement</td> <td>3.63</td> <td>5.7</td> </tr> <tr> <td>Displaced in Host family</td> <td>1.04</td> <td>3.11</td> </tr> <tr> <td>Displaced in collective centre</td> <td>1.55</td> <td>0.52</td> </tr> </tbody> </table> <p>In terms of time, 62.37 percent of people typically take less than 30 minutes to collect water.</p> <p>An individual story collected from the Baniashanta brothel revealed the measurable condition after the cyclone. The brothel consists of 37 houses with 93 sex workers living with their 65 children. The cyclone Amphan damaged all their houses. The whole night, they fought against the cyclone but couldn't save their only water purifier line at the brothel. Currently, the sex workers have no access to pure drinking water. However, the local government assured that the damage is under the plan of restoration.</p>	Living Situation	NO (%)	YES (%)	Resident in own home	16.06	63.73	Displaced in temporary settlement	3.63	5.7	Displaced in Host family	1.04	3.11	Displaced in collective centre	1.55	0.52
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<p>Food</p>	<p>According to the HH survey, 35.05 percent of the respondents chose food items as their top priority needs for themselves and their households. 26.29 percent selected food as their second choice. A similar finding has been mirrored in the KIIs, where food insecurity was identified as a significant crisis, especially for women, girls, lactating and pregnant mothers. Women have unmet nutrition demand in this situation.</p> <p>Farmers lost their crops as fields were flooded. Plants have also been destroyed in the cyclone, and the casual fish production was disrupted. Subsequently, vegetables and cattle were lost, which resulted in food insecurity. Women are facing challenges in preparing food for their families due to the displacement and waterlogging, as revealed by KII. Amphan impacted crop harvesting and markets greatly. Movement restrictions and social distancing due to COVID-19 hampered local agricultural production, impacting income and leading to food insecurity. Especially in the Shymangar district, many agricultural lands went underwater that resulted in a major food crisis. From observation and available information, 90 percent of the service providers perceived food insecurity as the primary challenge for communities irrespective of sex and age. Furthermore, the COVID-19 pandemic has caused income reduction which has led to fewer food purchases. Around the affected areas, food aid has been provided by local government and NGOs.</p> <p>Milon Mollah (Village: Bagi, Union: Southkhali, Upazila: Sarankhola, District: Bagerhat) described his family situation, stating that the cyclone destroyed his livelihood. Their house has been washed away by the damaged embankment, making them shelter less. No organization came to support their family. In this context, he had to manage a loan from relatives and others. The family have reduced to one meal daily and now consume two meals instead of three.</p>															

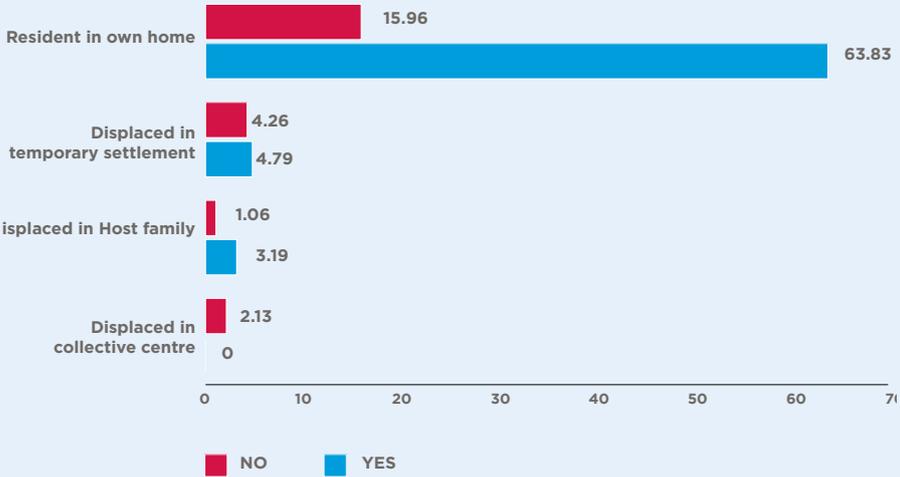
Services	Access to these services
NFI Distributions	<p>Overall, 45.88 percent of the respondents mentioned that they received any form of humanitarian assistance after the cyclone Amphan according to the HH survey. However, displaced persons could hardly access any humanitarian aid. The key challenge faced by them was living in settlement sites that can seldom ensure personal security, as mentioned by 52.06 percent of the respondents. A significant proportion of respondents (46.91%) flagged that influential people in their community make decisions about relief distribution and control of the resources. Of them, 12.21 percent were women and 6.42 percent men.</p> <p>In terms of NFI, women and girls are facing challenges to access dignity kits and hygiene kits. Repair of dams/embankments is a general requirement in damaged areas.</p>

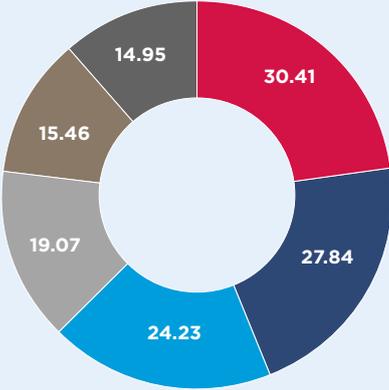
Health Services

Among total respondents, 69.59 percent have knowledge of access to safe health services. Among them, 59.29 percent are aged between 18 to 60. Amid the total respondents, 41.58 percent of women have knowledge to access safe health services, which is higher than the response by men (23.27 percent). 23.9 percent of women responded that they have safe access to health services, which is also higher than the percentage of men (18.05 percent). However, in terms of family type, male-headed households were more likely conversant (47.09 percent) regarding their safe access to health services compared to female-headed households (23.81 percent). A significant proportion of respondents (48.45 percent) can less likely access safe health services. Lack of access to health care has been cited as a reason for the lack of access to health care among the entire population, which in turn has become more evident among women (women-14.53%, men-6.84%).

While 40.31 percent of respondents living in their homes have access to safe health services, quite a small proportion of respondents can enjoy the same. Displaced people have significantly limited, even zero information and access to various health services (e.g., family planning, maternal health, and GBV). Notably, the respondents displaced in collective centres have no information access (0%) to health services, as revealed from HH-level data.

INFORMED HEALTH SERVICE INFORMATION



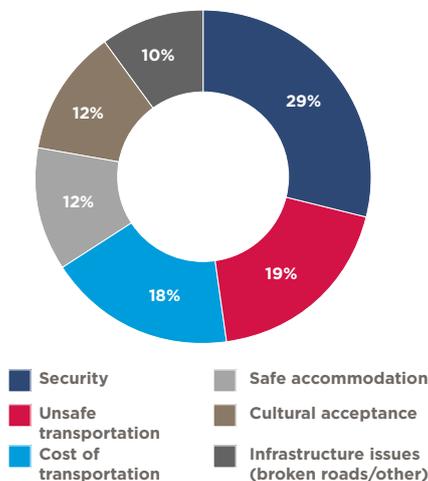
Services	Access to these services														
Reproductive Health Services	<p>Both men and women have a range of access to various health services, including family planning, maternal health, services for GBV (i.e., health, medicolegal, psycho-social). 24.62 percent of women mentioned that they get access to family planning, which is the highest among all services. However, a significantly lower percentage of respondents has a lack of access to GBV related health services comprising 10 percent of women and 4.62 of men. Women were more likely to fail access to these health services than men because of a lack of information. In terms of women's menstrual hygiene management, both women living in their homes and displaced women prioritized reusable clothes. Overall, 36.63 percent of women prioritized reusable clothes; the value of women living in their own homes is 44.68 percent, and for displaced women, the value is 3.01 percent on average. However, 29.95 percent of women mentioned their unmet hygiene requirements in this regard. Similar findings have been echoed from KII respondents, where they mentioned women's lack of access to reproductive services for their shortfall to information particularly. Moreover, due to the COVID-19 pandemic, pregnant and lactating mothers hardly visit reproductive health service centres, as stated by service providers. Inadequate facilities for pregnant and lactating mothers in cyclone centres was revealed from the KIIs.</p>														
Latrines	<p>More than half of the respondents (53.09%) do not have access to safe latrine facilities. Of them, 32.67 percent of women and 11.39 percent of men do not have access to safe latrine facilities. Around one-third (30.41%) of the total respondents perceived their latrines are in unsafe places. Another 27.84 percent of the respondents feel their latrines are even more insecure at night. Around 15 percent of respondents find latrines without accommodating the needs of persons with disabilities. However, half of the total respondents (43.81%) were found taking no measure to cope with this situation. Service providers also recognized the poor situation of latrines that were either damaged or destroyed.</p> <p>INFORMED HEALTH SERVICE INFORMATION</p>  <table border="1"> <caption>Reasons for unsafe latrine facilities</caption> <thead> <tr> <th>Reason</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Latrine is in an unsafe place</td> <td>30.41</td> </tr> <tr> <td>Not secure at night</td> <td>27.84</td> </tr> <tr> <td>No separate toilets for males and females</td> <td>24.23</td> </tr> <tr> <td>There are no locks on the door</td> <td>19.07</td> </tr> <tr> <td>No latrine at all</td> <td>15.46</td> </tr> <tr> <td>Facilities are not disability friendly</td> <td>14.95</td> </tr> </tbody> </table>	Reason	Percentage	Latrine is in an unsafe place	30.41	Not secure at night	27.84	No separate toilets for males and females	24.23	There are no locks on the door	19.07	No latrine at all	15.46	Facilities are not disability friendly	14.95
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Facilities are not disability friendly	14.95														
Sanitation	<p>46.91 percent of respondents perceive their access to safe bathing place. A significant proportion of respondents (28.35%) have no bathing place. Female-headed HHHs have less than half access (15.18%) to safe bathing places than male-headed HHHs (31.94%). Displaced communities seldom have access to safe bathing places. Water, sanitation and hygiene situation has been severely affected by the cyclone. The people of the riverine areas and the fishing communities, as mentioned by the government service providers, are the worst affected.</p>														

Participation

Women in Bangladesh are culturally conditioned to remain in the private sphere. This socio-cultural situation restricts mobility of women. According to KII data, this mobility restriction becomes more pronounced for women who belong to the wealthier echelons of the community. Often due to societal norms these women cannot go to different public places. If they go outside, then it exhibits that the family has no control over them and they are not well behaved. Thus, women comply with these norms and remain inside their designated territory. At times even after having enough financial resources, wealthy women have limited or no knowledge about other existing services and they have to face complications in many cases.

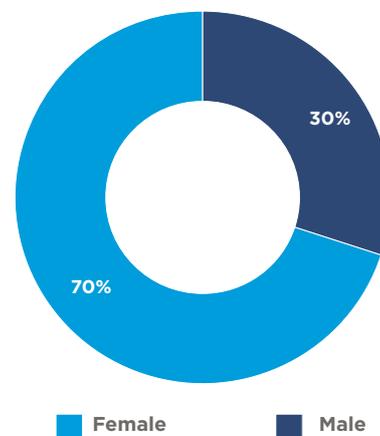
The KII data reveals that women need to ask permission from their household head or another member of the household to go outside. Sometimes they are accompanied by a young adult for security to move outside. Security for women's mobility is not satisfactory. In many cases, fear of being raped restricts women's mobility. As a result, they do not have any access to information; they have very limited access to existing resources. Women have less influence over the decision-making process at family level, and almost no influence at the community level decision-making process. In the family level, mostly women take decisions about expenditures related to daily household work such as: cooking, kitchen, interior design of household, and education of children. But in case of decisions having a larger impact on household finances such as higher education of children, buying a house, or selling cattle, men are the major decision makers where sometimes women's decisions are taken into account. Women are behind men in access to market. Moreover, lack of decision-making power and control over women's own body created through the process of gender constructions also affect women's care seeking behaviour.

FEMALE RESPONDENTS' OPINION ON THE KEY FACTORS THAT LIMIT THEIR 'FREEDOM OF MOVEMENT'



This RGA reveals remarkable differences between men and women in which women are far behind men in participating in decision making processes both at community and household level. 46.6% of women and 17.48% of men shared that they have access to community level decision making. However, only 9.31% women and 8.82% men are member of social, community-based association, group or committee that holds meetings regularly. Women and men both shared about their participation at social groups which is 10.38% (both for men and women). Though, participation at Community-based Organisations (CBOs) is lower for men (5.66%) than women (11.32%). Nowadays, women have started coming outside the home to join the mainstream workforce and their participation in CBO activities are remarkably higher. Due to higher participation in CBO meetings, women's level of awareness is somewhat higher than men, particularly with respect to disaster management. Evidence shows women involved with any participatory group are more advanced and can play a leading role in the community by their decisions and actions. The RGA found a common trend in the six locations that men are the main decision makers as they are the owners of the means of production, they dominate production, commerce and leadership. However, not all men have equal access to decision making.

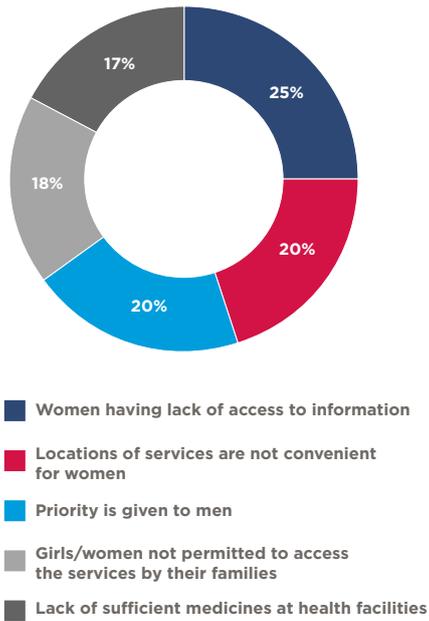
NO PARTICIPATION IN COMMUNITY DECISION-MAKING



Women are subject to widely sanctioned and strictly enforced hegemonic masculinity. A masculine society shaped by men, holding the authority of power. Most of the local committees are formed and run by 'powerful' male members, where poor male members have very limited access in these committees. Data revealed that in the majority of cases, influential people (i.e. who have the most resources, power, and authority) in the community take decisions about relief distribution and control over the resources. 78% of the respondents said, not everyone in their community is able to access basic services (i.e.

Food, Shelter, Health etc). 65% respondents shared women are not being consulted before providing services. 13% respondents said about the involvement of women led organizations/NGO, CBOs and to promote responding to Amphan, Women leadership at community level and recognize their participation, decision making. Where only 6% Women are being enlisted for several aid-based programs. Women leadership are being promoted by involving them in several social works. Topmost reasons are as shown:

REASONS FOR NO ACCESS TO SERVICES



Primary data regarding access to humanitarian assistance from an external actor reveals that most of the respondents receive external assistance following a disaster when needed. Mostly this assistance is provided by the government and NGOs. In such cases people feel they need to maintain a harmonious relationship with local government representatives to get this government assistance following a disaster. Low level awareness of people about disaster management clearly indicates that local level ‘disaster management committee’ is not functioning optimally, and there is limited to no involvement of local people in disaster planning and response initiatives. Additionally, the low-level scores of women under “decision making” shows how patriarchal ideology and attitudes pervade all social institutes; such as family, religion, education, law and so on.

Women’s vulnerability results from highly embedded and normalized social practices and structural inequalities. Social customs hinder the ability of women in Bangladesh to disaster preparedness and response. Their capacity is

restricted by their lesser access to resources, financial, knowledge, natural. Many women reported that they are not able to go to outside without the permission of their husband or male guardian; there being no women’s toilet in the shelter; threats of violence; a lack of privacy; not being consulted or provided with up-to-date information; and being responsible for household chores, unpaid care work and livelihoods. Women’s workload doubles during disaster.

This RGA also reveals that, after facing the devastation caused by cyclone SIDR in 2007 and cyclone AILA in 2009, coastal people are more aware of removing socio-cultural barriers to disaster response and disaster preparedness by increasing women’s participation in disaster preparedness, disaster response and recovery planning. Disaster, therefore, creates opportunities for women to go out and to challenge patriarchal social norms and values.

Protection

Ms. Khadija (24), a recently married woman from Jaliapara village of Kalapara Union under Kalapara Upazila in Patuakhali district, works as a leader in disaster response. This has not only had a profound impact on her life but has also ensured the safety and resilience of her community. She formed a volunteer group consisting of four women to help the community to evacuate to the cyclone shelter. She also provided support to her neighbour to receive relief by communicating with NGO and local public representatives. Such stories reveal that disasters stimulate new forms of local activism and social consciousness as coping mechanisms. During Cyclone Amphan, most of the families provided support to each other. As they know they are severely vulnerable to disasters and only responsible to protect themselves initially from any disasters, their community is much more organized than any other places. KII respondents identified the following coping mechanisms to address protection issues: Community Group Formation; Social protection; Capacity building of Group Leader; women’s group formation, access to information and resources; strong coordination and communication with different stakeholders; collaboration with each other on safety and security issues; strengthening social connectedness, and participatory discussions about local problems in the community ensuring participation of local government representation.

GENDER BASED VIOLENCE

Bangladesh has a dominant and harmful patriarchal societal structure with norms and practices that place females of any age at higher risks of violence. These social norms prescribe domestic violence and intimate partner violence as exclusively private matters; as a result, the actual number of cases are never known; 25.4% of women think partner (husband) violence is justified (MICS 2019), hence the under reporting. Within the COVID-19 context, Prolonged lockdown, loss of livelihood, scarcity of all basic needs' services, fear of insecurity has heightened all forms of VAWG, particularly at domestic levels reported in numerous reports, articles, and briefings. UN has declared VAW as a shadow pandemic of COVID 19. Cyclone Amphan has intensified the shadow pandemic and created a compounded effect on lives of the most marginalized intersections of the society.

Data shows, 65 percent respondents reported gender-based violence has increased in the communities after cyclone Amphan. Particularly, sexual violence/rape has increased as reported by 17 percent respondents. Damaged shelter, heightened anxiety and insecurity, loss of livelihood, very limited access to basic services are considered as reasons for the increase in percentage of violence against women and girls in the Amphan affected areas.

However, regarding seeking support for GBV, only 21 percent respondents reported to have access to GBV services (i.e health, legal, psycho-social). Respondents aged below 18 and women headed households have reported less access to these services in comparison to above 18 and male headed households. Additionally, respondents who are living in their own houses are higher in percentage to seek GBV services than those who are displaced from their shelter. This indicates that intersectional marginalisation perpetuates among the younger aged women from women headed households and displaced women pertaining to seeking services for GBV. On the contrary, 91 percent respondents reported to go to community leaders and women representatives of local government for help if any GBV case occurs. Safety to travel to seek services, non-functional services in the areas and not having enough money to pay are considered as significant reasons for not seeking GBV services.

CHILD MARRIAGE

Experiences from previous disasters show increased rate of child marriage in the affected areas. Without exception, data from the Amphan affected areas indicate child marriage is becoming one of the most significant safety security concerns among the respondents. Education institutions have been closed since March 2020 due to COVID 19 and respondents anticipate it will not be easy for students to continue education in the aftermath of

Amphan because of having to deal with the detrimental consequences of the cyclone. Not being able to continue education, loss of livelihoods of families, having significant safety security concerns for girls and women increased the risk of child marriage in the Amphan affected areas.

PROTECTION

Parul Begum is a single parent of two children, one of whom is a child with special needs/disability. She earned 150-250 BDT as a daily wage earner. She lost her only earning sources when nationwide lockdown was imposed in Bangladesh. Parul's situation became more fragile when Amphan hit. She lost her house which was her only belonging. She is in dire need of all basic lifesaving services.

EXPLOITATION

Gender inequalities induced by patriarchal social structures with power hierarchies exacerbates the exploitation of women and girls under different intersections during disaster when the essential life-saving services are not easy to access. 78 percent respondents reported that everyone in the community do not have equal access to basic services. Women, girls, persons-with-disabilities, and sex workers are among those at the bottom in terms of access to life-saving services. Reasons cited for this include: women's lack of access to information; offered services are not gender and diversity responsive such as inconvenient location; distribution time; male-led distribution; insecurities to travel; exclusion of the most marginalized women and girls like persons-with-disabilities, sex workers, ethnic groups to travel to take services. Additionally, patriarchal values-driven support prioritizes men over women, women's restricted mobility also perpetuates exploitation.

SAFETY

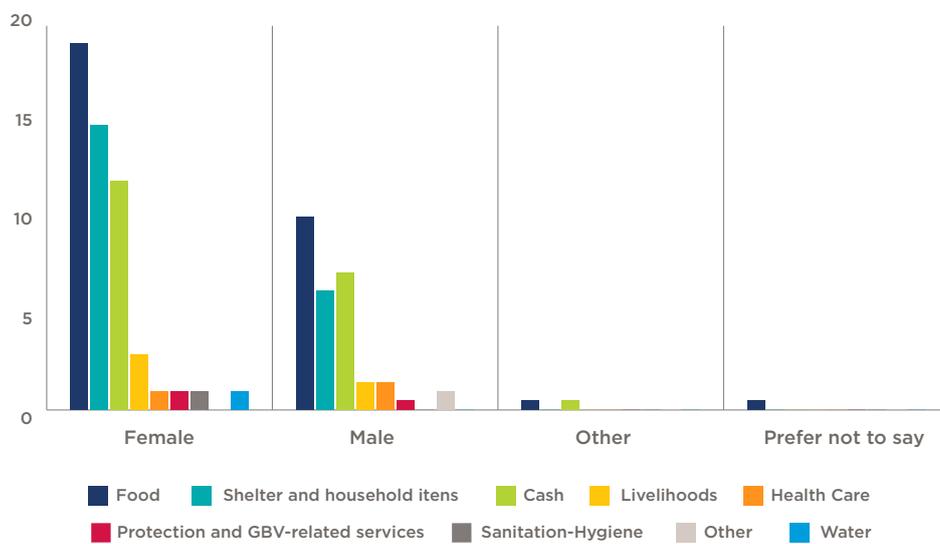
Safety is a crucial concern in the Amphan affected areas. 71 percent respondents reported that there has been an increase in security concerns since the emergency began. Domestic violence, rape/ sexual violence (particularly out-of-home), child marriage, trafficking, risk while traveling outside the community, going to access WASH facilities (toilets), lack of safe places in the community, lack of access to basic services, and lack of privacy have been cited as the biggest safety concerns for women and girls during this disaster. Additionally, numbers of unaccompanied children in the community are at a greater risk of all forms of violence particularly sexual violence, child trafficking and other forms of child abuse. The major protection needs expressed by the respondents include: women friendly safe spaces; safe latrines; hygiene materials; dignity kits; safe and protected houses; legal support; police support;

and women, pregnant women and lactating mother friendly shelters. Respondents also asked for long-term support for reducing VAWG, child marriage and drug addiction in the community after Amphan and COVID-19 situation.

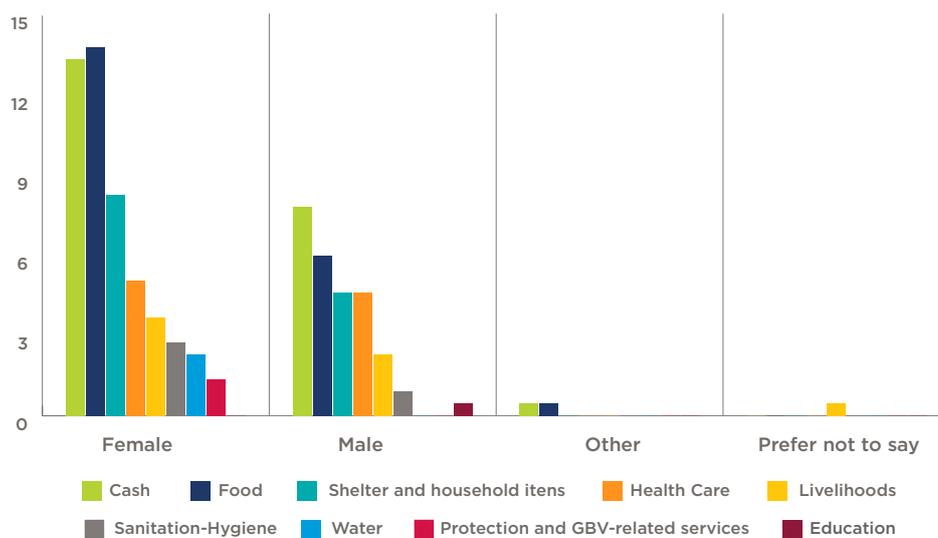
Milon Mollah (48) is a fisherman with two daughters and a pregnant wife from Sarankhola, Bagerhat. After cyclone Amphan hit their area, embankments collapsed and his house was destroyed. Salt water entered and inundated the community and his house. He is in a dire situation with his two daughters and his pregnant wife. They now live under the open sky. He fears for the safety of his female family members.

Needs and Aspirations

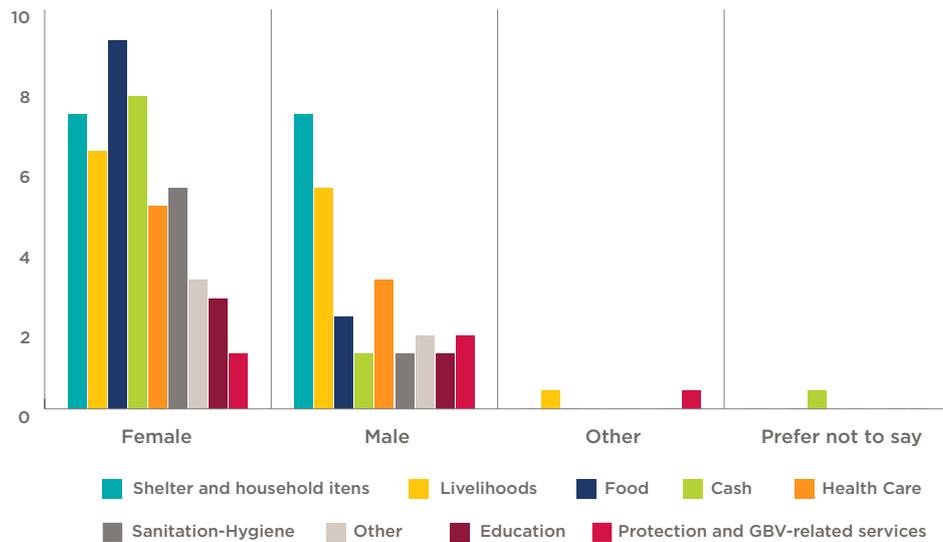
According to household survey data, female respondents indicated the 1st preference for Critical Needs as follows: Food (18%), Shelter (14%) and Cash (12%).



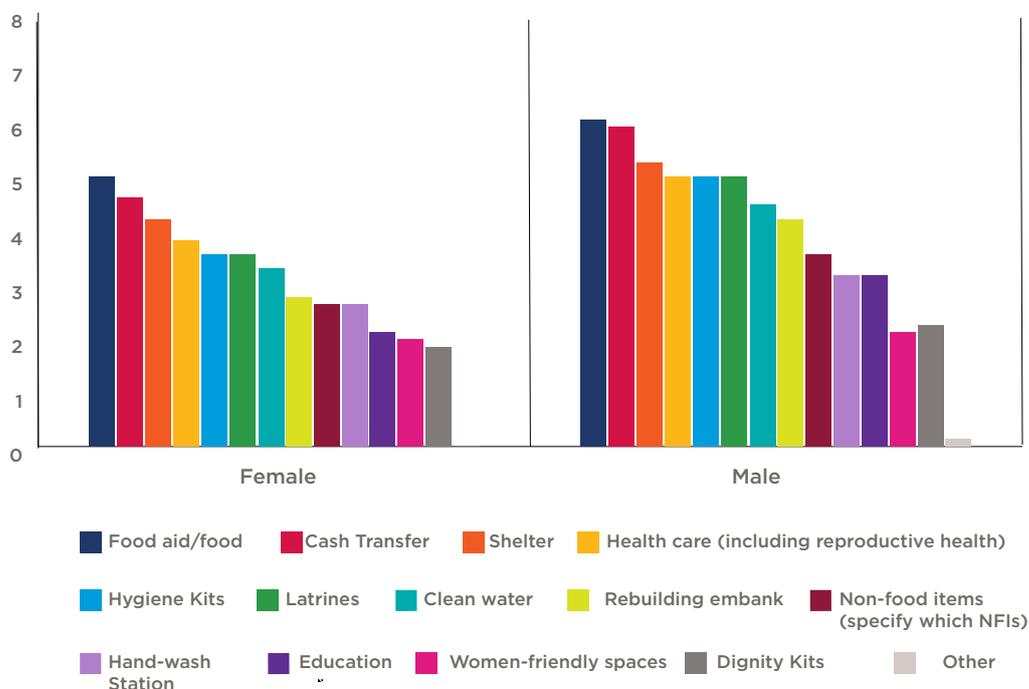
2nd preference for Critical Needs: Food (14%), Cash (13%) and Shelter (8%)



3rd preference for Critical Needs: Food (9%), Cash (7%) and Shelter (7%)



The findings indicate that household food security and livelihoods are severely affected due to loss of employment and damage of household food stock. It also highlights the staggering number of houses damaged and the number of people with no option but to live in makeshift places or under open sky. Respondents also indicated need for health care, sanitation, education, embankment repair, protection and GBV-related services and water. Particularly, there were sex workers that responded that lockdown and social alienation has forced female sex workers and their dependents to take refuge under open sky in the affected districts. According to KII respondents, the main and diversified needs of women and girls, include 5% food distribution, 4.6 % cash transfer, 4% shelter, 3.8% health care, 3.5% hygiene kits, 3.5% latrines, 3.3% clean water and 2.7% rebuilding embankments.



In order to maintain women’s menstrual hygiene needs, female respondents at the household level indicated that 36.6% women need reusable cloth, 13.4% women need washing and disposable facilities and 4% need disposable pads.

30% female respondents reported that hygiene needs are not being met due to scarcity of safe water, sanitation facilities, lack of income and access to essential personal and health management items. At the household level, female respondents reported to increase hygiene through the following needs: 11% washing power and savlon; 6% money and 6% pads.

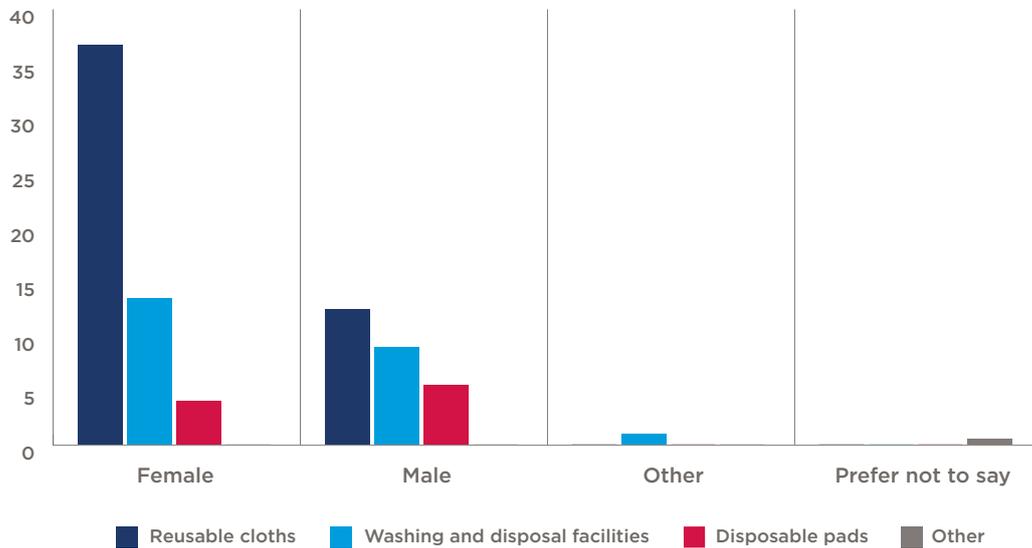




Photo: UN Women/Saikat Mojumder

Conclusion

CONCLUSION

As the COVID-19 situation worsens in Bangladesh, the increased loss of livelihood coupled with the burden of recovering and repairing homesteads post-cyclone Amphan, there is an increased likelihood of unrest within the household level and the wider community which will contribute to increased physical and sexual violence against women. Lockdowns due to COVID-19 had already resulted in an increase in global reports of gender-based violence which will be further exacerbated by the insecurities and threats brought on by the cyclone, where women, girls, persons-with-disabilities, sex workers and other at-risk marginalized groups find themselves in makeshift shelters or living under the open sky with little to no security.

Food and nutrition security are the foremost concerns and priority areas for households. Food shortages and prolonged reduction of meals by women and girls and lack of access to adequate food and nutrients will likely lead to compromised health conditions of women and girls,

particularly pregnant and lactating mothers which will create health conditions in the newborn children born in the aftermath of the cyclone.

Women's existing volume of unpaid care work and the already unequal division of labour in households has worsened due to the additional burden of recovering and repairing homesteads. Pre-existing gender and intersectional inequalities worsen in disasters as it disproportionately impacts those who are already struggling to access resources, particularly women, girls, and gender-diverse people from at-risk or marginalized groups. At the same time, disasters disrupt conventional ways of functioning and social norms which creates opportunities for women to enter the public sphere and challenge the status quo. This, in turn, helps humanitarian actors engage more women leaders in response and recovery activities.

Fundamental to understanding the two-fold impact of cyclone Amphan and the COVID-19 pandemic is identifying the different ways disasters like cyclones and pandemics affect people of different genders and at-risk groups. Only then can effective and equitable response and recovery plans be designed and implemented.

ANNEXES

Annex I – Household Level Analysis

Annex II – Key Informant Information Analysis

Annex III – Gender in Brief (CARE Bangladesh)

Annex IV – Tools and Resources Used

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- 1) Joint Needs Assessment Cyclone Amphan. Needs Assessment Working Group (NAWG). 2020. https://reliefweb.int/sites/reliefweb.int/files/resources/cyclone_amphan_joint_needs_assessment_final_draft_31052020.pdf
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- 3) Ownership and Control over Productive Assets Voices to Choices: Bangladesh's Journey in Women's Economic Empowerment. World Bank. May 2019, 63-93 https://elibrary.worldbank.org/action/showCitFormats?doi=10.1596%2F978-1-4648-1374-0_ch3
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The Gender in Humanitarian Action (GiHA) working group, under the Humanitarian Coordination Task Team, is comprised of focal points of each of the ten thematic clusters, and a few gender experts from other national and international NGOs. The aim of the group is to support the realization of gender responsive programming by mainstreaming gender equality in the work of each of the thematic clusters, inter-cluster working groups and the overall joint response and preparedness efforts throughout the humanitarian action phase (emergency response preparedness, assessment, analysis, strategic planning, resource mobilization, implementation, monitoring, review and lesson learning).

The focus areas of the GiHA WG are: Coordination, Technical Advice and Guidance, Advocacy, Assessment, Analysis and Monitoring, Information Sharing and Management. It is chaired by the Director General of Department of Women Affairs of the Ministry of Women and Children Affairs and co-chaired by UN Women.

About NAWG: The Needs Assessment Working Group (NAWG) is the platform for government and non-government humanitarian agencies under Humanitarian Coordination Task Team (HCTT) designated for multi cluster/sector Joint Needs Assessment(JNA) initiatives and humanitarian information management in Bangladesh. The secretariat of the Working Group is hosted by CARE Bangladesh under the Supporting Bangladesh Rapid Needs Assessment (SUBARNA) Project, funded by UKAID. The working group details and regular updates are available [NAWG webpage](#) on HR.info.