



# Bangladesh Rapid Gender Analysis

## The State of women, Bangladesh, Cox’s Bazaar, and COVID

As of 4 May 2020, 10,143 cases of COVID-19 have been confirmed in Bangladesh. To date, only 21 cases have been identified in Cox’s Bazar district, which is home to over 850,000 Rohingya refugees and extremely vulnerable host communities. Although no positive COVID-19 cases have been reported in the camps, this is likely to change soon. The conditions in the camps, including overcrowding, limited sanitation facilities and overburdened health system, have made the COVID-19 situation uniquely complex.

A COVID-19 outbreak in the refugee camps and neighboring communities will disproportionately affect women and girls and other vulnerable populations. Gender norms in both refugee and host communities limit women’s and girls’ ability to protect themselves from the virus and have a significant impact on prevention and response efforts. Refugees are reporting “rapidly deteriorating security dynamics within the camps between Rohingya and host communities” stemming from fears around COVID-19.

“My mother has to get permission from my father for everything. Mother cannot visit anywhere alone.”

-Child in Rohingya refugee camp

## Key Findings

### Risks for women are increasing.

- **Women are already being blamed for COVID-19, resulting in a rollback of women’s rights, including mobility, access to services and information.** Men, women, and community leaders in are blaming women’s “dishonorable” behavior as the cause of COVID, causing a backlash against women’s rights. Women are experiencing more behavior policing, mobility restrictions, and Gender Based Violence.
- **Underlying inequalities in health lower women’s immunity and put women at greater risk of COVID-19.** 45% of refugees do not get enough (or nutritious) food, and women have even poorer nutrition scores. Women and girls are more likely to have an illness serious enough to require medical treatment.

- **Women’s role in water puts them at incredible risk** for COVID-19 and GBV. Refugee women feel least safe in WASH facilities, but increased need for water and handwashing forces women to spend more time at crowded water points where they struggle to keep safe social distances. Increased trips for water and handwashing also puts women at increased risk of GBV.

### Women’s access is decreasing.

- Mobility restrictions and the reallocation of health resources to COVID-19 response is **reducing women’s access to life saving services**. 25% of healthcare workers report fewer women visiting health facilities, and 43% have heard of a pregnant woman or mother dying in the last week. Potential closure of women’s safe spaces and restricted access for humanitarians means that women and transgender people **are afraid to report GBV** and fear that when humanitarian actors cannot access the camps, **perpetrators will act with even more impunity**.
- COVID-19 means women are **further excluded from community decision-making**. None of the camp-in-charges (CiCs) who formally run the camps are women. Women in self-organized groups and female volunteers have faced high levels of harassment, threats and backlash.
- **Women have lower access to income and humanitarian services**. Less than half of male refugees allow their wives equal access to income. Men also have the power to refuse women the right to go to distribution points, so women cannot benefit as much from humanitarian aid.
- **Women’s access to information is highly dependent on men**, as information is primarily shared in markets and mosques that are mostly accessible for men. The women-friendly spaces and door-to-door awareness sessions that have been an important source of information for women on COVID-19 are closing as mobility goes down and female volunteers are more reluctant going door-to-door.

**Women are also emerging as leaders.** In 2019, women organized to run in camp elections and almost **half of leaders in the few camps that held elections are women**, including women with disabilities. Women’s networks and groups in camps and host communities have been leading community outreach and awareness raising messaging. They are also organizing women to produce cloth masks to protect community members and volunteers.

## Recommendations

- **Build on women’s leadership and activism** by consulting women and girls and helping them take on decision-making roles planning and implementing COVID-19 preparedness and response activities. Engage women volunteers, women leaders and women’s network to reach out to women and girls.
- **Monitor what is happening to women.** Collect and analyze sex, age and diversity disaggregated data on infection rates and prevention and response activities. Develop and monitor specific gender indicators in all sectors’ preparedness and response plans, to assess interventions’ impact, trends and reach. Ensure all assessments specifically look at impacts for women, girls, and marginalized people.
- **Prioritize keeping women informed.** Ensure all women frontline workers have information, services and tools to protect themselves. Distribute targeted messages based about COVID-19 and about GBV services through women-friendly channels, including door to door visits by female volunteers.
- **Prepare for, mitigate and respond to backlash against women.** Engage religious leaders who support women’s empowerment to design solutions and spread messages on preventing GBV, promoting gender-equal household dynamics, and reducing social stigma around women exercising their rights.
- **Do not divert resources away from lifesaving sexual reproductive health and GBV services** and ensure women and adolescent girls can still access those. Ensure the presence of female staff in all health facilities, especially isolation, shielding and treatment facilities. **Adapt GBV services and referral pathways** to address new restrictions on movements and access to services.

This policy brief summarizes the [Bangladesh Rapid Gender Analysis](#), written by Marie Toulemonde on May 7, 2020. The RGA was written in partnership with the ISCG Gender Hub, UN Women, and Oxfam.