



RAPID GENDER ANALYSIS OF FLOOD SITUATION IN NORTH AND NORTH-EASTERN BANGLADESH

Gender in Humanitarian Action Working Group
Bangladesh

June 2022

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
-------------------	---

I. INTRODUCTION	5
-----------------	---

1.1 Situation overview	5
------------------------	---

1.2 Objectives	5
----------------	---

1.3 Methodology	5
-----------------	---

II. KEY FINDINGS AND ANALYSIS	6
-------------------------------	---

2.1 Demographic impact	6
------------------------	---

2.2 Key impacts and emerging issues of access to shelter and its safety, security and protection aspects	6
--	---

2.3 Key impacts and emerging issues of access to food and income	8
--	---

2.4 Key impacts and emerging issues of access to reproductive health services	10
---	----

2.5 Key impacts and emerging issues of access to WASH facilities	11
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REFERENCES	13
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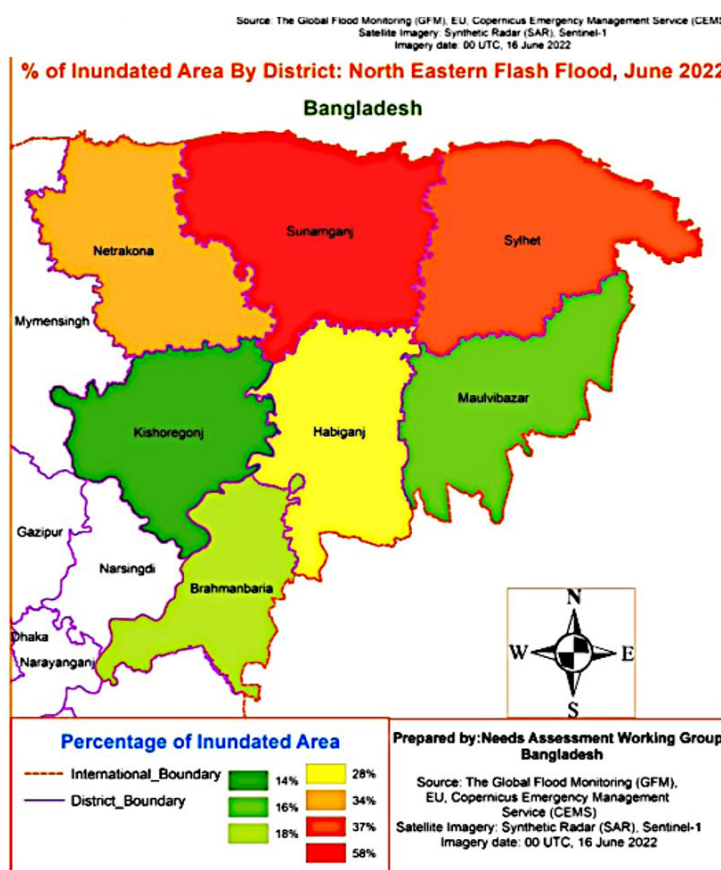
EXECUTIVE SUMMARY

The third wave of flash floods in June 2022 devastated the north-eastern part of Bangladesh, especially Sylhet and Sunamganj districts. According to the Flood Forecasting and Warning Centre (FFWC), approximately 94 per cent of Sunamganj and over 84 per cent of Sylhet are submerged. The Divisional Health Director, Himangshu Lal Roy, reported on 21 June that a total of 22 people had died in Sylhet Division since 15 June (Dhaka Tribune). Of the 7.2 million people affected in seven districts, 50 per cent are women and girls (3.6 million); and 107,399 are people with disability. Northern districts have also been inundated with floods and floodwaters continue to rise. Of the 3.7 million people affected in 11 districts in the northern region, 1.9 million are women and girls.

Sunamganj District has been completely disconnected from the rest of the country. Damage to mobile network towers has interrupted communication access to Sylhet and Sunamganj Districts, and electricity has been cut off. Many markets and local shops were flooded which disrupted market functionality and the supply chain of essential commodities in Sylhet and Sunamganj Districts. Health facilities at the Upazila level, Upazila Health Complex, Community Clinic, and Union Health and Family Welfare Centre are impacted significantly due to the flood.

According to the Ministry of Disaster Management and Relief, 340,632 individuals have been evacuated to 947 centres in Sylhet and Sunamganj Districts till 21st June. And 80 per cent of evacuated individuals are women, adolescent girls, older people and children. However, the evacuation centres/ flood shelters are not equipped with the required provisions to ensure the safety and security of women, girls and children. All high-rise buildings, particularly in towns / pourashavas are being used as temporary shelters without

adequate safety and security measures. Survey data from May 2022 found that 36.2 per cent of respondents in Sylhet District and 41.5 per cent in Sunamganj District view GBV as a potential cause of mental distress among the affected population.



*In the inundation area calculation for Kishoregonj Flood Extent Considered as most of the areas in Kishoregonj are Haor in terms of rest of the districts mainly considered water extent for inundated area calculation

Though 140 medical teams are providing treatment in affected areas, it is difficult to address the need for safe delivery and other reproductive health services due to the unavailability of health workers, midwives and birth attendants.

60 per cent of women, who depend mostly on day labour and tending livestock for their livelihoods, lost their income, while 40 per cent of affected women experienced damaged cooking utensils. There is no food stock in most affected households, and they are taking meal a day if they get dry food as a relief. But food relief is not sufficient to cover all affected households. The flooding has caused a serious reduction in nutritious food intake among women and children whose health condition is already a serious concern.

Flood shelters typically do not have separate room facilities for women and men, including water, sanitation and hygiene (WASH) facilities, and they lack sufficient lighting. According to NAWG, women in in Sunamganj and Sylhet Districts (57.3 per cent and 61.9 per cent respectively) experienced physical suffering/difficulty in maintaining personal and menstrual hygiene.

Broadly the findings of the analysis suggest taking the following immediate actions: mitigate GBV and protection risks for the most vulnerable groups; ensure food security and provide financial support for targeted vulnerable groups; and provide lifesaving essential services, such as sexual and reproductive health care and WASH facilities.

	Immediate recommendations	Long-term recommendations
Access to shelter and its safety, security and protection aspects	<ul style="list-style-type: none"> Provide emergency support to repair damaged homes and provide in-kind and cash assistance for permanently displaced people Advocate with Union WATSAN Committee, UDMC and DDMC to establish and/or expand safe spaces, secure bathing spaces for affected women and adolescent girls and breastfeeding corner in the evacuation shelters (advocacy must be done by local actors) and community with provisions of GBV case management, referral and psychosocial support Provide orientation on gender concerns for rescue volunteers and guards working on shelter management Deploy women volunteers to manage the women's breastfeeding corner 	<ul style="list-style-type: none"> Develop a well-equipped, gender, protection and inclusion-sensitive front-line workforce (including PIO/DDRO, field officials, CPP/FPP and other community volunteers including adolescents and youth) Advocacy with MoDMR to include of safe and secure bathing spaces, breastfeeding corner for women and girls in all flood shelters Ensure disaster management committees discuss the situation and needs of women, girls and gender-diverse groups in their periodic meetings to follow up and plan new initiatives
Access to food and income	<ul style="list-style-type: none"> Provide essential food packages and multipurpose cash grant, in particular to pregnant and lactating mothers, children, widows, women headed households, and older people to meet food security and nutrition requirements Provide cash for work schemes to engage more women labour. 	<ul style="list-style-type: none"> Provide cash grants and interest-free or low-interest loans for women and women headed households for restoring livelihoods Provide interest-free loans to women who run small- and microenterprises Provide support for a women-friendly market distribution system, supply chain and value chain system.

	Immediate recommendations	Long-term recommendations
Access to reproductive health services	<ul style="list-style-type: none"> • Ensure antenatal care for pregnant women, identification of complications and timely referral including transportation and/or cash support for transportation • Ensure safe delivery for pregnant women • Ensure essential supplies for safe delivery if women are not able to come to the facility • Distribute menstrual hygiene management and reproductive health kits to women, and adolescent girls, including to persons with disabilities in particular to meet menstruation needs and raise awareness on sexual and reproductive health issues • Ensure medical teams include a women doctor. 	<ul style="list-style-type: none"> • Health-care facilities need to have enough health-care workers and midwives to provide 24/7 services, as well as medical supplies and equipment to provide treatment and care to patients with sexual and reproductive health and emergency obstetric conditions
Access to WASH facilities	<ul style="list-style-type: none"> • Rehabilitate water points, tube wells, rainwater harvesting systems and water treatment plants • Repair/reconstruct damaged latrines/ new temporary latrines for the most vulnerable people, including people with disabilities and older people • Put in place safety and security measures in flood shelters for women, girls and children, including well-maintained and separate WASH facilities • Provide menstrual hygiene management kits and sanitary napkin/ pad disposal mechanisms in the shelters and develop behaviour change messages 	<ul style="list-style-type: none"> • Promote hygiene awareness campaigns with the use of mikes and conduct hygiene education sessions while maintaining social distance • Build the capacity of women, girls, and gender-diverse groups to uphold their leadership role for gender-friendly water safety plan

INTRODUCTION

1.1 Situation overview

Heavy monsoon rains, including from upstream north-eastern India, have inundated large parts of the Sylhet Division, marooning millions of people and triggering a humanitarian crisis. Flash floods swept away homes and inundated farmlands, and families have been forced to seek shelter on higher ground and in temporary flood shelters, while power cuts are making life miserable. According to the Flood Forecasting and Warning Centre, around 94 per cent of Sunamganj district and over 84 per cent of Sylhet district are submerged. Experts considered the flood worse than the ones they had experienced in 1998 and 2004. The crisis struck at a time when the people of the division were recovering from unexpected recent floods that hit in late May. An estimated 7.2 million people are impacted by this sudden flash flood and water congestion in seven north-eastern districts of Sylhet, Sunamganj, Moulivazar, Habiganj, Netrakona, Kishoreganj and Brahmanbaria. Many households are isolated due to floods, while some have taken shelter in open areas. At the same time, northern districts have been inundated with floods also. According to the Flood Forecast and Warning Centre, 10 days' probabilistic forecast on 16 June showed that the flow is likely to cross the danger level on 18–19 June and continue to rise. The forecast also predicted the peak will be on 23–24 June, and it may reach the danger level +0.7 metres at the Bahadurabad point. Based on the probability of flood exposure data from the Global Flood Awareness System (GLOFAS) and pre-crisis data from various sources (INFORM Risk Index, Start Fund Inter-agency contingency plan etc.) it is estimated that 3.7 million people might be impacted by floods of between 2 and 5 years return period. Floods might impact as many as 133 unions of 38 subdistricts under 11 districts in the north-west region, and Kurigram and Sirajgonj districts are likely to be severely impacted.

1.2 Objectives

The present rapid gender analysis has the following key objectives:

- To analyse and understand the different impacts of the flood on women, men, girls, boys and gender-diverse groups in the most affected districts;
- To inform flood response programming based on the different needs of women, men, girls, boys and gender-diverse groups in the most affected areas;
- To facilitate advocacy for a more gender responsive preparedness, response and recovery plan.

1.3 Methodology

The present rapid gender analysis is based on preliminary findings from Key Immediate Needs and Situation Analysis in North-Eastern Flash Flood, Situation Overview and Anticipatory Impact Analysis of Monsoon Flood in North-West and Key Immediate Needs and Preliminary Impact Assessment of North-Eastern Flash flood by NAWG and triangulated with secondary data of the Government. Furthermore, the civil society partner of the Gender in Humanitarian Action (GiHA) working group and NAWG members have supplied quantitative and qualitative data from the field. The assessment was conducted between 20 and 21 June 2022. To do this preliminary analysis in a short time to assist the humanitarian practitioners in designing gender-responsive humanitarian programming, the focus has been given to four key areas: i) access to shelter and its safety, security and protection aspects; ii) access to food and income; iii) access to reproductive health services; and iv) access to WASH services.



KEY FINDINGS AND ANALYSIS

2.1 Demographic impact

Not all areas were affected equally in terms of the number of impacted people. 72 million people of 410 unions of 53 Upazillas under 7 districts in north-eastern Bangladesh were impacted due to

inundation and Sylhet and Sunamganj districts have the highest exposure. In north-western Bangladesh, 3.7 million people in 11 districts were exposed to flood situations and Kurigram and Gaibandha districts were highly impacted.

Sex, age and disability disaggregated data

North-eastern districts	North-western districts
Total affected women – 3.6 million	Total affected women – 1.9 million
Total affected older people – 0.3 million	Total affected infants and children – 0.59 million (age 0–59 months)
Total affected people with disability 107,399	Total affected children and adolescents – 1.26 million
	Total affected older people – 0.16 million
	Total affected people with physical disability – 56,928

2.2 Key impacts and emerging issues of access to shelter and its safety, security and protection aspects

Sunamganj and Sylhet Districts

According to the NAWG Primary Assessment, the flash floods in the north-eastern part of Bangladesh have resulted in significant displacement across approximately 33 unions in both Sylhet and Sunamganj districts, with displaced persons taking temporary shelter predominantly with relatives, in government evacuation centres and educational institutes. As of the daily Disaster Report by MoDMR, 947 shelters are accommodating 340632 people. There are a total of 65,087 marooned families, about 72 per cent of the people in the affected areas live in katcha housing. According to the NAWG preliminary assessment, it is reported that in a total of 13 per cent of assessed unions, most of the houses

(more than 60 per cent) in the respective unions have been damaged either fully or partially. In 21 per cent of assessed unions, many houses (between 40 and 60 per cent) have been impacted. Since most of the areas were inundated, many people have been displaced. Some ‘D form’ says secured places for women have been confirmed, but it was revealed from the conversation with local people that numbers are insufficient for huge number of displaced people.

People whose houses were damaged and destroyed have lost their usual living space, and they are facing difficulties to ensure a minimum living space with dignity, privacy, and protection, especially for women and adolescent girls. Many households

are isolated due to road damage, while some have taken refuge in open /dry areas. The safety and security of women and girls in those households are at high risk. The duration of shelter stays might be prolonged due to the crisis. In terms of protection, few shelter facilities can ensure safety and security for women and adolescent girls and safe WASH facilities for women and girls. In most shelters, there are no separate spaces for women and girls. The Preliminary Impact assessment already indicated that the impact of the flood on households will drive causes of early marriage and the most affected district Sunamganj has the highest child marriage prevalence – 41.9% in the region. 200 street-based sex workers were severely impacted and in need of urgent support. No information is available on the condition of other marginalised communities – transgender, and people living with HIV (PLHIV) in the affected region.

Kurigram

In Kurigram district a number of houses were washed away by the strong current of the Dharla River, while erosion took a serious turn in many areas, putting houses, educational institutions, roads and flood protection dams at risk. According to information from the Government, 60,000 people are marooned; 35,000 people have been displaced from 49 villages of Roumari Upazila in four unions. In low-land areas, people took shelter on high roads and embankments with their livestock. 361 shelters, including educational institutions, are ready if needed. But it is not clear from the DDMC meeting minutes if arrangements were made for separate spaces for women and girls.

Gaibandha

In Gaibandha district, Saghata Upazila is mostly affected, yet people are staying at home. Volunteer groups are ready to rescue people and evacuate them to the shelters if needed. Considering the current situation, shelters are not completely safe for women, girls and people with disabilities, since separate toilets are not available. Schools are used as shelter in the Char areas.

Key recommendations

Short term

- Provide emergency support to repair damaged homes and provide in-kind and cash assistance for permanently displaced people;
- Advocate with Union WATSAN Committee, UDMC and DDMC to establish and/or expand safe spaces, secure bathing spaces for affected women and adolescent girls and breastfeeding corner in the evacuation shelters (advocacy must be done by local actors) and community with provisions of GBV case management, referral and psychosocial support
- Provide volunteers working on shelter management with orientation on gender concerns;
- Deploy women volunteers to manage the women’s breastfeeding corner;
- Prioritise support to marginalized groups such as transgender groups, sex workers, and PLHIV
- Provide training and orientation to enable volunteers to serve as security guards in shelters to mitigate the risk of GBV, sourcing volunteers from Ansar/VDP and local youth groups;
- Provide counselling for affected women and girls to increase their confidence to adapt to the existing situation.

Long term

- Renovate flood shelters to be women friendly so that people will be willing to stay in the shelters;
- Ensure disaster management committees include women and girls’ issues in periodic meetings to follow up and plan new initiatives;
- Train volunteers and arrange separate washrooms for women and girls in the shelter (local government and non-governmental organizations);
- Host regular dialogues with local union parishad is needed to ensure the safety of women, girls and children in shelters;
- Advocacy with DDM and MoDMR for the establishment of breastfeeding corner and safe and secure bathing spaces for women and girls in all flood shelters.

2.3 Key impacts and emerging issues of access to food and income

Sunamganj and Sylhet

Poverty data from Bangladesh show that almost 20 per cent of households in Sunamganj district live below the extreme poverty line, whereas, in Sylhet district, 6.5 per cent of the population lives below the poverty line.

Sunamganj and Sylhet districts faced emergency-level threats to food security and nutrition even before the disaster. According to the Bangladesh IPC Chronic Food Insecurity Report (June 2022), around 35 per cent of the population of Sunamganj district (969,119 people) experienced moderate to severe chronic food insecurity (IPC CFI levels 4). The recent third wave of flash floods threatened food and nutrition security in all affected Upazilas as 94 per cent of the affected areas witnessed the greatest cataclysm; many human casualties and deaths of animals, losses of livelihood, agricultural production as well as damage to infrastructure, communication and the functionality of the local markets and supply chains of essential commodities, transportation and communication have been severely affected which may contribute to increased food insecurity.

In both districts, 6 out of 10 households rely on low-value and unsustainable livelihood sources such as unskilled day labour (both agriculture and non-agriculture) or traditional/subsistence fishing, which often generates inadequate and unpredictable income. People do not have access to diversified work opportunities. On top of the existing livelihood and income crisis, the third wave of flash floods has largely affected agriculture and associated livelihoods. In Sunamganj, satellite observation as of 17 June identified approximately 266,137 hectares of damaged croplands (WFP ADAM). In these circumstances, there is a high risk that women and girls will adopt negative coping strategies (taking loans; child marriage; decreasing meals particularly women and girls, selling assets like chicken, goats, and jewellery) and people



are at risk of losing all household assets. The loss of livelihoods will strike women hardest, taking away their fundamental rights, including decision-making and access to services. In many cases, lack of income has triggered violence against women and girls. Domestic violence and early and forced girl child marriage are the most common forms of GBV.

Kurigram

Due to the frequent disasters experienced every year, approximately 40 per cent of the population in the Kurigram district (928,640 people) is experiencing moderate to severe chronic food insecurity according to the Bangladesh IPC Chronic Food Insecurity Report (June 2022) (IPC CFI levels 3 and 4). High rates of poverty and recurrent disasters impact the quantity and quality of the food consumed by the people of Kurigram district. Almost 75 per cent of women do not consume an adequately diversified diet. Despite surplus rice production and the availability of other food items in the market, groups with lower incomes and higher rates of poverty, such as day labourers, have limited financial access to preferred quality and quantity of food. It is worth mentioning that

45 per cent of the population were classified in IPC CFI levels 3 and 4 in 2014 which decreased by five percentage points to 40 per cent in 2019.

As a result of the recent flood, the fisheries department has lost 53 crores and 74 lakh taka. Around 115 metric tons of fish have been washed away from 742 ponds owned by 705 fish farmers. Moreover, crops have been submerged in 10,794 hectares of land and livestock has been damaged worth 11.5 lakh taka. More to the point, more than 11 lakh and 52,000 taka have been lost due to the submergence of poultry, cattle pastures, fodder and grains. Vegetable production, which is a key livelihood of rural women, has suffered significant damage due to the inundation, adversely affecting women's livelihoods and the nutrition status of the population. Household food availability and utilization of food are seen to be challenging as women in 92 per cent of Unions face difficulty in cooking food due to lack of fuel wood, stoves and necessary utensils in addition to lack of food items to cook. In this area, more than 95 per cent of the households rely on solid cooking fuel – mostly wood and cow dung.

Gaibandha

Gaibandha district is prone to recurrent floods and riverbank erosion which has an adverse impact on livelihoods and crop production. Between 2014 and 2022, approximately 30–50 per cent of people were affected each year by flood and riverbank erosion. People of the district are heavily dependent on agriculture and more than 60 per cent of the population has unsustainable sources of income. One in five non-farm households is landless. Approximately 4 in 10 households live below the poverty line, of which the majority live below the extreme poverty line.

According to the Bangladesh IPC Chronic Food Insecurity Report (June 2022), the population of Gaibandha district was experiencing moderate to severe chronic food insecurity (IPC CFI levels 3 and 4). The data revealed that more than 60 per cent of children and more than 70 per cent of women consumed an inadequately diversified diet, which contributed to the high number of moderately or severely stunted children. Local production of different varieties of rice is much higher than

required, but the purchasing capability of lower-income groups is limited, in particular during the lean season (the period between planting and harvesting crops) and following disasters (floods, riverbank erosion), contributing to chronic food insecurity.

The recent flood has worsened food insecurity. As of 19 June 2022, according to the Upazila Nirbahi Officer of Rowmari, a total of 18,350 families and 55,050 people have been affected by floods in six unions of the Upazila. Sources of the Upazila Agriculture Office of Rowmari reported a total of 3,415 hectares of cropland, including paddy, jute, mole and vegetables, have been affected by floodwater.

Such disruptions in agriculture and livelihood lead to food scarcity, in particular for women and marginalized groups. At a household level, increasing food insecurity will impact women headed households, adolescent girls and pregnant women the most; approximately 80 per cent of unions indicated that women and girls suffered from irregular food intake or skipping meals.

It is important to note that, due to a lack of adequate sex, age and disability disaggregated data (SADDD), the situation of women, girls and the gender-diverse population is not addressed properly in the assessment reports of the Government, non-governmental organizations and the media. Most of the data and the information related to flood-affected people are generalized and do not reflect the different impacts on livelihood and income for men and women. The data do not provide necessary scenarios of hazard exposures of different groups of people, including person with disability, ethnic and religious minorities, older people, children, youth, adolescent girls, sex workers, gender-diverse groups, women headed household and people with different sexual orientations.

Key recommendations

Immediate

- Provide essential food packages and multipurpose cash grant, in particular for pregnant and lactating mothers, children, widows, women headed households and older people, to meet food security and nutrition requirements;
- Provide cash for work schemes to engage more women labour. Initiate cash and food for work programmes in restoring household livelihood and food security.

Long term

Meaningful and productive income-generating activities are needed to ensure a life with dignity.

- Provide cash grants and interest-free or low-interest loans for women and women headed households for restoring livelihoods;
- Provide interest-free loans to women who run small- and microenterprises;
- Provide support for a women-friendly market distribution system, supply chain and value chain system.

Promote adequate nutrition

- Link nutrition and livelihood activities, and support affected populations with knowledge and inputs to grow nutritious foods on a small scale for household consumption.
- Address harmful gender norms through activities held with women and men to facilitate discussions and raise awareness and target minority families given that they may be less likely to seek medical assistance.

2.4 Key impacts and emerging issues of access to reproductive health services

It is estimated that 60,000 women are currently pregnant in Sunamganj and Sylhet districts. More than 6,500 births are expected to take place in July 2022 and more than 20,000 births will take place in September 2022. According to the Situation update by Nutrition Cluster, approximately 21,200 pregnant and lactating women will be out of nutrition services. The flood had a significant impact on health facilities at the Upazila level, including the Upazila Health Complex, Community Clinic and Union Health and Family Welfare Centre.

Sylhet

There are 140 medical teams deployed currently in the field. Emergency transportation is required for the rescue and referral of pregnant women from the community or shelters to Sadar hospital.

Sunamganj

The district has one of the poorest rates of antenatal care (29.6 per cent), and it is completely submerged and disconnected. There are 123 medical teams deployed in duty stations.

Key recommendations

Immediate

- Ensure antenatal care for pregnant women, identification of complications and timely referral including transportation and/or cash support for transportation;
- Ensure safe delivery for the pregnant mothers;
- Ensure essential supplies for safe delivery if the women are not able to come to the centre;
- Distribute menstrual health/hygiene management kits to women, and adolescent girls, including particularly to persons with disabilities to meet menstruation needs and raise awareness on sexual and reproductive health issues;
- Ensure every medical team includes a women doctor.

Long term

- Health-care facilities need to have enough health-care workers and midwives to provide 24/7 services, as well as medical supplies and equipment to provide treatment and care to patients with sexual and reproductive health and emergency obstetric conditions.

2.5 Key impacts and emerging issues of access to WASH facilities

Water and sanitation facilities have been severely affected, in particular in Sunamganj and Sylhet districts. Flash floods inundated and destroyed WASH infrastructure and contaminated water sources in 67 unions that now lack access to safe drinking water. In this situation, most of the areas in Sylhet and Sunamganj districts are at risk of an outbreak of waterborne diseases, and many people have been displaced. The number of WASH facilities in flood shelters is not adequate, and facilities are insufficient to ensure privacy, security and dignity for women, girls, people with disabilities and children. Girls and women are in an acute situation due to the lack of menstrual hygiene management kits. Evacuated people have stated that they lack separate WASH or sanitation facilities for women and men, lighting is inadequate as the power supply has been shut off, menstrual hygiene supplies are totally absent; there are no facilities to provide privacy for bathing and breastfeeding, and the lack of separate space for women and girls has created an unfavourable environment for those who must stay overnight in shelters.

Anecdotal evidence from the field indicates the urgent need for the following WASH infrastructure:

- Separate WASH or sanitation facilities for women and men;
- Adequate lighting or electricity in shelters, as inadequate lighting is a safety concern for women and girls in particular;
- Menstrual hygiene amenities;
- Privacy for bathing and breastfeeding and separate spaces for women and girls as the lack of separate spaces often leads to women not spending the night in shelters.

Recommendations

Immediate

- Restoration of water points, tube wells, rainwater harvesting systems and water treatment plants;
- Repair/construction of damaged latrines/new temporary latrines for the most vulnerable people, including person with disabilities and older people;
- Provide behaviour change messages at WASH service points, in particular in health-care facilities and shelters;
- Provide menstrual hygiene kits and sanitary napkin/ pad with disposal mechanisms in shelters and develop behaviour change messages (GBV, WASH, nutrition practice);
- Enhance coordinating and monitoring community interventions in the most affected areas, as well as areas with heightened cases of coronavirus disease (COVID-19) (in coordination with the health cluster);
- Provide orientation on gender-related concerns and protection issues for the response staff and volunteers.

Long term

- Promote hygiene awareness campaigns with the use of mikes and conduct hygiene education and menstrual hygiene management sessions while maintaining social distance;
- Hold capacity-building discussions with community members, including girls, women and other people at risk, on disaster and water safety plans;
- Assess the effectiveness of the behaviour change interventions and their sustainability.

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The Gender in Humanitarian Action (GiHA) working group, under the Humanitarian Coordination Task Team (HCTT), is comprised of focal points from thematic clusters, and a few gender experts from 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, intercluster 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. Director General of Department of Women Affairs of the Ministry of Women and Children Affairs chairs the working group UN Women.

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