Gender Analysis
Monsoon Flood 2019

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1. Context

1.1 Flood, July 2019

Bangladesh is one of the most disaster vulnerable countries in South Asia with flood topping the list of most common form of disaster occurring almost every year with varying intensities. As a riverine and agrarian country the country actually needs some flooding to thrive. However, flood turns into a crisis when the flooding over flows and infiltrates into human habitation disrupting normal lives weeks together, disrupting the very agriculture cycle that needs it, and cause extensive damage to the crops, employment, livelihoods, and national economy. Due to various anthropogenic reasons including climate change, excessive flooding has become a regular phenomenon. In 2016 the monsoon flood affected 19 districts claiming 109 lives; similarly 2017 flood took 121 lives affecting 31 Districts. Even last year, 145 lives were lost with early flooding starting in April 2018. Number of people affected in these floods reached upto 8 million[1].

The flood is caused mostly by flood waters from upstream and rain inside country. This year India and Nepal have been struggling with devastating flood effecting 12.6 million and 6.9 million people respectively in Nepal. We are still in the middle of monsoon season, which means there is chances of fresh spells of rains and flooding increasing people’s misery and devastation further. In 2019, the flood alert was set out in the North, North Eastern, and South Eastern part of Bangladesh in the second week of July, gradually engulfing more areas as the days passed. Two major river systems namely Jamuna & Teesta have reached their highest water level compared to its previous record over the last 100 years. So far 28 Districts have been inflicted, of whom 13 are badly affected with Kurigram, Jamalpur, Gaibandha, Sirajganj, Sunamganj, Bogura and Bandarban taking the maximum brunt of it. Total population affected so far is 7.6 million. Till 28 July 119[2]people died, major cause being drowning. Water level in most of the rivers have gone down by end July.

1.2 Gender-based Inequalities, Vulnerabilities, and Capacities in Disasters

Gendered differences have thus been noted in the loss of livelihood opportunities, as well as deprivation from relief materials, sexual harassment and little scope of participation during many response or management activities. A study by ADB (2014) found that in societies where the socioeconomic status of women is low, natural disasters kill more women than men—both directly and indirectly through related post-disaster events. Also, disasters kill more women at a younger age than men. Women’s lower socioeconomic status leads to unequal access to opportunities and unequal exposure to risks making them more vulnerable to natural disasters (Neumayer & Plumper, 2007). Women’s reproductive and care-work are almost always doubly burdened by disasters. Cooking, cleaning, caring for children and elderly are all made harder with disastrous condition. Women are expected to undertake the majority of household, childcare and overall caring work[3]. Women and girls for instance travel long distances by boat or raft or simply wade through waist deep water to fetch drinking water from a far, since the tube-wells nearby are often inundated. Most women also combine.

[1] https://reliefweb.int/disaster/fi-2016-000075-bgd
[2] Dept of Health
the care for the children and elderly with their domestic and income earning activities. The additional responsibilities mean additional impediments to their ability to work for livelihoods.

Women and girls are approximately half of the population in Bangladesh and constitute the bigger portion of the vulnerable section of society to all sorts of disasters. Their socio-economic condition, cultural and traditional societal roles, and minimum access to resources including information and knowledge to cope with disasters all result in their greater vulnerability. These are closely linked to the role and responsibilities of both women and men at home and in society. These roles define different identities, social responsibilities, opportunities, barriers, attitudes and expectations. Such differences in most cases are not favourable to women and lead to gender inequality along the whole continuum of socio-economic development, including various types of vulnerability before, during and after disasters, and differential ability to reduce the risk and respond effectively.

It is notable that women and girls’ opportunities and public participation in Bangladesh have been changing significantly in recent decades[1], however, there are still formidable challenges for them including gender-based violence (GBV). GBV ranges from acid throwing, physical and psychological torture, sexual harassment, sexual assault, rape, related violence, trafficking, forced prostitution, coerced suicide and murder. According to the VAW survey 2015 of BBS ‘almost two thirds (72.6%) of ever married women experienced one or more forms[2] of violence by their husband at least once in their lifetime, and 54.7% experienced violence during last 12 months. In addition to intimate partner violence, women are also exposed to other kinds of violence including sexual harassment in the workplace, violence inflicted due to non-fulfillment of dowry demand, pregnant women’s deaths associated with violence and injuries, trafficking, rape and acid-throwing. In families, girls are often considered burden, especially in poor households, as such are at risk of early marriage, and where the practice of dowries, though illegal, continues making the lives of the girls and their parents all the more harrowing. The traditional practices of women eating last results in 30% of the women being chronically malnourished.

The practice of ‘purdah’[3], more pronounced in rural areas, requires the physical segregation of females and males and often restricts women’s mobility and social and economic activities. Purdah (or veiling) remains a contested practice with regards to whether it serves as a vehicle of empowerment or discrimination for women, with some declaring that burkas[4] (head to toe covering in practicing purdah) allow for better freedom of movement in Bangladesh[5].

Nonetheless, because women are less mobile due to strict gender codes of social behavior, they would have lesser chances to escape from flood.

[1] For example, WV 0bserves that major progress has been made in closing the gender gap in school enrollments at both primary and secondary levels: girls currently outnumber boys’ enrolment. Many women are now members of the local government councils that have important responsibilities for rural and urban development. The rapid growth of the garment industry has provided a large number of formal sector jobs for women, who comprise more than 90% of its labor force. This has significantly contributed to Bangladesh’s annual GDP growth rate of more than 5% over the past decade.

[2] The survey measured five forms of violence: physical violence, sexual violence, economic violence, emotional violence, and controlling behaviour

[3] Purdah, which literally means “curtain”, is the practice of preventing women to be seen by men other than their husbands.

[4] also known as chadri or paranja in Bangladesh and other countries in Central Asia is an enveloping outer garment worn by women in some Islamic traditions to cover themselves in public, which covers the body and the face

affected areas. This is exacerbated by the fact that women are traditionally expected to take permission from male counterparts to go outside home.

Destitute women, without any employment, and compelled to migrate elsewhere, face the most acute conditions of physical and social insecurity[1]. FHHs find it extremely difficult to ensure food and drinking water security when they struggle to live in flooded condition. In flood affected areas FHHs are often on increase as the male counter parts leave the flooded areas in search of employment opportunities, often never to come back.

Women are also subjected to increased violence during the disaster periods. Married women mentioned an increase in domestic violence, specifically physical and psychological forms of violence. Sexual harassment including forced sex, sex for food, rape at home and in shelters were also reported by women and girls[2]. Many women and girls do not take refuge in shelters during disasters due to lack of personal security. The effectiveness of state mechanisms to provide security for women in disaster shelters around the country is limited and women and girls with a disability are the worse off[3]. Thus, cultural and traditional factors significantly influence how women and men cope with disasters.

Because women are often not allowed to participate more freely in the public sphere, they are less likely to receive critical information for emergency preparedness. Negative aspects of gender roles and responsibilities on the one hand and power structure both within the household as well as within the community with a bias towards males does not allow women to meaningfully participate in any decision-making fora and deny them opportunity to meaningfully contribute towards the reduction of their vulnerability.

1.3 CAPCITIES

Women’s vulnerability to disasters is often cited and given special attention in policies but their role in strengthening a sustainability culture and their active contribution to household and community stability during disasters often remain unnoticed and is not duly recognized. Women are generally absent from the development of DRR strategies and decision-making processes and, when they are present, their voice is not heard. Strong evidence from disasters risk reduction practice considering gender aspects throughout the world show that both men and women benefit from gender balance within DRR approach. Equal and active participation of men and women in DRR leads to population’s resistance to disasters, which is the key to achieve sustainable socio-economic development. Recent analyses[4] have provided evidence of the important economic benefits that accrue from equal opportunities for women to participate in the global economy. One report estimates the contribution to be $2.8 trillion, or 26% of global growth by 2025[5]. Related to this is the importance of, not just increasing the quantity of women in the economy but in increasing the quality of their contribution by having more women in leadership positions[6] both of which would support Bangladesh’s aim in achieving middle-income country status.


[2] Nasreen (2008)[1]: 71.6% of women endured more violence during disasters.


Flood affected areas.
2. Objectives of Gender Analysis

The Purpose of the Gender Analysis is to assess the gender dimensions of the ongoing flood. The gender analysis examines how gender dynamics (traditional norms, gender roles and gender inequalities) are affecting women and girl’s capacity to cope with and respond to the floods and therefore suggest how best to strategize the humanitarian responses for maximum benefit of the affected population, especially the most affected, i.e. women and girls.

The specific Objectives of the Gender Analysis are to:

- Assess how gender-based inequalities and needs are contributing to women and girl’s vulnerability to the 2019 flood
- Make recommendations for addressing gender inequities in flood response.

3. Methodology

The report is mostly qualitative in the absence of quantitative data. This is the initial gender analysis, based mostly on available flood damage data (which is non-disaggregated), secondary data from BBS, flood updates of 2019 Flood of NAWG and RCO; documents on gender equality and disaster management.

This report is mostly based on the Joint Need Assessment (phase 1) report of the Need Assessment Working Group (NAWG) and information (qualitative in nature, anecdotal, in some cases quantitative from grass root level) received from UN Women and UNFPA led GBV cluster members working at the affected districts and Upazilas. Therefore, this gender analysis will have to be looked at with it’s limitations of un availability of concrete disaggregated data.

4. Findings

Half of the displaced and affected population of the current flooding is women and girls: 2,948,231[1]. In the nine most affected Districts, there are 164,635 female headed households, who are always the most affected section of the society due to their lack of social capital. These women constitute approximately 10% of the affected women in the District.

Most of the displaced people took shelter on highlands, roads, embankments under the open sky, and flood shelters and schools. There are approximately 2,165,618 women of reproductive age (15 - 50) out of 3,808,431 total number of females affected, which is approximately 57% of the total affected female population[1]. Women and girls in such shelters reportedly did not feel safe. There were no visible protection measures taken to ensure safety and security of women and girls. They felt unsafe using latrines, bathing spaces, relief distribution points, and water points. The provision of flood shelters were seldom women friendly: the privacy required of women and adolescent girls for reproductive health care and menstrual hygiene were seldom considered. Of the displaced, 1654 HHs, i.e. more than 8200 people (approx.) have been victims of river bank erosion, and therefore cannot go back from the temporary shelters. The women and girls of these HHs are even more vulnerable to exploitations and abuse like violence, sexual abuse, trafficking, forced labour and child marriage.

[1] JNA, phase 1, NAWG, 28 July 2019
Flood damaged 73,000 tube-wells, which means additional pressure on women and girls, who are traditionally primarily responsible for drinking water collection. Field visits revealed that even pregnant women waded through flood water travelling distances to collect drinking water from unaffected tube-wells. In Sadar Upazila, Kurigram a case has been reported by DWA of a pregnant woman living on embankment suffering miscarriage while going for water collection. In the absence of freshwater, adolescent girls cannot maintain hygienic reproductive health care and often report perinea rashes and urinary tract infections[1].

Sanitation become worse during the floods for women, especially in case of pregnant women, since they need extra support with regards reproductive health. At household level, 100,000 latrines have been destroyed. Given the societal norms, and conservativeness, women would not usually use public toilets once back to their abode. Neither would they defecate in broad day light in open space, and wait for the darkness to set in. This would give rise to UTIs and RTIs[2].

High inundation has caused contamination of drinking water. Washing out of latrines is also forcing affected people to defecate in the open water. As the water recedes, new challenges are emerging with extensive structural damages to houses rendering them uninhabitable if not washed out; schools used as temporary shelters disrupting children’s education for a long time, which increases the risk of girl child marriage as well as forced labour and trafficking.

In Lalmonirhat there are reports of alarming level of skin diseases; although there is no sex disaggregated number of women and men affected. From past-experience it could be assumed that a large portion of it is women and children.

Communication system has been heavily damaged and therefore disrupted, which is an alert for maternal and child health care especially for the new born babies. Due to disrupted communication women and babies who might need medical attention will not have access to health facilities. Women’s care work and primary responsibility of taking care of the children and elderly has not changed in floods. There was one incident reported by DWA in Hatiya union of Kurigram, where a mother died with her two children in boat capsise while evacuating their inundated home while the father left for safety earlier leaving behind the family.

There has not been any reporting of GBV cases during the flood. However, NGO’s from the field have been alerting about un-reported harassments and abuses which though unnoticed are indeed endured by women and girls in such circumstances.

[2] Urinary Tract Infection and Reproductive Tract Infection
5. Gaps (against various agency’s responses till date)

According to NAWG report based on information from the Ministry of Heath 2451 emergency medical teams were providing health services in 74 Upazilas of 28 Districts. No information was available though, whether the medical support included health care needs of pregnant and lactating mothers, i.e. reproductive health care or health services for the new born babies.

Some 48 lac taka is shown to be allocated for house repairing support. In addition to being very little against the needs (473,522 houses damaged, with 26172 completely destroyed in worst nine Districts) the support doesn’t seem to have any mechanism to target the FHHs who need house repairing support the most first of all because they have the least of capacity to rebuild or repair their damaged abode and secondly because house repairing is critical for their protection.

There is no specific support provided by GOB for women’s reproductive health despite the fact that 55% of the affected women are in the range of reproductive age, while more than 7000 women were pregnant in the severely affected nine Districts. With communication system and health service facilities highly damaged, these pregnant women would have real crisis with regards their health care services. Situation reports from RCO and NAWG and other agencies show that there is no specific GBV response by any government agency for flood affected women and girls specially who are displaced though there are huge protection concerns in the temporary shelters or open spaces. Some agencies tried to provide some GBV and SRH support which is nominal compared to the needs.

6. Recommendations for Cluster’s Responses

Immediate Support

- Repairing or installation of the HH level latrines; special attention to be given to FHHs.
- Maternal health care especially for the pregnant and lactating mothers, along with special care for new born babies.
- Supplementary feeding and drinking water support for pregnancy and lactating mothers.
- Arranging safety and security for women, adolescent girls and children in shelters, where people are still living, e.g. embankments, high lands, and flood shelters (through ensuring sufficient light, establishing separates toilets nearby etc.) by engaging security forces and volunteers like Ansar, VDP.
- GBV and child protection services.

Mid Term Recovery Support

- All Clusters - Collect sex, age and disability disaggregated data of disaster loss and damage to design an informed and gender responsive recovery plan.
- All Clusters - Ensure mechanism are in place to identify potential negative consequences of the flood and the response interventions for women and girls.
- Shelter, GBV and WASH Cluster - Numbers of flood shelters could be built through CFW schemes with adequate facilities e.g. separate toilets and bathing space for women, men, and persons with disability as well as space for reproductive health care and hygiene practice of women and adolescent girls.
Mid Term Recovery Support

- **Food Security and GBV Clusters** - Protection measures, i.e. women's safety and security should be ensured at water points and relief distribution points. Timing and place of relief distribution should be accessible to women and timed in a way that it is finished with adequate day light for the women to go back home/shelter before dark. Enroll FHHs as target beneficiaries more, for food and cash distribution. Strong referral system should be in place to avoid the potential GBV risk for women and girls.

- **GBV Cluster** - Women friendly spaces could be set up to provide GBV services and multi-sectoral life savings services for restoring dignity for flood affected women and girls. Integration and advocacy with other clusters and government to ensure mechanism are in place to identify potential negative consequences of GBV.

- **Health Cluster** - continue emergency medical services in severely flood affected nine districts till the end of monsoon season (end September) to ensure health services to women and girls who often find it difficult to travel distances for their health care needs. Especially the pregnant and lactating women need reproductive health care support. Transportation system could be arranged for critical cases of pregnancies to move them to nearest health clinics. In addition to measures towards fighting against water borne diseases like diarrhea, efforts must be put in place to face any dengue outbreak. As more than 50% of the affected women are in reproductive age group, they would need menstrual hygiene care support like sanitary napkins assuming that whatever they had are all lost in the flood. Psycho-social support is required for women and children who have suffered the losses.

- **Early Recovery and Food Security Clusters** - Invest in livelihood opportunities, especially off-farm activities for women along with men in flood prone areas, especially for vulnerable women and women headed households.

- **Early Recovery** - Quick growing vegetable seeds should be distributed to women to restart kitchen gardening that would contribute to nutrition and food security

- **Shelter Cluster** - FHHs should be given preference in providing shelter repairing and reconstruction support