

Urgent Call for Gender Actions in the COVID-19 Response in Cox's Bazar

The GiHA WG, Protection Sector, Child Protection and GBV Sub-Sectors and the PSEA Network acknowledge the immense burden and pressure that covid-19 has put on the health system and the health workers. To address the gendered impacts of the pandemic, these immediate gender actions need to be included as part of the preparedness and response planning. They have been developed to recall the [Key Action for Gender Equality and Empowerment of Women and Girls \(GEEWG\) in Humanitarian Action in line with Inter-Agency Standing Committee Gender Policy and Accountability Framework \(2017\)](#) endorsed by the SEG co-chairs and the IASC Gender Policy. These are rooted in evidence from the field, as well as lessons learned from other countries dealing with Covid-19 and previous epidemics. UN Women in its role co-leading the Gender in Humanitarian Action Working Group (GiHA WG) and managing the ISCG Gender Hub stands ready to support the sectors and agencies to implement these actions.

1. Community engagement and consultations: Community engagement and consultations have not adequately targeted women and girls, including women leaders and networks. This poses serious risks to women and girls as they are not taken into account in the design of COVID interventions. While perceptions of women and girls are being collected with overall perceptions of Rohingya refugees, gendered differences have not been identified or analyzed, and therefore we do not yet have a good picture of the needs and concerns of women and girls.

Recommendations:

- Engage Rohingya women volunteers, Rohingya and host community women leaders and their networks more to conduct consultations with women and girls
- Ensure sex, age and diversity disaggregated data is being collected and analyzed around the outbreak and preventive/response activities to identify gendered differences in exposure and treatment and to design targeted preventive measures
- Ensure all assessments, surveys, etc to understand perceptions and needs of refugees are done with a gender lens to ensure key differences between men and women are properly identified.
- Ensure that monitoring and evaluation mechanisms are gender and inclusion-responsive and capture the different needs of, and impacts for, women, girls, and all persons in the humanitarian response.

2. Access to reliable information: Women and girls have less access to information in the camps, due to the restrictive nature of social norms. With some women-friendly spaces now closed or staff in these being reduced, women have even less sources of information. Women with other vulnerabilities are even more excluded from information (i.e. BBC Media's What Matters Bulletin #34 highlighted that older women had little access to information, with male members of their household being their only source). Overall IEC materials, as well as the Risk Communication and Community Engagement strategy do not take into account gender considerations, and instead use a one size fits all approach rather than a targeted one.

Recommendations:

- Ensure that specific IEC materials targeting women and girls being finalized by GiHA WG and Gender Hub with PS, GBV SS, CP SS and PSEA is widely disseminated and endorsed by sectors.
- Support Rohingya women volunteers to continue reaching out to women with information on Covid-19 and how to protect themselves and support their safety.
- Ensure gender balance in staff and volunteers who deliver COVID messages for more equitable access of women and girls.
- Consult women and girls to understand what information they need and how they want to access it.

- Work with women leaders and women's network to spread information to women and girls and support their safety.

3. Women's leadership, decision-making and engagement in prevention/response plans: Due to the restrictive norms and roles placed on women in the Rohingya communities, women lack access to leadership and decision-making structures and mechanisms. Without enhanced consultations targeting women, their needs, preferences and concerns are likely to be overlooked in the response (see point further below on the need for segregated facilities). This will also lead to the missed potential of engaging them, as their role in conveying information and promoting hygiene can have a critical impact on slowing the spread of the virus.

Recommendations:

- Ensure communication with women and girls on all preparedness and response plans – including the changes in services and activities, the construction of isolation and treatment centers, the IEC materials and ways to disseminate information, etc.
- Strengthen engagement with existing women leaders and women's network (many of whom UN Women and the GiHA WG members already work with) to plan preventive and response interventions or validate them.

4. Isolation and shielding: Consultations with men have already shown that they would not let their female household members be isolated in mixed facilities with unknown men. Women and girls are likely going to feel unsafe in mixed facilities and will be at higher risk of GBV and abuse. Families are also unlikely to want to separate, and parents may not want their children isolating by themselves. This is likely to lead to a lack of disclosure of cases to avoid having to go to these centers. More crucially it could lead to women's lack of access to isolation and treatment, hence being left behind with a higher risk of infection and mortality, as well as being key vectors for spreading the virus further within families given their role of primary caregivers.

Recommendations

- Regularly consult with women, men, boys and girls to understand the different preferences and concerns they have on isolation/shielding, the location/structure, use of and access to these facilities.
- Ensure gender-segregated COVID-related services in isolation and treatment facilities, either through women-only facilities or by including gendered partitioning within mixed facilities.
- Adopt the gender-specific protection consideration checklist developed by the GiHA WG and the Gender Hub, in collaboration with the Protection Sector, GBV SS, CP SS and the PSEA Network.

5. Women and girls as caregivers: Women's and girls' role in the household, as primary caregivers of children, elderly and sick household members, puts them at higher risk of contracting the virus. Their time burden is likely going to increase significantly as their care work for family members, as well as their cleaning, washing and water collecting responsibilities become greater – this has already been reported by Rohingya women networks and UN Women's Rohingya volunteers. For girls, this may result in lack of time to concentrate on educational activities and hinder their ability to go back to school after the crisis. As they are at higher risk while also have a greater potential to limit the spread of the virus, their access to information and materials, to protect themselves and their family is crucial.

Recommendations

- Ensure women, including all female frontline workers, have access to the information, tools and services needed to protect themselves and their families.
- Ensure all preventive measures and IEC materials do not disproportionately add to the time-burden of women and girls, but instead promote greater engagement of men in the household work (i.e. materials should promote men's role in ensuring hygiene in the household).

- Ensure all home-based educational activities prioritize the needs of girls.

6. Gender-Based Violence: Limited access to GBV services following a reduction of the minimum standard package of services in a reduced number of facilities to only individual case management, individual psychosocial support, and the clinical management of rape. A significant number of GBV case workers are transitioning into providing remote support through teleworking. The overall impact on services is not yet known and a service gap analysis will be completed with GBV service providers once all information on services becomes available. Movement restrictions in the camps and “stay at home” policies are strongly enforced by Camp in Charges and Majhis particularly for women and girls limiting their ability to access services. Preliminary indications suggest an increase in the number of GBV cases particularly intimate partner violence and child marriage. Due to cumulative factors including mobile network restrictions (still in place at the time of writing this report), limited presence of essential humanitarian staff in the camps, and limited access to mobile phones by women and girls, there are reasons to believe that GBV incidents are underreported.

Recommendations:

- Prioritize GBV services as critical and do not divert resources away from these, but adapt them as necessary to address new restrictions in movements and access to services.
- Ensure women, girls, men and boys have information on which GBV services are available and how to access these, especially if/when changes occur in referral pathways or regular points of access for these services have closed.
- Maintain access to sexual and reproductive health services, including pre- and post-natal care, menstrual hygiene management and contraceptive needs.
- Advocate with the authorities for immediate measures to ensure safety of women and girls in the camps and host communities on the ongoing lockdown.
- Train all first responders and frontline workers on dealing with GBV disclosure and referrals of GBV cases.
- Maintain child protection services as critical, do not deprioritize or divert resources away from these.

7. Gender not seen as lifesaving or critical: During this emergency situation, gender issues have been often deprioritized or not seen as lifesaving. This has already been observed in inter-sectoral meetings where gender issues are not included as an agenda item, and comments are made about the importance of first prioritizing issues such as health or WASH. This has serious consequences as gender needs are then not being properly advocated for with the government and humanitarian actors or in appeal documents.

Recommendations:

- Ensure gender issues are given importance and time in meetings, making them a standing agenda item. Actively engage the GiHA WG and the Gender Hub.
- Continuously advocate for the importance of gender equality and the empowerment of women and girls, especially during emergencies, and refer back to the six gender equality commitments endorsed by the SEG co-chairs, as well as gender guidance material developed for COVID-19 specifically under IASC Gender Reference Group and the Regional GIHA WG, all of which are represented in these key recommendations.
- Apply gender-responsive budgeting and earmark funds to fully resource gender mainstreaming in all sectors involved in COVID-19 response. This should include funding for a rapid and comprehensive gender assessments, and targeted gender programming (e.g. strengthening women’s leadership and its network, support for people with disabilities and transgender persons).
- Adopt the IASC Minimum Standards for gender and COVID-19 in the [IASC Gender Alert for COVID-19 Outbreak](#)
- Ensure the IASC Gender with Age Marker is applied into all appeals and funding mechanisms.

- Ensure all internal and external communication and reporting materials include a gender perspective (i.e. media talking points, sitreps, etc).