

IN THE SHADOWS OF THE PANDEMIC: THE GENDERED IMPACT OF COVID-19 ON ROHINGYA AND HOST COMMUNITIES

Sector Brief: WASH

In Cox's Bazar, COVID-19 has had significant impact in the already extremely congested camps and has also had a number of adverse effects on the host community. The pandemic and containment measures have exacerbated existing discrimination and inequalities for vulnerable groups and those already marginalized. Women and girls facing an increase in unpaid care work, greater protection risks in and out of their homes and more mental health issues, while simultaneously being less able to access lifesaving services and support.

A [Rapid Gender Analysis](#) was conducted by ISCG Gender Hub, CARE, Oxfam, ACAPS-NPM and UN Women. Understanding how social characteristics, such as gender, age, disability status, or gender identity, along with the rigid social norms in both communities and the decreasing basic services play a role in a person's ability to protect themselves and recover from the secondary impacts of COVID-19, is crucial to ensuring a response that does not leave the most vulnerable behind. Women, men and other vulnerable groups such as transgender persons, people with disabilities, and sex workers are willing to participate in the COVID-19 response and must be officially recognized, visible and actively involved in the response at all stages.

The following highlights the key findings and recommendations for the WASH Sector identified by women and men in Rohingya and host communities based on their needs and concerns.



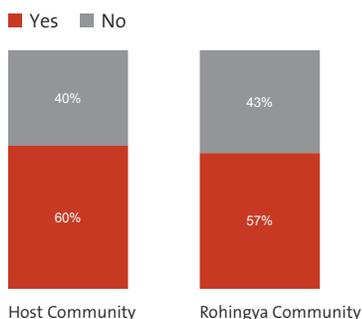
Demonstration of hand washing technique.
Photo credit: CARE Bangladesh.

“ We have a shortage of water so it's difficult to keep washing both hands and to observe menstrual hygiene. Male family members are staying at home, so for women and girls drying the menstrual cloth during menstruation is a problem. They cannot dry it properly, so they have to use a wet cloth which puts women and girls at risk of infection. ”

– Female, 17, Rohingya, Youth Leader

Findings	Recommendations
<ul style="list-style-type: none"> • Difficulty accessing WASH services has increased among Rohingya refugees. Difficulty accessing adequate amounts of water required to maintain personal hygiene was due to lack of water storage systems and containers, the distance to water sources, wait times at water points and delays in WASH services. Women and girls face issues of overcrowding and lack of privacy when using latrines during the day, while at night they risk harassment and violence due to inadequate lighting. • Most women within the host community do not face the challenges noted by Rohingya women. • MHM has become more difficult during the pandemic due to delays in distribution of materials. Additionally, it has become much harder for women and girls to wash and dry their menstrual cloths due to taboos around menstruation. This has resulted in women and girls reusing wet menstrual cloths despite the risk of infections. 	<p>Urgent Priorities</p> <ol style="list-style-type: none"> 1. Increase the provision of safe and sufficient water access in camps for women and girls as it is their primary responsibility to collect water and maintain hygiene in the home. 2. Increase and continue latrine and bathing facility maintenance and repair work, including by integrating minimum standards on gender and protection. 3. Provide protective and hygiene equipment (masks, soap, hand sanitizer) to poorer households who cannot afford it, including female sex workers and transgender persons in host communities. 4. Due to changes in privacy around COVID-19, support Rohingya and host community women with MHM, including exploring alternative products to avoid issues of washing and drying menstruation cloths. 5. Designate space for the washing and drying of menstrual clothes in women-only bathing facilities and the provisions of appropriate disposal services. 6. Prioritize engaging women in the production of reusable menstrual products along with masks in camp-based income-generating/ self-reliance activities and ensuring women and girls have access to these products. <p>Continuing Priorities</p> <ol style="list-style-type: none"> 7. Ensure gender-specific safety measures are taken around WASH facilities, including reducing crowding, providing sufficient light at night, locks, among other measures. 8. Ensure availability of required equipment and facilities for persons with disabilities and older people to maintain hygiene-prevention measures.

Figure 7. Since COVID-19 have you received enough menstrual hygiene products to meet your needs?



“WASH activities have decreased, they used to fix broken hand-pumps, bathing cubicles, toilets and used to dislodge toilets. Now WASH teams are not repairing broken hand-pumps or dislodging and cleaning the toilets. Rohingya people cannot do the repairs. The drains are dirty too. Several kinds of diseases may break out because of that. There is a dire need of such support. Streetlights near the toilets are not functioning, and no one comes to repair the lights even after contacting the hot lines. It is difficult for women to use the latrines at night.”

– Male, Rohingya, Head Mahji