National Resilience Programme

# Gender Analysis of COVID 19 and Recent Disasters in Bangladesh

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UN WOMEN United Nations Entity for Gender Equality and the Empowerment of Women

UNOPS

UNDP

# Gender Analysis of COVID 19 and Recent Disasters in Bangladesh

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# Acknowledgment

Bangladesh is celebrating its 50th anniversary of independence. Over the last five decades, the country has achieved remarkable progress in population control, mass education, economic growth and poverty reduction. Its success on ensuring gender equality and women's participation in economic activity is well acknowledged. However, disparities still exist in terms of women's voice and decision making, educational attainment, income generating, control over income, WASH access and practice. Gender based violence is still widespread. In this context COVID 19 and series of disasters in 2020 cracked open the fault lines in gender equality in Bangladesh. Reports from various agencies provided insights that help us construct a situational analysis. However, there has been a lack in systematic and comprehensive assessment of gender issues that are evolving or worsening due to COVID 19 pandemic and the recent disasters. This report aims to bridge that gap. We thank the National Resilience Programme (NRP), MoWCA, UN Women, UKAid, UNOPS, UNDP, Sweden Sverige and all the relevant organizations for entrusting us to undertake this comprehensive assessment of gender issues in Bangladesh in context of COVID 19 and recent disasters.

We thank Ms. Farhana Hafiz, Gender Mainstreaming Analyst, NRP for providing us the technical support in designing this study, analysing and presenting the data. She has been pivotal in bringing the complex pieces together into a policy framework. We thank Mr.Kausik Das, Programme Analyst- Disaster Climate Change and Humanitarian Programme, UN Women for coordinating and managing this assignment involving multiple agencies. We acknowledge the contribution of Ms. Wahida Bashar Ahmed, Gender Mainstreaming Analyst

National Resilence Programme (NRP) for her technical review of the drafts. We also acknowledge the contribution of Ms. Dilruba Haider, Programme Specialist, DRR, UN Women for her technical support in designing the tools for this study and review the field findings. We acknowledge the contribution of all the Key Informants and all the respondents in the field who provided us the valuable time to gather the insights that are presented in this report.

# Acronym

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|---|---|
| ASEAN | Association of Southeast Asian Nations |
| BBS | Bangladesh Bureau of Statistics |
| BDT | Bangladesh Taka |
| CAPI | Computer Assisted Personal Interview |
| CHT | Chittagong Hill Tracts |
| DDM | Department of Disaster Management |
| DPHE | Department for Public Health and Engineering |
| DRR | Disaster Risk Reduction |
| DWA | Department for Women's Affairs |
| FGD | Focus Group Discussion |
| FPAB | Family Planning Association of Bangladesh |
| GBV | Gender Based Violence |
| GIHA | Gender in Humanitarian Action |
| HH | Household |
| HIV | Human Immuno Deficiency Virus |
| HSC | Higher Secondary Certificate |
| IFRC | International Federation of Red Cross and Red Crescent Society |
| IGA | Income Generating Activity |
| MoWCA | Ministry of Women's and Children's Affairs |
| LGED | Local Government and Engineering Department |
| LPG | Liquified Petroleum Gas |
| NAPVAW | National Action Plan to Prevent Violence Against Women |
| NGO | Non-Governmental Organization |
| NRP | National Resilience Programme |
| SDG | Sustainable Development Goals |
| SGBV | Sexual and Gender Based Violence |
| SPSS | Statistical Package for the Social Sciences |
| SRH | Sexual and Reproductive Health |
| SSC | Secondary School Certificate |
| UK AID | United Kingdom Agency for International Development |
| UN | United Nations |
| UNDP | United Nations Development Programme |
| UNICEF | United Nations Children's Fund |
| UNO | Upazila Nirbahi Offier |
| UNOPS | United Nations Office for project Services |
| UP | Union Parishad |
| USD | United States Dollars |
| VAT | Value Added Tax |
| VAW | Violence Against Women |
| WAPDA | Water and Power Development Authority |
| WASH | Water, Sanitation, Hygiene |
| WEF | World Economic Forum |
| WHO | World Health Organization |

# Executive Summary

***Introduction:*** The National Resiience Programme (UN Women together with UNDP and UNOPS is implementing the "National Resilience Programme (NRP)" to sustain the resilience of human and economic development in Bangladesh through inclusive, gender responsive disaster management and risk informed development. The programme is being implemented by 4 government agencies namely Department of Disaster Management (DDM), Department of Women Affairs (DWA), Programming Division of Planning Commission and Local Government and Engineering Department (LGED) with technical support from UN agencies). NRP, through UN Women, commissioned this gender analysis, to gather quantitative and qualitative evidence on the impact of COVID 19 pandemic and the series of Disasters in 2020-2021 on adolescent girls and women from the low-income households and vulnerable groups.

It is expected that the findings from this study will provide useful direction on designing, targeting, implementing and monitoring interventions that could mitigate the challenges that are threatening to reverse the gains that Bangladesh achieved on educational attainment, women's livelihood, income and food security, WASH, mobility, gendered role and norms dictating work distribution and load of unpaid work on women, women's leadership and decision-making authority, gender-based violence. The consultants designed and undertook a mixed method research involving quantitative and qualitative survey with 5 strata representing women and vulnerable groups (adolescent girls, married women, marginalized women, married women from low-income households, sex workers and transgender) and two strata representing boys and married men.

***Methodology:*** The survey was undertaken in seven districts of which 5 are within the NRP program locations – Khulna, Jamalpur, Satkhira, Cox's Bazaar, Kurigram and the rest two are Dhaka and Narayanganj which were severely hit by COVID 19. The survey was undertaken on 368 samples. It also involved 49 FGDs (one in each study location) which were participated by 348 respondents. The consultants also undertook Key Informant Interviews (KIIs) with 22 respondents representing different national, regional and local organizations working on gender issues in Bangladesh. To ensure depth in the field investigation and to ensure efficiency and coherence with other research that have so far been undertaken in Bangladesh, the study builds on available published data where it is applicable.

***Demographic profile of the respondents:*** The respondents of this study represent a diverse age of group and diverse range of occupational groups. The data shows that the respondent female headed marginalized households are dependent primarily on informal non-agricultural labour. Even though the other respondent households are also engaged in agricultural day labour and formal services and income generating activities; the contribution of informal labour in the income of these households is clear from the data. The data that are presented in this study therefore is representative of the households that were identified as most vulnerable to income shock from COVID 19 by several agencies.

***Pre-existing vulnerabilities:*** In terms of ***educational attainment*** there is high disparity between marginalized women and married women respondents. The data shows that 59% of these samples never attended schools while its only 29% for married women and 36% for married men. However, while 64% of the marginalized women are reliant on their own income, only 3% of the married women are reliant on their own income. In subsequent analysis, we can observe that the marginalized women have higher ***agency and decision-making authority*** if compared to married women even though the income of the households

of the marginalized women are much less than the income of the married women. The low engagement of married women in rural areas in income generating activity potentially indicates at high vulnerability to poverty in the event that they are divorced or abandoned by their husbands or in-laws.

Of our respondents, the marginalized women have the lowest monthly ***household income*** (TK 8114 per month, which increases to TK 11,213 per month if the income from secondary source is accounted for). If we account for the poverty line of $1.9 per capita and average family size of 4.4 of our respondents, then all our respondents belong to the extreme poor category as their overall family income is less than the threshold. Data suggests that even within the same trade, there is wide disparity in earning between men and women. While the marginalized women are able to earn TK 4,667 from a grocery shop a month, it is TK 20,6000 for the male respondents and TK 24,500 for the married women respondents who support their husbands to manage the shop. ***Savings*** is more prevalent among the married women (87%) if compared to marginalized women (11%) and the transgender (32%). The marginalized women and the transgender respectively have only TK 6,813 and TK 10,200 as average savings. While the data clearly relates this to the low- and informal-income base of the marginalized and the transgender, it also probably indicates at institutional failure to bring the vulnerable under the right type of social safety net and livelihood schemes that can push them upwards from the poverty line.

There is clear gender discrimination in allocation of ***nutritious food*** among the household members. Overall, 34% of the respondents reported that the men in the house get first priority in the allotment of nutritious food or protein as they have to work and earn for the family. This is followed by boy child (30%) and elders (13%). There is also disparity among the regions – 77% of the respondents in Satkhira and 76% of the respondents in Narayanganj reported to prioritize men over women for allotment of nutritious food.

The data shows wide coverage of ***hygienic sanitary latrine***, even though around half of the respondents reported that the latrines are located outside (adolescent girls- 44%; marginalized women- 36%, married women-46% and men – 55%). Ring slabs are the most widely installed latrines. When we probed further into the district wise data, we have observed some important insights (i) Around 57% of the respondents in Narayanganj have shared that they do not have latrines or they share their latrine with their neighbors (ii) Higher percentage of respondents in Cox's Bazaar (78%), Jamalpur (61%), Kurigram (56%) and Satkhira (42%) have reported of having latrine in the outdoor (iii) Higher percentage of respondents in Khulna (31%), Kurigram (36%) and Narayanganj (34%) have reported that their latrine is very poor (iv) Privacy concern is more prevalent with the respondents in Khulna (22%) and Narayanganj (26%).

The data shows that the female respondents across all respondent groups depend on different family members for ***health*** advise. For the adolescents it is usually the mother, for the marginalized the adult children and for the married women it is their husband. The sex workers and the transgender face stigmatization and discrimination in availing health services and this calls for immediate intervention at national level. The burden of ***unpaid care work*** on women is found to be associated with gendered norms prevailing between both men and women. An interesting finding is that the adolescent girls see the role of men more positively and higher percentage of adolescent girls if compared to marginalized women and married women have reported engagement of men in household chores. It potentially indicates that targeting the adolescents might yield a more systemic and sustainable shift in gendered roles in household activities.

Findings from the FGDs and IDIs show that in case of taking decisions over spending household income and assets, the women members of the household usually depend on the male members of the family. Women have reported that they often take ***loans*** as they are forced by their husband. Marginalized women have more ***mobility*** if

compared to married women. It is surprising that all three respondent groups have reported that they do not often visit their family, relatives and friends (adolescent- 57%, marginalized women-57%, married women-56%). Women also do not often go out to buy their medicines or visit health service center.

***Impact of Covid-19:*** The COVID-19 lockdown is disproportionately affecting women by widening gender gaps in terms of access to information, resources to deal with the pandemic, and its socio-economic consequences. Due to the financial crisis, social inequality and mental stress, 21% of adolescent boys and girls are unsure whether or not to return to school after the pandemic which affected their ***education***. Of the married male respondents, 17% were forced to send their children to different informal jobs due to lack of family income. During the lockdown, the ***income*** of the married women respondent households dropped by 70% which is 54% in case of the marginalized women. Transgender people reported a 69% reduction in income, while sex workers reported a 73% drop in income. Of the adolescent girl respondents, 61% could not visit the local ***health service*** center or go to a doctor for seeking treatment during the lockdown. The percentage is 60% in case of the married women and 39% in case of the marginalized women. ***Protein intake*** practice of the women and girls reduced to once (rarely) in every 15 days due to loss of income. The already stigmatized sex workers (33%) and transgender communities (30%) complained that during the lockdown they couldn't find doctors for their required medical treatment.

Around 45% of the married women said that they couldn't buy ***hygiene*** kits during the lockdown due to loss of income. Similar findings were derived from the marginalized women (41%) and adolescent girls (38%). ***Unpaid care work*** responsibilities were increased during the lockdown for the women and girl members of the households. According to the survey, women spend 28% more time on domestic duties than they did before the pandemic. During the lockdown, women's voices and ***decision-making power*** within the household were diminished due to increased tension and challenging relationships among family members. Around 36% of the married women and 30% of the adolescent girls reported that they were mentally upset due to their lack of ***mobility*** during the lockdown. Findings shows around 15% of the women and girls surveyed said they were physically mistreated, 12% said they were subjected to sexual coercion/misconduct by their husband and close relatives during the lockdown. Around 54% floating sex workers had to experience different forms of ***sexual and physical violence*** from their limited clients during the lockdown. The percentage is 40% in case of the transgender sex workers.

***Impact of Disasters:*** Of the respondents, 68% reported that they have been ***exposed to disasters*** in their locations. During the Disasters, schools continue to be closed down as these ***educational institutions*** are used as shelter centers. The marginalized women respondents reported that their ***income*** post disaster reduce by 35% of regular times. Of the married women respondents, 70% reported that their husband (in most cases the primary earner of the household) cannot work and earn post disasters. Income of the surveyed transgenders dropped down by 47% while the sex workers' income reduced by 58%. The condition is more vulnerable in case of the floating sex workers compared to the brothel-based sex workers. During severe Disasters, 72% of the marginalized women, 63% of the adolescent girls and 41% of the married women respondents were evicted from their normal dwellings. ***Food scarcity*** was identified as an acute problem during and after flood which affected the marginalized women (64%) the most. This is followed by transgender communities (49%), married women (38%), sex workers (31%) and adolescent girls (30%).

Respondents reported ***health*** diseases (54%) such as diarrhea, cholera, typhoid, and skin diseases etc., poor sanitation and hygiene issues (41%), physical injury during disasters (24%), lack of access to health services and doctors due to mobility restrictions (21%) and lack of access to proper treatment due to lack of money (13%). Around 27% of the transgenders and 17% of the sex workers have reported their inaccessibility of seeking healthcare services. In another comparison, 52%

women and adolescent girls face problems to get water for ***latrine*** purposes during disasters in comparison to 38% men and adolescent boys. Around 39% of the female respondents reported to do open defecation during disaster.

It was recorded that most of the household tasks were performed by women alone in 74% of the cases. Of the respondents who are exposed to disaster, 63% said that they have taken shelter outside their own homes during Disasters. However, 52% of the women and girls had reported that they had heard of someone in their community were ***sexually/physically harassed*** while their stay at the shelter centers. Young women and unmarried girls (71%) suffer the most while staying at the shelter centers.

***Coping with Covid-19 induced shocks:*** The most common coping techniques to cope against Covid-19 induced shocks among women respondents' liquidation of ***savings*** and reliance on informal ***loans***, both of which have led to economic instability and the loss of future assets. An average of BDT 33,000 loan was taken by 35% of the married women in the beginning of the pandemic to majorly spend on household expenses. After finishing all their savings during the second wave lockdown in April 2021, 29% of the married women respondents said that they have taken new loans to repay back the previous loans, pushing them deeper into the spiral of poverty. Seventy percent (70%) of the transgender community could not take formal loans and depended on informal loans to make ends meet. The lack of income during lockdowns affected the ***food consumption and health*** pattern drastically. Due to poverty and desperation, surveyed adolescent girls, had forced to adopt negative coping strategies such as ***early/child marriage*** to reduce their parents' burden and in some cases, dropping out from schools/colleges to domestic responsibilities and family income.

***Coping with Disasters induced shocks:*** During the disasters, women's informal and formal debt load reportedly have doubled. However, dependency on informal ***loan*** was observed to be higher than formal one. The average amount of loan burden of the surveyed married and marginalized women respondents was found to be BDT 18,362 during the disasters. Although 33% of the loans were taken to buy food for their children, every year a large share of their savings (49%) goes to their house repairment which has now become one of their mandatory expenses every year. ***Disaster responsive support/assistance*** provided for the vulnerable women groups such as the sex workers and transgender were not sustainable for them to cope up with the crisis. A very limited emphasis is placed on the ***relocation/rehabilitation assistance/support plan*** for these vulnerable communities by the government/NGOs in their disaster responsive interventions.

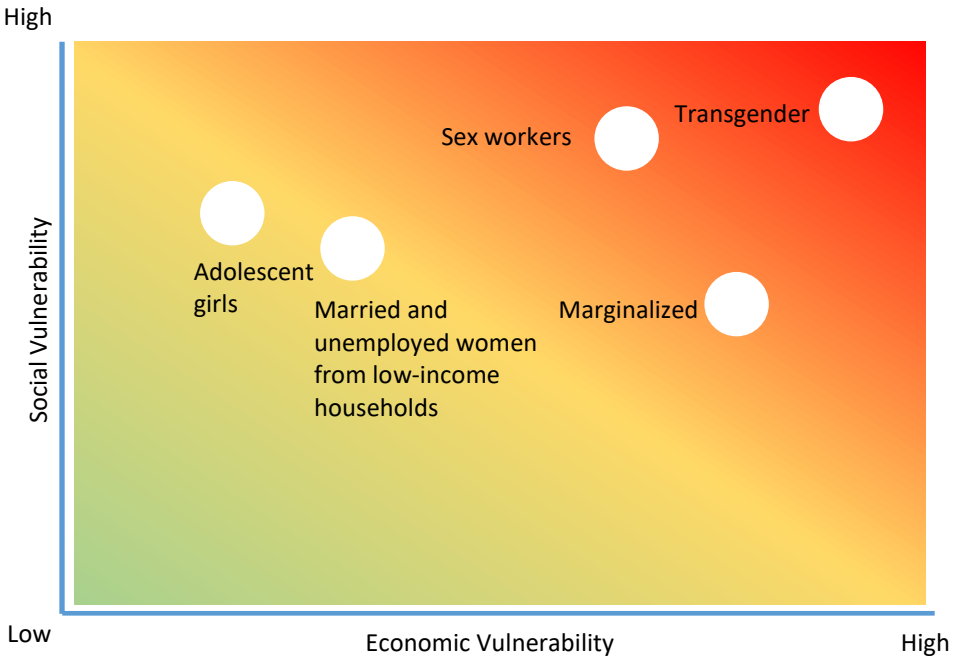
***Stakeholders and their roles:*** During the COVID-19 lockdown and disasters, the government and different local and ***national NGOs*** extended their support to the vulnerable women and girls' such as consistent aid from the ***government*** such as iterations of food staples (rice, lentils, potato etc.), hygiene necessities (soap, hand sanitizer, and masks), and occasionally monetary handouts. However, many participants expressed frustration at empty promises of support from different NGOs and government. Moreover, aid has been relatively ad hoc and it's unclear who will receive government-promised aid and how.

Findings show that different programs and initiatives undertaken by the government and NGOs for mitigating gender-based violence remained postponed during COVID-19 lockdown and Disasters. However, these initiatives were limited in number in the study locations. When enquired about the women respondents' satisfaction with the judgement/suggestion they got from the supporting agencies which work on violence against women (GBV) during the crisis period, 85% of the transgenders, 69% of the marginalized women, 57% of the married women and 50% of the sex workers reported their dissatisfaction.

***Recommendations:*** Building on the findings to address the gender issues, we recommend the following interventions:

Using a vulnerability map in which the marginalized women, adolescent girls, married unemployed women, sex workers and transgenders are compared in terms of economic vulnerabilities (income, savings, loan, assets, occupations, power and agency, gender-based violence) and social vulnerabilities (health, WASH, education, nutrition, mobility, agency, decision making power, voice and leadership) that the beneficiaries face we can observe that the sex workers and the transgenders are the most vulnerable group as their vulnerability is high in both social and economic terms. This is shown in the following diagram

Figure: Vulnerability mapping of the female and minority gender groups




- Economic interventions need to be embedded to interventions related to child marriage and educational attainment of girl. We recommend that interventions related to education and child marriage are strongly integrated to economic interventions for the parents and also for the adolescents. Skill based training based on aspirational mapping in the school can potentially support the adolescent girls to become self-dependent on completion of the schooling.

- Formal sector engagement of women needs to be stimulated to support diversified livelihood, household recovery from COVID 19 and disaster shocks and also to address the challenges related to genders norms in household role distribution. Skills transfer opportunity can accelerate economic recovery of the households by integrating married unemployed women to formal economic sectors. The same opportunity can be leveraged for the marginalized women who should be supported to get engaged in the formal sector.

- COVID 19 induced economic shock is pushing households to cut down on nutritional intake and health expenditure; a catastrophic health crisis is evolving and health safety nets are essential for all the low-income population including sex workers and the transgender. Social safety nets that are specially targeted towards use of health coupons through health camps can proof to be effective in this context. The government may also try to scale these health camps through the Union Information Centers (UIC)s that are managed by the A2I program under the Prime Minister's Office.

- The capacity of local NGOs for essential health, education, nutrition, sanitation and hygiene

interventions needs to be strengthened and revitalized to restore front line services for the women.

- The government should consider strengthening social safety nets for cash transfer to marginalized women, the transgender and the sex workers.

- Shelter facilities need to be improved and made more suitable for women and the people with disability.

- Sensitization at society and family level needs to be undertaken to address the issue of transgenders being abandoned from the family and stigmatized in the society.

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- Skills development interventions for the transgender communities need to be developed.

- Strengthening the institutions capacity to provide protection to adolescent girls, boys and women to report gender-based violence is important.

- Strengthening the government level saving schemes for women in the grassroot level is recommended.

- Strengthen community mobilization to connect women and girls with different committees that are committed to work at the grassroot level to address different vulnerabilities and GBV. There should also be a monitoring cell to supervise the progress of such programs.

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# GENDER ANALYSIS OF COVID 19 AND RECENT DISASTERS IN BANGLADESH

# 1. INTRODUCTION

*The National Resiience Programme (UN Women together with UNDP and UNOPS is implementing the "National Resilience Programme (NRP)" to sustain the resilience of human and economic development in Bangladesh through inclusive, gender responsive disaster management and risk informed development. The programme is being implemented by 4 government agencies namely Department of Disaster Management (DDM), Department of Women Affairs (DWA), Programming Division of Planning Commission and Local Government and Engineering Department (LGED) with technical support from UN agencies). NRP, through UN Women, commissioned this gender analysis, to gather quantitative and qualitative evidence on the impact of COVID 19 pandemic and the series of Disasters in 2020-2021 on adolescent girls and women from the low-income households and vulnerable groups.*

*It is expected that the findings from this study will provide useful direction on designing, targeting, implementing and monitoring interventions that could mitigate the challenges that are threatening to reverse the gains that Bangladesh achieved on educational attainment, women's livelihood, income and food security, WASH, mobility, gendered role and norms dictating work distribution and load of unpaid work on women, women's leadership and decision-making authority, gender-based violence. The consultants designed and undertook a mixed method research involving quantitative and qualitative survey with 5 strata representing women and vulnerable groups (adolescent girls, married women, marginalized women, married women from low-income households, sex workers and transgender) and two strata representing boys and married men. The marginalized women in this study refer to women from low income or extremely poor households who are widowed, divorced, separated or abandoned and are dependent on their own income or that of adult children.*

*The survey was undertaken in seven districts of which 5 are within the NRP programme locations – Khulna, Jamalpur, Satkhira, Cox's Bazaar, Kurigram and the rest two are Dhaka and Narayanganj which were severely hit by COVID 19. The survey was undertaken on 368 samples. It also involved 49 FGDs (one in each study location) which were participated by 348 respondents. The consultants also undertook Key Informant Interviews (KIIs) with 22 respondents representing different national, regional and local organizations working on gender issues in Bangladesh. To ensure depth in the field investigation and to ensure efficiency and coherence with other research that have so far been undertaken in Bangladesh, the study builds on available published data where it is applicable. It also provides a comparative analysis of the primary findings with secondary literature in relevant sections.*

## 1.1 BACKGROUND

Experts and policy makers are increasingly concerned that COVID 19 might reverse Bangladesh's progress against gender equality while similar reversal of impact is also being observed against other SDG indicators. As per UNDP, the female poverty head count rate was supposed to be 7.239 million in 2020. However, the COVID19 adjusted data shows that it picked to 8.896 million in the high damage scenario. Under the SDG push scenario, Bangladesh the female poverty head count rate was expected to be 1.932 million in 2030; under high damage scenario of COVID 19, it is projected to be 4.224 million. Under no COVID 19 scenario it was expected to be 2.439 million (UNDP, 2021). The female poverty head count ratio is one of the several indicators that shows that the progress of Bangladesh on gender equality and empowerment is under threat. This report takes a deeper look in how the impact has unfolded in last two years and sets a strategic direction to what needs to be done to mitigate these challenges.

As of September 23rd, 2021, Bangladesh recorded 1,548,320 number of positive COVID 19 cases; the official death toll from COVID 19 stood at 27,337 (John Hopkins University, 2021). Bangladesh observed the first lockdown for 65 days from 26th March to 27th May 2021. The second lockdown was imposed for 72 days from April 5 to June 16. And the third and last lockdown was imposed for 36 days from June 28th to August 10th 2021. During the first wave and subsequent to the withdrawal of the first wave, national and international development organizations and research agencies undertook series of rapid phone surveys and in later stage, face to face surveys to assess the impact of COVID 19 on the low-income population which also included adolescent girls, women headed households, female engaged in formal and informal labour, the sex workers and the gender diverse people (the transgender). COVID 19 is unique given that it is not a clustered or regional shock- it is a global health and economic shock. Given the disproportional impact of the shock on women some experts coined in the Global North coined the term 'Shecession' (Ro, 2020) to refer to the COVID 19 induced recession which is mostly taking women out of jobs.

The 'Shecession' is also felt in Bangladesh. Bangladesh slipped 15 places, from 50th to 65th, on the World Economic Forum's (WEF) Global Gender Gap Report 2021 (World Economic Forum, 2021). The report attributed the declining performance to "a step backwards in closing economic participation and opportunity gender gaps." Analysis provided by The Financial Express shows that Bangladesh scored 2.0 percentage point lower than 2020 against this indicator. They identified the most significant decline in the share of women among professional and technical workers which widened by almost 10 percentage point as the share of skilled women went down from 29.6 percent to 24.3% and led to the score of only 32.2 percent. Furthermore, there is widening gap between wage labour between men and women. As per the report, women earned 40.3% of the estimated earned income of men and consequently 40.3% of the income gender gap and 58.4% of the wage equality gap have been closed (The Financial Express, 2021). Bangladesh retains its position in the list as the top performer among other South Asian counties. Which that the region as a whole has slid backwards. As such the comparative position with other South Asian countries do not mean much to Bangladesh. Of concern, is the reason contributing to declining performance on certain indicators and the causes behind this slide.

To this date, the relationship between COVID 19 induced economic and health shock and the widening gender gap has not been established with comprehensive empirical data. A rapid survey undertaken by Gender in Humanitarian Action (GiHA) Working Group in Bangladesh revealed several threads of household level impacts and systemic and structural impacts (GIHA, 2020). These are:

Household level impacts:

- Unemployment, economic and livelihood impacts for the poor women and girls;
- Unequal access to health, education and WASH services;
- Increased risks and evidence of GBV in the context of the pandemic and its responses;
- Unequal distribution of care and domestic work;

Institutional Impacts:

- Women and girls' voices are not being included to inform a gender-targeted response; this is particularly the case for those most left behind;
- Policy response mechanisms do not incorporate gender analytical data or gender-responsive plans.

While COVID 19 continued to depress the economic activities, Bangladesh also observed round of Disasters in 2020 which further exacerbated the economic and health shock and the gendered impact resulting from the economic and the health shock. The extremely severe cyclonic storm, 'Amphan' hit the southern coastal districts of Bangladesh on 20th May 2021 causing destruction in 25 districts and affecting more than a million people in nine destructs in Khulna and Barisal Divisions of Bangladesh (IFRC, 2020). Soon after Amphan, Bangladesh was struck by monsoon flood in the last week of June 2020. Around 37% of the country's total land areas were flooded affecting 33 districts. An estimated 5.4 million people in the northern, central and north-eastern part of the country were reportedly affected. The flood was considered the largest in 22 years. There were several spells of flood till October 2021. According to the Ministry of Agriculture (MoA), 83,000 hectares of paddy fields, 12,549 hectares of agricultural land and USD 42 million worth of crops were damaged. The Department of Livestock reported loss of USD 74.5 million worth of livestock including 16, 537 hectares of grazing land. The Department of Public Health and Engineering (DPHE) indicated that around 92,860 tube-wells and 100,223 latrines were damaged (IFRC, 2021).
This report investigates how these Disasters, in addition to COVID 19 has affected the key gender indicators that are used.

## 1.2 SCOPE

*UN Women together with UNDP and UNOPS is implementing the "National Resilience Programme (NRP)" to sustain the resilience of human and economic development in Bangladesh through inclusive, gender responsive disaster management and risk informed development. The programme is being implemented by 4 government agencies namely Department of Disaster Management (DDM), Department of Women Affairs (DWA), Programming Division of Planning Commission and Local Government and Engineering Department (LGED) with technical support from UN agencies. The programme will also support civil society organization networks, local non-governmental organizations and women's organizations and gender equality advocates working on disaster risk management to ensure their actions are gender responsive.*

It is expected that the findings from this report will lay the foundation to design, monitor and adapt interventions to respond to the specific and the growing needs and protection risks faced in particular by women, girls and gender diverse people. In this context, this report provides an intersectional gender analysis on the impact of COVID 19 and the Disasters that took place between 2020 and 2021. It specifically investigates how different vulnerable segments are affected by COVID 19 and the subsequent disasters and how these impacts are magnified by pre-existing social and economic vulnerabilities that the girls and boys, men and women and the gender diverse people experience.

On this backdrop the National Resilience Programme (NRP) has commissioned this study as part of its efforts to undertake and continuously update an intersectional gender analysis. This is in line with NRP's commitment to gender responsive disaster planning and management for gender mainstreaming, inclusive response and recovery planning.

## 1.3 OBJECTIVES

This study was undertaken with the following specific objectives:

- Identifying different impacts on the pre-existing structural social and economic vulnerabilities of women and girls; access to health, WASH services, GBV protection services, and resources for livelihood due to COVID-19 and the latest disasters.
- Identifying coping mechanisms for the target group along with raising their voice and leadership aspects.

- Mapping current responses/activities, gaps and challenges faced by different stakeholders, such as humanitarian organizations, local and international women's organizations and relevant government organizations such as MoWCA, MoDMR.
- Identifying roles and coordination opportunities between MoWCA and MoDMR to engage in prevention of GBV during disasters.
- Mapping National Societies/institutions and other local actors and women's organization who work on addressing gender in disasters including GBV, and what support do they need to fulfil their role.
- Developing sector specific recommendations to address increasing gender inequalities.

## 1.3 METHODOLOGY

### 1.3.1 QUANTITATIVE SURVEY

*Analytical framework and methodological approach*

The study employs mixed method approach. We used quantitative and qualitative primary data and data from secondary published literature to derive the key conclusions that are presented in this report.

UN Women, along with partner organizations, undertook three Rapid Gender Analysis respectively on COVID 19 impact, cyclone Amphan and the monsoon flood in 2020. To ensure comparability of the findings from these reports to the findings of this study we adapted the indicators used by UN Women in the COVID 19 Rapid Gender Analysis. These are:

- *Health Services for Women and Women Health Workers (Health Cluster)*
- *Gender-Based Violence in this Health Emergency (GBV Cluster)*
- *Women's access to income, food security and livelihood (Food Security Cluster)*
- *Access to WASH Facilities and Services (WASH Cluster)*
- *Impact on Unpaid Care Work*
- *Women's Access to Information*
- *Children's Access to Education (Education Cluster)*
- *Children in need of protection and care (Child Protection Cluster)*
- *Women's voice, leadership and decision making in the COVID-19 response*

Furthermore, building on the rapid gender analysis 2021 on monsoon flood, we included the following indicators in our assessment:

- *Access and condition of shelter*
- *Access to sexual and reproductive health services*

Besides, in relation to the Rapid Gender Analysis 2020 on Cyclone Amphan, we looked into the issues related to gender roles and responsibilities, capacity and coping mechanisms, access, participation, protection, needs and aspirations.

We analyzed the data systematically to reach our conclusion and recommendations. Firstly, we defined the gender vulnerabilities that generally exist amongst girls and boys, women and men, the gender diverse people and sex workers in Bangladesh. We then assessed which of these vulnerabilities got aggravated due to (i) COVID 19 and (ii) the cyclone Amphan. We then analyzed the systemic responses to determine the gaps in the public, private and community led responses in safe-guarding the vulnerable from these challenges. This then left to the formulation of the recommendations for the different clusters of UN Women (Health, GBV, (Food Security, WASH, Education, Child Protection).

*Sampling Plan and Sample Distribution for the Quantitative Survey*

We used stratified simple random sampling method for the purpose of this study. The objective was to draw samples from 5 NRP districts- Kurigram, Jamalpur, Shatkhira, Khulna, Cox's Bazaar and two districts – Dhaka and Narayanganj, which were heavily affected by the first wave of COVID 19 in Bangladesh. The samples were stratified into four groups or strata that were identified in the previous rapid gender analysis as most vulnerable. These are: (i) adolescent girls (ii) marginalized women (iii) transgender, (iv) sex workers. Besides, married women from both urban and rural households were

randomly sampled to assess whether marriage has caused distresses that are otherwise not present for the unmarried groups. We also took adolescent boys and men as two other strata to assess their perception and behavior on gender issues post disaster and during the COVID 19 induced lockdown and economic depression. This helped us deconstruct the patriarchal norms that exacerbate gender issues during disaster or health economic shocks like that of COVID 19.

*It is important to note here that the marginalized women in this survey are defined as women who are (i) divorced (ii) widowed (iii) physically disabled (iv) abandoned (v) separated. The marginalized women in our sample does not involve women who are currently in marital relationship.*

As the total population for all the strata combined is unknown, to derive the total sample size, we considered 95% confidence level and 5% margin of error. This yielded a total sample size of 385. We then used a purpose sampling methodology to distribute these 385 samples in 7 districts among the 7 strata of samples.

First the total samples were distributed equally among the seven districts. This yielded planned sample size of 55 per district. Of the 55 samples in each district, 30 were distributed proportionately among adolescent girls, marginalized women and married women who were found to have been most affected in the previous rapid general analysis that were undertaken by UN Women in 2020. The rest of the samples in each district were then proportionately distributed among the rest of the strata- sex workers, transgender, adolescent boys and men in the community. As per plan, we expected to have 6 samples per strata from these four strata in every district. However, the achieved sample is slightly lower than the target. In Satkhira we were not able to identify samples representing sex workers. Achieved samples were also slightly lower than the target in Dhaka and Narayanganj. We have one sample short for the married women strata in Dhaka and Narayanganj and two samples short for the Transgenders in Narayanganj. This however does not affect statistical significance as the weight distribution between the districts and the strata within the districts remains mostly similar. The total achieved sample for the quantitative survey for this study was 368.

Table 1: Sample distribution for the quantitative survey

| *Respondents* | ***Dhaka*** | ***Narayan-ganj*** | ***Khulna*** | ***Satkhira*** | ***Kurigram*** | ***Jamalpur*** | ***Cox's Bazar*** | ***Total*** |
|---|---|---|---|---|---|---|---|---|
| Adolescent Girls | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 70 |
| Marginalized Women | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 70 |
| Married Women | 9 | 9 | 10 | 10 | 10 | 10 | 10 | 68 |
| Sex Worker | 6 | 6 | 6 | 0 | 6 | 6 | 6 | 36 |
| Transgender | 6 | 4 | 6 | 6 | 6 | 6 | 6 | 40 |
| Adolescent Boys | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 42 |
| Men in the Community | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 42 |
| **Total (n)** | **53** | **51** | **54** | **48** | **54** | **54** | **54** | **368** |

*Data Collection and Analysis for the Quantitative Survey*

We used Computer Assisted Personal Interviewing (CAPI) method to collect the data. The Humanitarian version of the Kobo Toolbox was used in this regard. We used SPSS version 16 for data analysis. Seven field supervisors and 15 female supervisors were engaged for data collection. The enumerators were trained on the questionnaire through online Zoom meeting due to COVID 19 travel restrictions.

Given the sensitivity of the research questions, only female enumerators were deployed in the field for data collection. Given the small samples size for each strata, within each district, we did not undertake stratified analysis for the districts. The

stratified analysis is done for each respondent group (who are defined as strata in this report) and we have primarily provided an aggregate scenario for the strata which shows the overall situation in the NRP programme area. However, for certain indicators, where we felt importance and relevance during the data analysis, we have undertaken some quantitative analysis of the strata at district level to see whether there are differences in results among the districts. These are explained in the relevant section. District level comparison is also done based on qualitative survey which is further explained in section 1.3.4. For each strata, the quantitative analysis is guided by the gender indicators that are defined under section 1.3.1.

### 1.3.2 QUALITATIVE SURVEY

*Focus Group Discussions*

We undertook Focus Group Discussions (FGDs) (one for each strata) to triangulate the data collected in the quantitative study and also to qualify the evidences gathered. We collected cases from the FGDs that explain in depth the underlying conditions revealed in the quantitative study. For the FGDs we randomly selected one upazila from the selected district and the respondents were all gathered from a randomly selected ward from within the randomly selected district. On average we had 6-8 respondents per strata per district. In total, we conducted 49 FGDs that were participated by 345 respondents.

Table 2: Focus Group Discussions

| Study locations (Districts) | Adolescent girls | | Adolescent boys | | Marginalized women | | Married women | | Married Men | | Sex worker | | Transgender | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | # FGDs | # Participants | # FGDs | # Participants | # FGDs | # Participants | # FGDs | # Participants | # FGDs | # Participants | # FGDs | # Participants | # FGDs | # Participants |
| Kurigram | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 |
| Jamalpur | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 |
| Sathkhira | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 8 | 1 | 0 | 1 | 0 |
| Khulna | 1 | 7 | 1 | 6 | 1 | 7 | 1 | 7 | 1 | 7 | 1 | 8 | 1 | 6 |
| Cox's Bazar | 1 | 6 | 1 | 6 | 1 | 7 | 1 | 7 | 1 | 9 | 1 | 6 | 1 | 6 |
| Narayanganj | 1 | 7 | 1 | 6 | 1 | 7 | 1 | 7 | 1 | 9 | 1 | 7 | 1 | 7 |
| Dhaka | 1 | 6 | 1 | 6 | 1 | 7 | 1 | 7 | 1 | 7 | 1 | 10 | 1 | 8 |
| **Total** | **7** | **50** | **7** | **48** | **7** | **52** | **7** | **52** | **7** | **56** | **7** | **47** | **7** | **43** |

*Key Informant Interviews (KIIs)*

The key informant interviews were undertaken to gather in-depth insights that can be used to triangulate the data from the quantitative survey. Most importantly, it helped us gather perspectives of key informants representing government organizations, NGOs and community-based organizations representing the strata that were selected for the study. KIIs were conducted with organizations which work on women and girl's empowerment and Gender Based Violence (GBV) related issues in the study areas. The study team also conducted interviews with the local officials from the department of women affairs from each of the study Upazilas and districts. For the qualitative survey, a purposive sampling method was used.

Table 3: Sampling for Key Informant Interviews

| *Type of Respondents* | *No. of KIIs* |
|---|---|
| Local women association leaders | 5 |
| Local NGOs and INGOs representatives working with women | 9 |
| Local and National Government Officials (MoWCA, DWA, Upazila Women and Children Affairs Department) | 6 |
| UN Women team members | 2 |
| *Total* | *22* |

### 1.4 QUALITY ASSURANCE

We undertook a rigorous data monitoring, screening and cleaning process. A field progress report was prepared for each location every day based on the team's performance. This was used for early detection of any problem faced during implementation and helped the monitoring cell to implement corrective measures. Our field teams held discussion meetings regularly to scrutinize the collected and resolve administrative issues.

### 1.5 COVID 19 RISK MITIGATION MEASURES FOR ENUMERATORS AND RESPONDENTS

All the enumerators were provided with surgical face masks and hand sanitizers. The enumerators and supervisors also carried extra masks so to ensure that respondents who do not have face masks are provided with such during the interview. All the interviews were undertaken with social distancing as per WHO guideline. All enumerators and supervisors were routinely checked for fever and COVID 19 symptoms.

## 1.5 LIMITATIONS

The data collection for the study started on May 23rd, 2021. The enumerator's training had to be organized online due to surge in COVID 19 cases across the country. This to certain degree affected the learning outcome from the training. We used the mock test of the tools to address the knowledge gap of the enumerators. We also addressed issues related to skip logic for the questionnaire which were found during the mock test and updated the Kobo ToolBox that was used to collect the data. We had to take extra measures. Cyclone *Yaas* (May 25th) hit the country as soon as the data collection started. This affected data collection in Khulna and Shatkhira that were affected by *Yaas*. We extend the timeline for data collection to address the issue. This report does not provide analysis on certain indicators which we acknowledge as limitation of the tools for the quantitative survey and the qualitative survey. These are:

(i) We do not have data on the occupation of the main income earner of the adolescent boy respondents in the survey
(ii) The survey tools, did not include questions on education of the sex workers and the transgender
(iii) We do not have data on women who are physically and mentally challenged; we also do not have data on women from ethnic minorities.
(iv) We lack data on pre-COVID and pre disaster access to food, consumption of different types of food, number of daily meal intakes by different strata.
(v) The quantitative and qualitative tools did not include questions related to child protection. As such we cannot provide primary evidence on this
(vi) Women's access to information is assessed only in context of disaster
(vii) We do not have primary data on smart phone and digital device availability, accessibility and usage. This data would have proven to be useful especially given the context that the government is digitizing social safety net transfer and also there is widespread disparity between men and women in access and use of digital device.
(viii) We lack primary data from this study on financial literacy of women

# 2. DEMOGRAPHY OF RESPONDENTS

*The respondents of this study represent a diverse age group and diverse range of occupational groups. There is wide variance in age within each study strata with the exception of the adolescent boys and girls. This is reflective of the case that the samples were drawn through simple random sample technique and that there is no age bias within our samples. As such the respondents cover the status of low-income population headed by different age groups. The households that are represented therefore offer an aggregate scenario of a location where we are expected to see a newly married couple, a couple with young children or adult children or couples who are dependent on the income of their adult children.*

*Of the respondent marginalized women households, 27% are engaged in non-agricultural day labour. Of the households represented by the adolescent girls, 29% are engaged in non-agricultural day labour. Households represented by the married women earn mostly from agricultural day-labour and (24%). However, 19% of the households represented by the marginalized women also reported that they are dependent on non-agricultural day labour. The data that are presented in this study therefore is representative of the households that were identified as most vulnerable to income shock from COVID 19 by several agencies like Innovision Consulting and Brac Institute of Governance in Development (BIGD) which have been tracking the impact of COVID 19 on low-income population).*

*The average family size of the respondents is 4.5, most respondent households have access to electricity. Most households do not own a solar panel as an alternative energy. The roof of the households is mostly made of tin (respectively 81%, 83% and 84% for the adolescent girl respondents, the marginalized women respondents and the married women respondents). Most households have floor made of mud (respectively 60%,60% and 69% for the households represented by the adolescent girls, marginalized households and married women). These households are thus highly prone to severe loss or damage to their homes due to flash flood, cyclone and storm surge.*

## 2.1 RESPONDENT'S AGE GROUP

The mean age of the adolescent girl respondents is 15 years. The mean age for the adolescent girl respondents is higher in Cox's Bazaar and lower in Jamalpur and Khulan (14 years). In contrast the mean age is higher for the adolescent boy respondents in our sample (16 years). It is the higher than the average for the respondents in Khulna and Kurigram (17 years). The variance is 3.47 for adolescent girls and standard deviation is 1.86. In contrast, the variance is 2.45 for adolescent boys and standard deviation is 1.56. The variance and standard deviation are however quite large for the marginalized women, married women, male respondent categories (Table 4). The wide age range in these strata is consistent with the simple random sampling method as did not plan to control the age group for these respondents. However, this also provide opportunity to assess whether there are similarities or dissimilarities in a specific age group within a strata or among different strata. We considered these conditions in our data analysis.

*Table 4: Summary of Respondent's Age Profile*

| Strata | Mean Age | Variance | Standard Deviation |
|---|---|---|---|
| Adolescent Girls | 15 | 2.45 | 1.56 |
| Adolescent Boys | 16 | 2.56 | 1.60 |
| Marginalized Women | 43 | 174.44 | 13.21 |
| Married Women | 32 | 74.77 | 8.65 |
| Sex Workers | 32 | 93.54 | 9.67 |
| Transgender | 30 | 78.10 | 8.84 |
| Married Men | 40 | 107.41 | 10.36 |

## 2.2 OCCUPATION OF THE RESPONDENT HOUSEHOLDS

Only three of our respondent strata- (Married Men, sex workers, transgender) earn their own income or are responsible for their own livelihood. The recent depend on other household members. We do not have data of the primary source of income of the households of the adolescent boys. The comparative analysis of the major sources of income shows a wide dispersion. We can observe that all our respondents are dependent on informal sources of income with the exception of private service holders which is expected to be formal employment. The dependence on informal income mean that these households are vulnerable to external shocks. We further assessed this condition in the section on COVID 19 impact on the households. The dependence on informal sources of income can also mean periodic income depression which might have influence on household income and expenditure decision and gender-based violence because of depressed income. We assessed these conditions in subsequent chapters.

*Table 5: Primary Occupation of the Respondent's Household (Only the major occupations)*

| Type of Occupation of the Respondent Household | Adolescent Girls | Marginalized Women | Married women | Trans gender | Sex workers | Married Men |
|---|---|---|---|---|---|---|
| Sex Work | 0% | 0% | 0% | 23% | 100% | 0% |
| House Maid | 0% | 0% | 0% | 0% | 17% | 0% |
| Grocery Shop | 0% | 4% | 3% | 0% | 6% | 12% |
| Agricultural Day Labor | 13% | 14% | 24% | 0% | 0% | 19% |
| Agricultural Producer | 3% | 1% | 3% | 0% | 0% | 12% |
| Small Business | 11% | 16% | 6% | 0% | 0% | 2% |
| Mason/ Carpenter | 9% | 4% | 7% | 0% | 0% | 10% |
| Non-Agricultural Day Labor | 29% | 27% | 19% | 0% | 0% | 19% |

| Type of Occupation of the Respondent Household | Adolescent Girls | Marginalized Women | Married women | Trans gender | Sex workers | Married Men |
|---|---|---|---|---|---|---|
| Private Service | 7% | 6% | 7% | 0% | 0% | 5% |
| Rickshaw/Van Puller | 11% | 4% | 13% | 0% | 0% | 5% |
| Ransom money from the shops and streets | 0% | 0% | 0% | 75% | 0% | 0% |
| Dance in weddings/ ransom from family of new born child | 0% | 0% | 0% | 73% | 0% | 0% |
| *(Base) n* | *70* | *70* | *68* | *40* | *36* | *42* |

## 2.3 FAMILY SIZE AND STATUS OF DWELLINGS

We do not have data of the family size of the adolescent boys. Also, we do not have the data of the family size of the transgender and sex workers. The average household size for the rest of the samples is 4.5. We used this household size for the purpose of this study (Table 6). Majority of the respondents reported to have access to electricity in their house. The percentage is low in case of the marginalized women (86%) compared to the other groups such as households representing married men (98%), adolescent girls (97%) and married women (96%). However, while asking about the access to solar panels in their house, the respondents reported negatively. Only a few of them had reported to have access to solar panels. This indicates that the respondents have to face difficulties in regular days when they don't have any electricity. This also translates their inability to have access to internet connectivity (Table 7). The women and girls who responded to the study said they live in a tin-shaded semi-pucca house with tin materials in the walls and roofs and muds for the flood. Pucca structures were commonly found among the affluent families in rural areas. However, we do not have the data for the adolescent boys, sex worker and transgender communities (Table 8).

*Table 6: Household composition*

| Respondents | Average Household Size |
|---|---|
| Adolescent Girls | 5.1 |
| Male Respondents | 4.4 |
| Marginalized Women | 4.1 |
| Married Women | 4.7 |
| **Grand Total** | **4.5** |

*Table 7: Access to electricity by type of respondent households*

| Responded in Yes | Adolescent Girls | Marginalized Women | Married women | Married Men |
|---|---|---|---|---|
| Electricity in the house | 97% | 86% | 96% | 98% |
| Solar panel in the house | 19% | 11% | 19% | 17% |
| (Base) n | 70 | 70 | 68 | 42 |

*Table 8: Dwelling materials by type of respondents*

| Status of dwellings | Adolescent Girls | Marginalized Women | Married women |
|---|---|---|---|
| Walls (Pacca) | 29% | 29% | 19% |
| Walls (Tin) | 57% | 60% | 66% |
| Floor (Pacca) | 39% | 40% | 31% |
| Floor (Mud) | 60% | 60% | 69% |
| Roof (Pacca) | 11% | 9% | 3% |
| Roof (Tin) | 81% | 83% | 84% |
| Roof (Plastic) | 4% | 7% | 6% |
| (Base) n | 70 | 70 | 68 |

# 3. PRE-EXISTING VULNERABILITIES

*In our sample, marginalized women are represented by women who are divorced, widowed, separated or abandoned or who are old. The data shows that 59% of these samples never attended schools while its only 29% for married women and 36% for married men. However, while 64% of the marginalized women are reliant on their own income, only 3% of the married women are reliant on their own income. In subsequent analysis, we can observe that the marginalized women have higher agency and decision-making authority if compared to married women even though the income of the households of the marginalized women are much less than the income of the married women. The low engagement of married women in rural areas in income generating activity potentially indicates at high vulnerability to poverty in the event that they are divorced or abandoned by their husbands or in-laws.*

*The data shows that the households with secondary sources of income have higher overall household income with the exception of the sex workers where only the sex workers who are not able to earn enough usually take up a job like working as a helping hand to meet their means. Of our respondents, the marginalized women have the lowest monthly household income (TK 8114 per month, which increases to TK 11,213 per month if the income from secondary source is accounted for). If we account for the poverty line of $1.9 per capita and average family size of 4.4 of our respondents, then all our respondents belong to the extreme poor category as their overall family income is less than the threshold. Data suggests that even within the same trade, there is wide disparity in earning between men and women. While the marginalized women are able to earn TK 4,667 from a grocery shop a month, it is TK 20,6000 for the male respondents and TK 24,500 for the married women respondents who support their husbands to manage the shop. Savings is more prevalent among the married women (87%) if compared to marginalized women (11%) and the transgender (32%). The marginalized women and the transgender respectively have only TK 6,813 and TK 10,200 as average savings. While the data clearly relates this to the low- and informal-income base of the marginalized and the transgender, it also probably indicates at institutional failure to bring the vulnerable under the right type of social safety net and livelihood schemes that can push them upwards from the poverty line.*

*There is clear gender discrimination in allocation of nutritious food among the household members. Overall, 34% of the respondents reported that the men in the house get first priority in the allotment of nutritious food or protein as they have to work and earn for the family. This is followed by boy child (30%) and elders (13%). Only 13% of the respondents reported that they prioritize the girl child. There is also disparity among the regions – 77% of the respondents in Satkhira and 76% of the respondents in Narayanganj reported to prioritize men over women for allotment of nutritious food.*

*The data shows wide coverage of hygienic sanitary latrine, even though around half of the respondents reported that the latrines are located outside (adolescent girls- 44%; marginalized women- 36%, married women-46% and men – 55%). Ring slabs are the most widely installed latrines (adolescent girls- 66%; marginalized women- 64%, married women-62% and men – 62%). When we probed further into the district wise data, we have observed some important insights that should be of importance to UN Women and the national resilience programme: (i) Around 57% of the respondents in Narayanganj have shared that they do not have latrines or they share their latrine with their neighbours (ii) Higher percentage of respondents in Cox'sBazaar (78%), Jamalpur (61%), Kurigram (56%) and Satkhira (42%) have reported of having latrine in the outdoor (iii) Higher percentage of respondents in Khulna (31%), Kurigram (36%) and Narayanganj (34%) have reported that their latrine is very poor (iv) Privacy concern is more prevalent with the respondents in Khulna (22%) and Narayanganj (26%). Also, In Narayanganj, 37% of the respondents have reported that it takes more than 2 minutes but less than 5 minutes to reach latrines.*

*The data shows that the female respondents across all respondent groups depend on different family members for health advise. For the adolescents it is usually the mother, for the marginalized the adult children and for the married women it is their husband. Awareness sessions on health should be designed to recognition to this health seeking behavior. The sex workers and the transgender face stigmatization and discrimination in availing health services and this calls for immediate intervention at national level. The burden of unpaid care work on women is found to be associated with gendered norms prevailing between both men and women. Women perceive that the works related to fetching water, latrine maintenance etc. are that of a women and men should not be engaged. Men also believe that they are primarily responsible for earning bread and butter. An interesting finding is that the adolescent girls see the role of men more positively and higher percentage of adolescent girls if compared to marginalized women and married women have reported engagement of men in household chores. It potentially indicates that targeting the adolescents might yield a more systemic and sustainable shift in gendered roles in household activities.*

*Findings from the FGDs and IDIs show that joint decision making is more common for buying groceries, cooking, buying household utensils, seeking treatment, children's education/marriage etc. However, in case of taking decisions over spending household income and assets, the women members of the household usually depend on the male members of the family. Women have reported that they often take loans as they are forced by their husband. They do not know get to know the use of the loans. Marginalized women are more mobile if compared to married women. Of the three female respondent groups, higher percentage of marginalized women (38% very often; 32% often) have responded that they buy their own groceries. It is surprising that all three respondent groups have reported that they do not often visit their family, relatives and friends (adolescent- 57%, marginalized women-57%, married women-56%). Women also do not often go out to buy their medicines. Visiting health service center and doctors is also limited. FGDs suggest that they primarily take advise from relatives and neighbours and visiting doctors or health centers is restricted to severe cases.*

## 3.1 ACCESS TO EDUCATION

The data shows a clear distinction between marginalized women and married women with regards to educational attainment. We do not observe much difference between adolescent girls and boys with regards to educational attainment with the exception of secondary school certificate (SSC) in which we have higher percentage of boys than girls completing the certificate. This potentially indicates at higher drop out of girls prior to SSC. The data shows that 53% of the marginalized women never attended schools. In contrast, 29% of the married women never attended schools. The high percentage of married women not attending schools may potentially have impact on their income, access to health care other services. We looked into this aspect in subsequent section. A high percentage of Married Men (36%) were also found to not have attended school. We looked at its implication on employment and income. We can observe a high percentage of married women if compared to Married Men completing school up to class 5 (Table 9).

*Table 9: Educational attainment of the respondents*

| | *Adolescent Girls* | *Adolescent Boys* | *Marginalized Women** | *Married Women* | *Married Men* |
|---|---|---|---|---|---|
| Never attended school or not passed a single level. | - | - | 53% | 29% | 36% |
| Primary (up to class 5) | 11% | 10% | 17% | 37% | 19% |
| Class 5-10 | 74% | 71% | 24% | 28% | 26% |
| Secondary (SSC or equivalent) | 3% | 10% | 3% | 1% | 5% |
| Higher Secondary (HSC or equivalent) | 11% | 10% | 1% | 4% | 5% |
| Bachelors | | | | | 5% |
| Masters or equivalent and above | - | - | 1% | - | 5% |
| *Base (n)* | *70* | *42* | *70* | *68* | *42* |

- *Does not include any married women. The marginalized women here are divorced, widowed, separated, abandoned, physically disabled, old aged. Our sample does not include women respondents from ethnic minorities.*

## 3.2 WOMEN'S LIVELIHOOD, INCOME AND FOOD SECURITY

Of the respondent adolescent boys, 14% have reported that they are engaged in income generating activity. Around 8% reported that they are engaged in non-earning income generating activity. The rest have reported that they are full time students. In contrast, among the adolescents, 4% reported that they are engaged in non-agricultural day labour, 3 % reported that they are housewives. Around 10% reported that they are not engaged in any form of activity and 3% reported that they are engaged in some sort of income generating activity which includes cooking, private service etc. Of the total adolescent respondents, 80% reported that they are full time students. *The data indicates that the adolescent boys are more burdened with labour than adolescent girls.*

Our sample shows that the marginalized women are engaged in diversified livelihood activities which is consistent with the fact that they are sole earners for their family. In contrast, of the married respondents, only 19% are have some income from non-farm day labor or skilled work (like tailoring). We cannot deduce from the data any specific vocation where the marginalized women are engaged other than the non-farm day labour. This potentially suggests that they do not have the skills or opportunity to avail skills that could improve their employability. In this context, it is important to note that 27% of the marginalized women reported that they are unemployed. This means, they are dependent on others for their livelihood. Also, given that the married women are predominantly engaged in non-income earning household activities and are primarily housewives, they are at high risk of being vulnerable from divorce or separation or from being widowed which is evident in the data of the marginalized women.

*Table 10: Livelihood Engagement: Marginalized women as opposed to Married Women*

| Occupation | Marginalized Women | Married Women |
|---|---|---|
| Agri day labor | 6% | |
| Beggar | 1% | |
| Business | 3% | |
| Cleaner | 3% | |
| Cook | 4% | |
| Grocery | 1% | |
| Housewife | 4% | 79% |
| Non-farm day labor | 23% | 19% |
| Others (specify) | 10% | |
| Poultry Producer | 4% | |
| Private service | 11% | |
| Unemployed | 27% | |
| Non-earning income generating activity | - | 7% |
| | 70 | 68 |

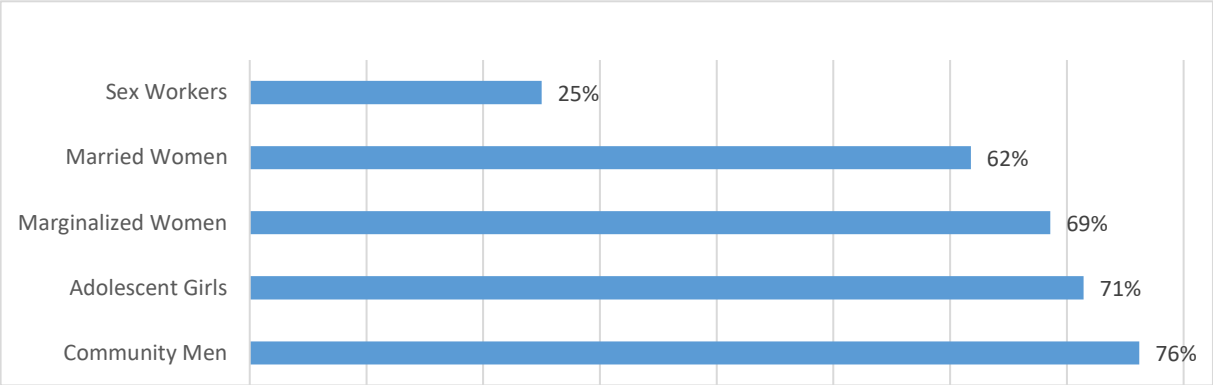
It is pertinent to note that the data shows that women who are divorced, widowed, abandoned, separated are either self-reliant or are dependent on their children (primarily adult son) while women who are married are almost exclusively dependent on their husbands. This potentially suggests that marginalized women have more agency and decision-making power than married women. We further assessed this hypothesis in subsequent section.

*Table 11: Self- reliance: Marginalized women as opposed to Married Women*

| Marginalized Women | | Married Women | |
|---|---|---|---|
| *Source of Income* | *% of respondents* | *Source of Income* | *% of respondents* |
| Self | 64% | Husband | 93% |
| Adult son | 24% | Self | 3% |
| Father | 3% | Adult son | 1% |
| Mother | 3% | Mother | 1% |
| Others | 3% | Father-in-law | 1% |
| Adult daughter | 1% | - | - |
| Brother | 1% | | |
| *Total (n)* | *70* | *Total (n)* | *68* |

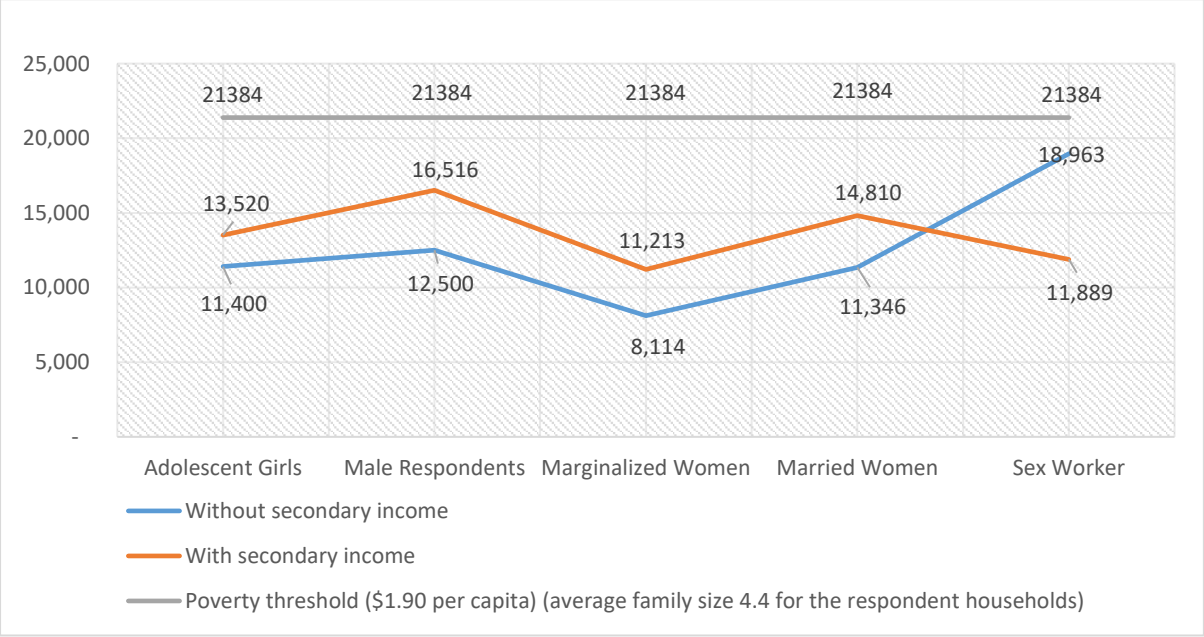
Having secondary sources of income is an indicator of shock absorption capacity as the households can weather depression from one source of income if they continue to earn from the other sources. In our survey, we have observed that the sex workers are the most vulnerable as most of them do not have secondary sources of income. The transgender respondents are not dependent on single source of income and they do not have a fixed source of income which is why they do not appear on the analysis. The other three respondent groups fair similar to the Married Men in terms of household's access to secondary sources of income and this fall in the range of 62% to 76% (Figure 1). It should be noted here that the married women and adolescent girl groups do not have their own income as we have presented in *Table 8.* As such figure 1 should not be read as self-income but rather as household income.

*Figure 1: Respondent households that have secondary sources of income*




Just having access to a secondary source of income is not sufficient if the combined effect of the primary and the secondary income do not pull the household above the poverty line. The average household size of our sample respondents is 4.4. This is very close to the national average of 4.04 as per Household Income and Expenditure Survey 2016. If we account for the lower poverty line of USD 1.90 per capita, we can observe that all the respondent households fall under the extreme poverty category even after their secondary sources of income is accounted for. Only the sex workers are found to have a primary income which is close to the poverty threshold (Figure 2).

*Figure 2: Household's aggregate income from primary and secondary sources if compared to the poverty threshold of $1.90 per capita per day- data converted to monthly average (in BDT)*




Interestingly, for the sex workers who have secondary sources of income, the combined income from primary and secondary sources is even lower than income from the primary source. We looked deeper into the data and found that the sex workers who have secondary sources have very limited income from sex work and engage in different types of informal secondary occupation which do not provide them a strong income base. Sex workers who have good income from sex work do not engage in other vocations. It was also found from key informant interviews and in-depth interviews that sex workers above the age of 25 take up secondary income sources to manage their living expenses as their number of customers deplete. They usually retire by the age of 39 or become engaged in trading other girls for sex work. Their lack of employability skills and education, combined with the social shame leave them with few livelihood options.

From the qualitative study, it is observed that 75% of the brothel-based sex workers in Dhaka, 33% of the brothel-based sex workers in Khulna, and 50% of the brothel-based sex workers in Narayanganj are also engaged as housemaids. Although brothel-based fifty percent (50%) of the sex workers (especially women of age 30 and above) were reported to run small shops (tea stalls) inside the brothels, only 8% of the floating sex workers reportedly run small shops. Many sex workers also save finance or take loans to purchase a house. An NGO worker during the study also reported that sex workers often try to marry their long-term customers for their sustenance. This finding provides a very useful lens of targeting the vulnerable sex workers. We could not do the similar analysis for the transgender as they collect money from different sources. The transgender respondents reported monthly income of BDT 14,778 from sex work and almost the same amount as ransom money from shops or from families with new born. Again, it should be noted that this scenario is calculated on the assumption that the respondent household is earning from only one of these sources. The analysis also shows that income vulnerability is highest for the marginalized women as they earn much lower than other households for the same occupation. For example, they earn only TK 4667 from grocery shop while households representing men or married women earn respectively Tk 20,600 and TK 24,500 per month (Table 12).

*Table 12: Income by occupation of the respondent households (in BDT/month for each type of occupation; a household is not engaged in all the different occupations that are listed)*

| | *Adolescent Girls* | *Male Respondents* | *Marginalized Women* | *Married Women* | *Sex Worker* | *Transgender Community* |
|---|---|---|---|---|---|---|
| Sex work | - | - | - | - | 17,194 | 14,778 |
| House Maid | - | - | - | - | 12,333 | - |
| Grocery Shop | - | 20,600 | 4,667 | 24,500 | 10,500 | - |
| Agricultural Day Labor | 12,000 | 9,250 | 9,111 | 10,281 | - | - |
| Agriculture Producer | 11,500 | 13,100 | 15,000 | 10,000 | - | - |
| Small Business | 12,375 | 30,000 | 14,000 | 20,250 | - | - |
| Mason/ Carpenter | 12,833 | 16,250 | 12,667 | 13,600 | - | - |
| Non-Agricultural Day Labor | 11,400 | 15,750 | 8,368 | 11,231 | - | - |
| Private Service | 16,400 | 17,000 | 13,875 | 17,200 | - | - |
| Rickshaw/Van Puller | 16,625 | 18,000 | 12,000 | 13,000 | - | - |
| Ransom money from the shops and streets | - | - | - | - | | 14,833 |
| Dance in weddings/ birth of newborn | - | - | - | - | | 14,138 |

While 87% of the married women reported to have personal/ family savings which averaged to BDT 27,143, only 11% of the marginalized women reported to have any personal/ family savings. The average savings per person is only BDT 6813 among the marginalized women. This suggests that the marginalized women are more vulnerable to withstand disaster and economic shocks. We assessed this further in chapter 3 and chapter 4. Based on the findings from the IDIs and FGDs we estimate that around 86% of the brothel-based sex workers and 54% of the floating sex workers reported to have personal savings averaging to BDT 25,700 and BDT 22,400 respectively. Of the transgender respondents, 32% reported to have personal savings and the average savings per person is BDT 10,200 (Table 13). The transgenders also are therefore less capable of withstanding external economic shocks and we assessed this condition in chapter 3 and chapter 4.

*Table 13: Savings by type of respondent households*

| | Married Women | Marginalized Women | Brothel Based Sex Workers | Floating Sex Workers | Transgender |
|---|---|---|---|---|---|
| % of respondents who have savings | 87% | 11% | 86% | 54% | 32% |
| Average value of savings in hand (in BDT) | 27143 | 6813 | 25,700 | 22,400 | 10,200 |

We lack data on pre-COVID and pre-disaster access to food, consumption of different types of food, number of daily meal intakes by different strata. As such we cannot construct food security status and define the vulnerability in general situation. However, from the data gathered from the samples representing marginalized women, married women and adolescent girls, we can define gendered norms in food allocation within the households. Male members and boy child get priority in allotment of nutritious food before a girl child and the female members. Strikingly, family members with disability are also discriminated (Table 14).

*Table 14: Household members prioritized for allocation of nutritious food*

| Household member | Married Women | Marginalized Women | Adolescent Girls |
|---|---|---|---|
| Male members | 38% | 6% | 36% |
| Boy Child | 31% | 37% | 23% |
| Girl Child | 15% | 27% | 19% |
| Elders | 13% | 7% | 11% |
| Not specified | - | - | 6% |
| Female members | 1% | 7% | 4% |
| People with disability in the family | 1% | 16% | 1% |
| *Base (n)* | *68* | *70* | *70* |

The gendered norms in allotment of nutritious food are more prevalent in certain districts. Narayanganj and Satkhira have significant bias towards the male member and boy child of the household. Dhaka is performing the best in terms of food allotment for girls (31%). Jamalpur has positive bias towards the elderlies (53%) (Table 15).

*Table 15: Household members prioritized for allocation of nutritious food- Response by District*

| | Cox's Bazaar | Dhaka | Jamalpur | Khulna | Kurigram | Naray anganj | Satkhira | Overall |
|---|---|---|---|---|---|---|---|---|
| Male members | 57% | 38% | 7% | 20% | 33% | 76% | 7% | 34% |
| Boy Child | 13% | 31% | 20% | 40% | 27% | 3% | 77% | 30% |
| Elders | 13% | 0% | 53% | 13% | 0% | 14% | 0% | 13% |
| Girl Child | 13% | 31% | 10% | 20% | 13% | 0% | 7% | 13% |
| Female members | 3% | 0% | 7% | 7% | 10% | 3% | 0% | 4% |
| Others | 0% | 0% | 0% | 0% | 7% | 3% | 3% | 2% |
| Disabled persons in the family | 0% | 0% | 3% | 0% | 0% | 0% | 3% | 1% |
| ***Base (n)*** | ***30*** | ***29*** | ***30*** | ***30*** | ***30*** | ***29*** | ***30*** | ***208*** |

## 3.3 ACCESS TO WASH FACILITIES AND SERVICES

The data shows that the household samples representing the adolescent girls have better access to latrines if compared to households representing marginalized women, married women and Married Men. However, nearly 50% of our respondent households have their latrines outside their houses which raises safety concerns for adolescent girls and women. We assessed this issue further in subsequent section. Higher percentage of households representing marginalized women (19%) do not have their own latrine if compared to households representing adolescent girls, married women and Married Men (Table 16). We do not have similar quantitative data from the respondents representing sex workers and transgender. From the qualitative data we can observe that the sex workers and transgender primarily use shared latrine or public latrine. Open defecation is also common amongst floating sex workers. Most of the respondent households across all segments use ring slab latrines (Table 17).

*Table 16: Household's access to latrine*

| | *Adolescent girls* | *Marginalized Women* | *Married Women* | *Married Men* |
|---|---|---|---|---|
| Don't have any latrine; shared latrine with neighbors | 9% | 19% | 12% | 7% |
| Indoor | 47% | 46% | 43% | 38% |
| Outdoor | 44% | 36% | 46% | 55% |
| Total | 70 | 70 | 68 | 42 |

*Table 17: Type of latrine in use by the respondent households*

| | Adolescent girls | Marginalized Women | Married Women | Married Men |
|---|---|---|---|---|
| Open latrine | 3% | 4% | 3% | 2% |
| Pit | 9% | 10% | 10% | 12% |
| Ring Slab | 66% | 64% | 62% | 62% |
| Septic | 23% | 21% | 25% | 24% |
| Total | 70 | 70 | 68 | 42 |

Most of the respondents have categorized their latrines as either good or very clean and tidy. It is possible that there is a positive bias in this data (Table 18). A more pertinent informant would have been whether the respondents want their latrines to be improved and if yes what improvements they want to undertake. Similar bias might also be present in the data on privacy of the latrines (Table 19). Most of the latrines are within the 2 minutes of walking distance from the house. This is a good indicator of safety for the women and girls and also the physically disabled (Table 20).

*Table 18: Quality of the latrines as per the respondents*

| | Adolescent girls | Marginalized Women | Married Women | Married Men |
|---|---|---|---|---|
| Good | 61% | 61% | 69% | 48% |
| Very clean and tidy | 17% | 19% | 18% | 24% |
| Very Poor | 21% | 20% | 13% | 29% |
| Total | 70 | 70 | 68 | 42 |

*Table 19: Privacy of the latrines as per the respondents*

| | Adolescent Girls | Marginalized Women | Married Women | Married Men |
|---|---|---|---|---|
| Good | 59% | 61% | 62% | 50% |
| No privacy at all | 7% | 10% | 7% | 5% |
| Privacy is well maintained | 34% | 29% | 31% | 45% |
| Base (n) | 70 | 70 | 68 | 42 |

*Table 20: Distance of the latrine from the respondent's house*

| | Adolescent Girls | Male Respondents | Marginalized Women | Married Women |
|---|---|---|---|---|
| 5-10 minutes | 4% | 0% | 6% | 4% |
| Less than 2 minutes | 86% | 86% | 79% | 71% |
| More than 2 minutes but less than 5 minutes | 10% | 14% | 16% | 22% |
| More than 10 minutes | 0% | 0% | 0% | 3% |
| Base (n) | 70 | 42 | 70 | 68 |

When we probed further into the district wise data, we have observed some important insights that should be of importance to UN Women and the national resilience programme. These are summarized below:

- Around 57% of the respondents in Narayanganj have shared that they do not have latrines or they share their latrine with their neighbours
- Higher percentage of respondents in Cox'sBazaar (78%), Jamalpur (61%), Kurigram (56%) and Satkhira (42%) have reported of having latrine in the outdoor. Higher percentage of respondents in Khulna (31%), Kurigram (36%) and Narayanganj (34%) have reported that their latrine is very poor
- Privacy concern is more prevalent with the respondents in Khulna (22%) and Narayanganj (26%) In Narayanganj, 37% of the respondents have reported that it takes more than 2 minutes but less than 5 minutes to reach latrines.

Most of the respondent across all income groups have indoor water supply (Table 21). Tubewell is the primary source of water for the respondents from all categories (Table 22).

*Table 21: Location of the source of drinking water*

| | Adolescent Girls | Marginalized Women | Married Women | Male Respondents |
|---|---|---|---|---|
| Indoor | 56% | 47% | 41% | 60% |
| Outdoor | 44% | 53% | 59% | 40% |
| Base (n) | 70 | 70 | 68 | 42 |

*Table 22: Source of Drinking Water*

| | Adolescent Girls | Male Respondents | Marginalized Women | Married Women | Overall |
|---|---|---|---|---|---|
| Nearby pond/river/canal | 3% | 5% | 0% | 1% | 2% |
| Others | 3% | 0% | 1% | 1% | 2% |
| Tap | 36% | 29% | 43% | 34% | 36% |
| Tube well | 59% | 67% | 56% | 63% | 60% |
| Base (n) | 70 | 42 | 70 | 68 | 250 |

## 3.4 ACCESS TO HEALTH SERVICES AND SEXUAL AND REPRODUCTIVE HEALTH CARE

Around 93% of the married women reported that they talk with their husband when they face any sexual and reproductive health-related problems and about 76% of them reported that they usually feel comfortable speaking with their husband about their illness. During the FGDs, most of these women reported that they usually rely on primary treatment at their home (taking suggestions from their neighbors or field health workers). The adolescent girls primarily speak with their parents. (93%). From FGDs we can deduce that this is usually the mother. Marginalized women usually speak with adult children (66%). From FGDs we can deduce that this is usually the adult girl child in her family that she speaks with. These insights can be very useful in defining target audience for any health advisory services that are meant to reach the vulnerable poor women.

*Table 23: Source of Advice on Health Issues and Sexual and Reproductive Health Care*

| | *Adolescent Girls* | *Marginalized Women* | *Married Women* |
|---|---|---|---|
| Husband | 3% | - | 93% |
| In laws | - | - | 1% |
| Adult Children | - | 66% | 1% |
| Neighbors | - | 11% | - |
| Parents | 93% | 14% | 3% |
| Others | 4% | 9% | 1% |
| Base (n) | 70 | 70 | 68% |

As the sex worker and transgender community is already stigmatized, they had reported to face obstacles to get medical attention because of their work. Because of their social structure their responses varied from that of the adolescent girls, married and marginalized women. From our data we can deduce that for both groups, the community play a major role in disseminating information on sexual and reproductive health. Fifty six percent (56%) of the sex workers and 45% of the transgender respondents reported that they take suggestion from their community which refers to their co-workers and friends. It is also noteworthy that they selected multiple responses which probably indicate that their point of advice is based on convenience and availability (Table 24).

Findings from the FGDs and IDIs with some of the surveyed floating sex workers revealed that, most of the time they need to hide their profession to see a doctor, as they reported that there are hundreds of incidents where the health service providers refused to provide service to them. When the sex workers were asked how they usually treat themselves when they face any health problems, majority (53%) of them reported that they rely on different NGO services. From the IDIs we were informed that they occasionally receive free condom facility, contraceptive pills, Napa and other primary health treatment facilities such as blood pressure checking, HIV testing facility from NGOs. However, in case of serious health diseases (skin disease, sexually transmitted diseases, or other serious health disease), they are referred to public hospitals/community clinics.

When the transgender community were asked what they usually do when they suffer from any health-related problem, majority (28%) of them reported that they usually rely on different services provided by different NGOs (free condoms, primary health treatments etc.), 45% of them reported that they usually share their different health related problems with others in their community. Also, 25% of them reported that, they usually have a set of medicines in the community homes to treat specific diseases. While they were asked if they go to community clinics/public hospitals for seeking health treatments, they usually don't prefer to go there as hospital facilities are classified for men or women, with no center for transgender community members.

*Table 24: Source of Advice on Health Issues and Sexual and Reproductive Health Care- Sex Workers and Transgenders (multiple responses)*

| | Sex Workers | Transgenders |
|---|---|---|
| Community suggests what to do | 56% | 45% |
| We have a set of medicines in the community homes to treat specific diseases | 28% | 25% |
| NGO workers help us out from time to time | 53% | 28% |
| NGO workers have trained us | 42% | 28% |
| Stay silent/ I do not opt for treatment | 3% | 3% |
| Other | - | 5% |
| Base (n) | 36 | 40 |

Findings from the FGDs and IDIs with the women and adolescent girl respondents revealed that, due to unavailability of doctors and health staffs on the ground combined with their mobility restrictions, most of these women and girls rely on primary treatment at their home. However, in this case the agency of women is also an important issue to consider as some of the women who were interviewed had reported that, their husbands/male members should get priority in treatment as they play the role of the breadwinner in the family.

Findings from the FGDs also show that the sex workers and transgenders face discrimination in access to health services. Most physicians and hospitals avoid providing health care services to the transgender. Transgenders face significant difficulties in accessing medical care and mental health care. Seventy five percent (75%) of the respondents highlighted that they face difficulties in getting a physician's appointment. Eighty five percent (85%) of the transgenders have witnessed or attempted to commit suicide at least once in their lives.

## 3.5 UNPAID CARE WORK

For the purpose of this report, unpaid care work refers to household chores like cooking, cleaning, fetching water, making repairs, childcare work and adult care work activities like providing emotional care and administrative support for adults. In Bangladesh women on average do 3.5 times more unpaid domestic work compared to men (BBS, 2021). Around 72 % of homemakers (women) in Bangladesh are reported to spend around five hours per day on unpaid care work (UN Women, 2020). The average number of hours spent on unpaid domestic and care work in a week disaggregated by sex in Bangladesh is 24 hours for women and 7 hours for men (UN Women, 2020).

Findings from the FGDs and IDIs with the women and adolescent girl respondents revealed that their regular household works such as cooking, cleaning, household maintenance, childcare works and physical care for elderly or sick adults are mostly done by the women members in the household during usual days. In the quantitative study, 87% of the married women respondents reported that usually the women members in the family are responsible for fetching water on regular days. Around 81% of the married women also reported that the women members in the family are responsible for latrine maintenance on regular days. Of the marginalized women, 91% reported that they are responsible for fetching water for the family and 80% reported to engage in latrine maintenance on usual days. Of the adolescent girls, 82% reported that women members are mostly responsible for fetching water. Also, 67% adolescent girls reported that the responsibility of their latrine maintenance is usually borne by the women members in the family. It is worthy to note that respectively 13% and 23% of the adolescent girls reported that the male members in the family are also involved in fetching water and latrine maintenance (Table 25). It is probable that the adolescent girl respondents in the study represent younger families and the gendered norms are changing in these families.

*Table 25: Unpaid care work responsibilities- Fetching Water and Latrine Maintenance*

| | *Fetching Water* | | | *Latrine Maintenance* | | |
|---|---|---|---|---|---|---|
| | *Adolescent girls* | *Marginalized Women* | *Married Women* | *Adolescent girls* | *Marginalized Women* | *Married Women* |
| All family members | 3% | 1% | 4% | 7% | 4% | 10% |
| Children | 2% | 6% | 1% | 3% | 3% | - |
| Men | 13% | 1% | 7% | 23% | 13% | 9% |
| Women | 82% | 91% | 87% | 67% | 80% | 81% |
| *Base (n)* | *70* | *70* | *68* | *70* | *70* | *68* |

Male members of the household are mostly discouraged in providing help in household chores by women members. In this case, the agency level of the women members is a matter of concern where they usually prefer not to seek help from the male members of the family as they are responsible for income generating activities. Findings from the quantitative survey revealed that 64% of the Married Men claimed to remain busy with their work outside (in shops, fields etc.) for which they couldn't help the female members in the family in household chores. Also, while the Married Men were asked why the women members in the family usually do not ask for help from their male counterparts it was revealed that 24% of the men reported that women members in their family (wife/ mother/ daughter/sister) do not seek any help from them on usual days. Also, 21% of the Married Men reported that it is only a woman's job to take care of her family (Table 26). Largely, men have identified their engagement in income generation as deterrent for engagement in unpaid care work. These data show that both men and women need to be targeted to change the gendered norms for unpaid care work to reduce the pressure on women. Also, adolescent girls' and their families could be used as role models.

*Table 26: Reasons cited by male respondents for not engaging in unpaid care work*

| ***Reasons*** | ***% of respondents*** |
|---|---|
| I always remain busy with my work outside (in shops, fields etc.) | 64% |
| My wife/ mother/ daughter does not seek any help from me | 24% |
| This is only a women's job to take care of her family (gender stereotyping) | 21% |
| Others | 17% |
| I don't like to help | 7% |
| I do not know how to do any home chores. I was not taught. | 7% |
| *Base (n)* | *42* |

Interestingly, when we asked the male respondents the type of work they usually engage in, most men responded in positive (Table 27). This shows that men perceive that they are engaged but when probed during FGDs, they acknowledge that they do not usually do so.

*Table 27: Type of works men have reported to be engaged in*

| ***Type of responsibilities*** | ***% of respondents*** |
|---|---|
| Cooking, cleaning, looking after the children | 44% |
| Taking care of the elder family members | 44% |
| Not involved in any activity | 12% |
| *Base (n)* | *42* |

## 3.6 WOMEN'S VOICE, LEADERSHIP AND DECISION MAKING

As the marginalized women in our sample are widowed, divorced, single or separated, husbands do not play a role in their decision making. Consequently, we can observe that they have more control in their household decisions if compared to married women. Of the marginalized women respondents, 69% reported that they make their own household decisions. In comparison, 63% of the married women responded that their husbands make the household decisions. Of the married respondents, 22% reported that the husband and wife make joint decisions (Table 28).

*Table 28: Primary decision maker in the household*

| | *Marginalized Women* | *Married Women* |
|---|---|---|
| Husband | - | 63% |
| Both (Husband and wife take decision together) | - | 22% |
| Self | 69% | 13% |
| In Laws | - | 4% |
| Parents | 10% | 3% |
| All the family members have equal right in decision making | 4% | 1% |
| Adult children | 14% | - |
| Others | 3% | - |
| Base (n) | 70 | 68 |

Findings from the FGDs and IDIs show that joint decision making is more common for buying groceries, cooking, buying household utensils, seeking treatment, children's education/marriage etc. However, in case of taking decisions over spending household income and assets, the women members of the household usually depend on the male members of the family. While they were asked the reason for it, they reported that the male members have more knowledge about it. However, the scenario is quite different in those households where husband and wives both are engaged in income generating activities. Findings from the FGDs with the adolescent girls and boys revealed that the decisions related to their educations are taken by their parents jointly.

Findings show that 62% of the married women and 48% of the marginalized women are able to spend their savings on their own choice. In case of deciding on taking loans, findings revealed that the married women respondents who reported to be not allowed to take loans on their own choice, depends on their husband's decision (100%) in this regard. In case of the marginalized women, they usually depend on the decision of their elder children (67%) while taking new loans.

## 3.7 MOBILITY

Among the surveyed women and girls around 84% responded that can go outside their home in regular days. Comparatively lower percentage of married women (87%) and adolescent girls (67%) go outside their house in regular days (Table 29). For adolescent girls, restricted mobility here means restriction in going out of home to visit a friend or a relative or for any other purpose other than going to school or tuition. In our FGDs the adolescent girls reported that they go to school in groups but not alone.

*Table 29: Freedom of movement for women*

| | *Adolescent Girls* | *Marginalized Women* | *Married Women* | *Total* |
|---|---|---|---|---|
| No | 33% | 3% | 13% | 16% |
| Yes | 67% | 97% | 87% | 84% |

| Base (n) | 70 | 70 | 68 | 208 |
|---|---|---|---|---|

Of the three female respondent groups, higher percentage of marginalized women (38% very often; 32% often) have responded that they buy their own groceries. The data suggests that the adolescent girls have restriction in going out to purchase groceries. Also, lesser percentage of married women have reported to buy their grocers (17% very often; 22% often). It is surprising that all three respondent groups have reported that they do not often visit their family, relatives and friends (adolescent- 57%, marginalized women-57%, married women-56%). Women also do not often go out to buy their medicines. Visiting health service center and doctors is also limited. FGDs suggest that they primarily take advise from relatives and neighbours and visiting doctors or health centers is restricted to severe cases (Table 30). High percentage of respondents have reported that they often go out to fetch water. This data shows very high degree of gendered norms in mobility which needs to be addressed.

*Table 30: Purpose and frequency of going out of home to meet essential needs*

| | | *Adolescent Girls* | *Marginalized Women* | *Married Women* | *Total* |
|---|---|---|---|---|---|
| For buying groceries for the household | N/A | 0% | 3% | 10% | 5% |
| | Not at all | 23% | 9% | 19% | 16% |
| | Not that often | 43% | 18% | 32% | 29% |
| | Often | 28% | 32% | 22% | 28% |
| | Very often | 6% | 38% | 17% | 22% |
| For visiting family, relatives and friends | N/A | 0% | 3% | 2% | 2% |
| | Not at all | 2% | 3% | 2% | 2% |
| | Not that often | 57% | 57% | 56% | 57% |
| | Often | 34% | 24% | 32% | 29% |
| | Very often | 6% | 13% | 8% | 10% |
| For buying medicines | N/A | 0% | 3% | 5% | 3% |
| | Not at all | 36% | 10% | 17% | 20% |
| | Not that often | 40% | 32% | 44% | 39% |
| | Often | 21% | 29% | 25% | 26% |
| | Very often | 2% | 25% | 8% | 13% |
| For treatment into the local health service center or to a doctor | N/A | 0% | 6% | 5% | 4% |
| | Not at all | 15% | 4% | 0% | 6% |
| | Not that often | 64% | 37% | 56% | 51% |
| | Often | 19% | 32% | 32% | 29% |
| | Very often | 2% | 21% | 7% | 11% |
| For dropping children/ siblings to schools | N/A | 0% | 34% | 24% | 21% |
| | Not at all | 49% | 34% | 31% | 37% |
| | Not that often | 38% | 18% | 25% | 26% |
| | Often | 9% | 9% | 19% | 12% |
| | Very often | 4% | 6% | 2% | 4% |
| For my daily work/activity | N/A | 0% | 12% | 15% | 10% |
| | Not at all | 15% | 13% | 3% | 10% |
| | Not that often | 15% | 19% | 31% | 22% |
| | Often | 49% | 25% | 32% | 34% |
| | Very often | 21% | 31% | 19% | 24% |
| For fetching water | N/A | 0% | 15% | 12% | 10% |
| | Not at all | 28% | 9% | 0% | 11% |
| | Not that often | 19% | 7% | 17% | 14% |
| | Often | 34% | 28% | 25% | 29% |

| | | Adolescent Girls | Marginalized Women | Married Women | Total |
|---|---|---|---|---|---|
| | Very often | 19% | 41% | 46% | 37% |
| **Base (n)** | | **47** | **68** | **59** | **174** |

The adolescent girls identified religious barrier and social norms as the primary reasons for restricted mobility while the married women also identified household work pressure and transportation issues as barriers for mobility. We did not undertake this analysis for marginalized women as most of them did not report barrier in mobility.

*Table 31: Reasons for restricted mobility (multiple responses)*

| | | Adolescent Girls | Married Women | Total |
|---|---|---|---|---|
| Religious barrier | No | 0% | 33% | 15% |
| | Yes | 100% | 67% | 85% |
| **Base (n)** | | **23** | **9** | **34** |
| Social norms (women do not go outside home) | No | 0% | 22% | 11% |
| | Yes | 100% | 78% | 89% |
| **Base (n)** | | **27** | **9** | **38** |
| Household work pressure | No | 0% | 44% | 55% |
| | Yes | 0% | 56% | 45% |
| **Base (n)** | | **0** | **9** | **11** |
| Transportation issue for women | No | 0% | 67% | 73% |
| | Yes | 0% | 33% | 27% |
| **Base (n)** | | **0** | **9** | **11** |

## 3.8 GENDER BASED VIOLENCE

As the respondents might feel hesitant to record violence, we undertook a positive enquiry among our adolescent girl and adolescent boy respondents to understand the prevalence of gender-based violence within their family and community. In this method, instead of asking a negative question, for instance, 'Do your parents fight?' we asked whether the statement 'I have never seen a fight between my parents or between husband and wife.' This gave a safe space for the respondents to report the conditions that they are exposed to. Our findings show similar responses between boys and girls against 6 criteria that were assessed. Thirty percent (30%) of the adolescent girls and 38% of the adolescent boys have reported that they never saw their parents fight. This suggests that the rest have been exposed to parents' fight to certain degree.

Higher percentage of girls have reported that they have never seen a man beating a woman (37%) if compared to boys (29%). Our findings suggest that large number of adolescent boys and girls are exposed to physical violence on women by men in their family. Respectively 23% of the adolescent girls and 17% of the adolescent boys reported that they have never seen a man or any male members physically or sexually abusing any women. Interestingly, findings suggest that girls are less willing to agree that they have seen boys physically abusing or teasing a girl. Of the respondent girls, 28% reported that they have never seen a boy teasing a girl. In contrast, only 12% of the boys reported that have never seen a boy teasing a girl (Table 32).

*Table 32: Exposure to different types of gender-based violence by adolescent boys and girls*

| Positive enquiry | Adolescent Girls | Adolescent Boys |
|---|---|---|
| I have never seen a fight between my parents/ or between any husband-wife | 30% | 38% |
| I have never seen a man beating a woman | 37% | 29% |
| I have never seen a man or any male members (husband/father/father-in-law/brother/uncle) in my house physically or sexually abusing any women | 23% | 17% |
| I have never seen a boy tease a girl | 28% | 12% |
| I have never seen a girl tease a boy | 40% | 33% |
| My sister or girl cousin never says she is afraid/feel unsecure to go outside of their home | 11% | 26% |
| N/A | 11% | 29% |
| Base | 70 | 42 |

These findings were further confirmed in our FGDs with married women and marginalized women. The married women reported that abuse by husband is common and they do not usually report the incidence to friends or family members. Generally, both the quantitative and qualitative findings suggest that gender-based violence is accepted by both and men as a norm and part of the social power structure. Our findings provide deeper insights on the patriarchal norms ingrained within the communities. Based on secondary literature review, we constructed a series of statements related to gendered norms and gender-based violence and asked the married men, married women and marginalized women whether they agree to the statement. Almost half of the married men, married women and marginalized women responded positively to the statement that men abuse women if women do not cover properly. Forty percent (40%) of the married men think women should not go out in the dark or in crowded places. However, comparatively lesser percentage of married men, married women and marginalized women agreed to the statements that strong traditional and religious roots- for examples 'boys will be boys and can do anything they want,' 'women are born to serve men,' 'it is normal to get mistreated if husband has low income/ no job.'

*Table 33: Prevalence of patriarchal norms among the respondents*

| Social perception/ statements about gendered norms and gender-based violence | % of respondents who agreed to the statement | | |
|---|---|---|---|
| | Married Men | Married women | Marginalized women |
| It is a girl's fault for enticing a man with her beauty | 21% | 26% | 33% |
| Women did not cover properly. That's why she got abused | 57% | 57% | 53% |
| Do not go out after dark or crowded places. If you do, you will be harmed | 40% | 29% | 23% |
| Religious belief- like women's heaven lies under husbands' feet | 26% | 28% | 20% |
| Boys will be boys. They can do whatever they want | 19% | 26% | 20% |
| Boys of wealthier families/ higher class can do whatever they want to other women/ girls | 14% | 3% | 9% |
| Social belief- those who earns can do whatever they want/ men are superior than women | 5% | 10% | 14% |
| Women are born to serve men | 17% | 10% | 9% |
| Its normal to get mistreated if husband has low income/no job | 19% | 6% | 9% |
| To live with conflict/getting beaten up is normal | 5% | 10% | 10% |

Our findings show that married women and marginalized women do not take actions after facing gender-based violence. When asked about the reasons behind why marginalized women and married women are not reporting gender-based violence against the perpetrator, 28% married women reported to fear their husband, 19% marginalized women reported that they do not report out of fear of the perpetrator. Forty six percent (46%) married women and 41% marginalized women said that they do not speak out against gender-based violence out of feeling ashamed. Seven percent (7%) married women and 13% marginalized women also reported that they do not receive any support from the society related to gender-based violence. Eighteen percent (18%) married women and 23% marginalized women also reported that they were not aware of such incidences taking place in the society (Table 34).

*Table 34: Reasons for not taking action against violence*

| | Married women | Marginalized women |
|---|---|---|
| Don't have money to file a case against the guilty | 0% | 4% |
| Fear of their husband/ perpetrators | 28% | 19% |
| For shame, they don't want to take any action | 46% | 41% |
| No support from society | 7% | 13% |
| Not aware of such incidences that take place in the society | 18% | 23% |

Like the married women and marginalized women, adolescent girls also do not report abuse or sexual violence. Only 22% of the adolescent girls reported that they have shared any incidence of abuse with their friends (Table 35). Also, 47% of the adolescent girls reported that they do not take any action when they witness eve teasing in their communities. When enquired about how the adolescent girls behave when they witness a boy teasing another girl, 26% of the adolescent girls said that they try to stop the incidence. Another 26% said that they report the incidence to their parents (Table 36).

*Table 35: % of adolescent girls who have responded to have shared abuse*

| | |
|---|---|
| Shared the incidence (includes friends and acquaintances) | 22% |
| Informed nobody else | 78% |

*Table 36: Action taken by an adolescent girl in case of eve-teasing*

| | |
|---|---|
| I stand beside the victim | 4% |
| I run away | 6% |
| I report to my teacher | 6% |
| I report to elders in the community (Community leaders/Matabbar/Seniors/Chairman) | 6% |
| I have not seen a boy tease a girl | 9% |
| I try to stop him | 26% |
| I report to my parents | 26% |
| I do nothing | 47% |

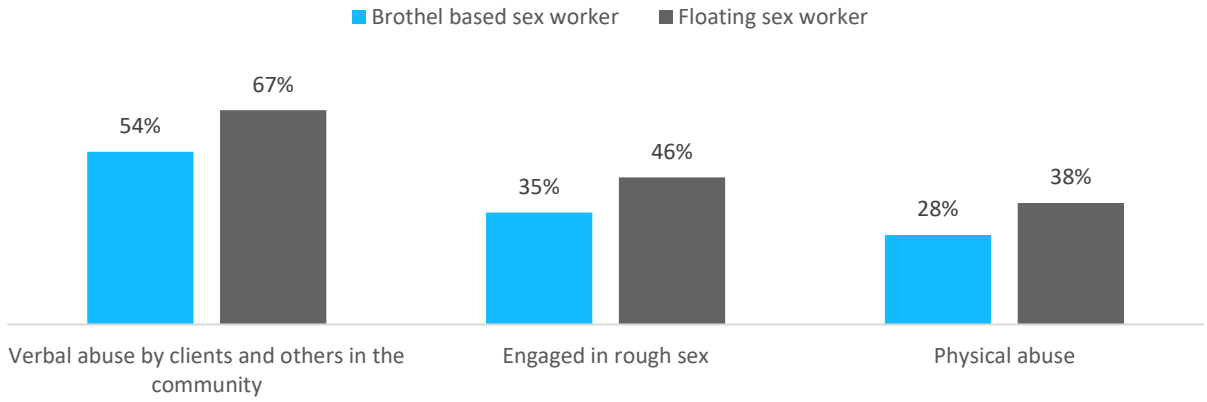
Besides abuse and sexual violence, the sex workers and the transgenders often face discrimination by the society. FGDs and in-depth interviews during the survey revealed that renting homes is a challenge for the transgenders. Landlords do not prefer renting to a Hijra community and keep higher rents than usual if they agree to rent their properties out to them. In our FGDs the transgenders reported that they are increasingly being abused by law enforcing agencies since the government decree of acceptance of transgender as the third gender. Besides, the recognition led to reduction in toll collection as they are now expected to work in formal sectors while formal sector employers are unwilling to accept them for

work despite some recent examples of affirmative actions by the employers.

Around 87% of the brothel-based and floating sex workers responded that they have hidden their identities from their children, extended family members, parents, husbands, and their communities. Sex workers reported that they have to keep a fake husband to be able to rent a house. Often the fake husband abuses the sex worker for payment. The sex workers also have to bear the food and daily expenses of these men who pretend to be their husband. From the in-depth interviews, it has surfaced that non-consensual pornography is on the rise among brothel based and floating sex workers.

From the study, it was found that around 54% of the brothel-based sex workers and 67% of the floating sex workers have experienced verbal abuse by clients, family members, brothel dwellers, dalal, shopkeepers, and others in their communities. Twenty eight percent (28%) brothel-based sex workers and 38% floating sex workers reported to have been victims of physical abuse by their clients, police, and others in the community. Thirty five percent (35%) of the brothel-based sex workers and 46% of the floating sex workers have engaged in rough sex, indicating that floating sex workers are more vulnerable to verbal and sexual abuse than brothel-based sex workers.

*Figure 3: Abuse reported by the sex workers*




From an FGD conducted in Khulna's Banishanta floating brothel, it was also learnt that religious restrictions do not permit the burial of sex workers in public graveyards. They are either thrown in rivers or dumped in the sands. However, an NGO that worked with Banishanta floating brothel has helped in setting up set up graveyard exclusively for sex workers.

# 4. IMPACT OF COVID-19

*The COVID-19 lockdown is disproportionately affecting women by widening gender gaps in terms of access to information, resources to deal with the pandemic, and its socio-economic consequences. Due to the financial crisis, social inequality and mental stress, 21% of adolescent boys and girls are unsure whether or not to return to school after the pandemic. Around 18% of the marginalized women and 15% of the married women shared their uncertainty of sending their children back in school after the pandemic. Of the married male respondents, 17% were forced to send their children to different informal jobs due to lack of family income. During the lockdown, the income of the married women respondent households dropped by 70%. The monthly income of the respondent marginalized women's families had decreased by 54%. Transgender people reported a 69% reduction in income, while sex workers reported a 73% drop in income. Of the adolescent girl respondents, 61% could not visit the local health service center or go to a doctor for seeking treatment during the lockdown. The percentage is 60% in case of the married women and 39% in case of the marginalized women. Protein intake practice of the women and girls reduced to once (rarely) in every 15 days due to loss of income. The already stigmatized sex workers (33%) and transgender communities (30%) complained that during the lockdown they couldn't find doctors for their required medical treatment.*

*Around 45% of the married women said that they couldn't buy hygiene kits during the lockdown due to loss of income. Similar findings were derived from the marginalized women (41%) and adolescent girls (38%). Unpaid care work responsibilities were increased during the lockdown for the women and girl members of the households. According to the survey, women spend 28% more time on domestic duties than they did before the pandemic. During the lockdown, women's voices and decision-making power within the household were diminished due to increased tension and challenging relationships among family members. Around 36% of the married women and 30% of the adolescent girls reported that they were mentally upset due to their lack of mobility during the lockdown. Findings shows around 15% of the women and girls surveyed said they were physically mistreated, 12% said they were subjected to sexual coercion/misconduct by their husband and close relatives during the lockdown. Around 54% floating sex workers had to experience different forms of sexual and physical violence from their limited clients during the lockdown. The percentage is 40% in case of the transgender sex workers.*

## 4.1 ACCESS TO EDUCATION

Findings revealed that financial crisis, social inequality and mental stress have forced many adolescent girls in the rural areas to drop out of schools during the pandemic. Around 21% of the adolescent boys and girls reported that they might not go back to their schools again after the pandemic.

Findings from the FGDs and IDIs with adolescent girls and boys across all study locations revealed that they are depressed and frustrated as a result of their school and studies being closed for around 1.5 years. Many have been forced to cut down on their private tuition which has further stunted their educational attainment.

Findings from the FGDs and IDIs with men and women respondents from different study locations revealed that, they are now unsure if they would be able to send their children back to school again after the pandemic. The quantitative results also reveal the same where 33% of the married women and 29% of the marginalized women reported that due to their loss of income during the COVID-19 lockdown they had to stop their children's education. Also, around 18% of the marginalized women and 15% of the married women (only who have reported to have school going children at home) shared their uncertainty of sending their children back in school after the pandemic.

*Table 37: Percentage of married and marginalized women reporting discontinuation and uncertainty about children's education*

| | *Marginalized Women* | *Married Women* |
|---|---|---|
| Due to lack of family income had to stop children's education | 29% | 33% |
| Uncertain of sending their children back to school after the lockdown | 18% | 15% |
| *Base (n)* | *70* | *68* |

While some students in cities have reported of using remote learning through online classes, the students in small rural towns and villages have mostly reported in our FGDs and IDIs that they are unable to attend online classes due to smart phone unavailability and lack of internet. Findings from the FGDs and IDIs with the rural adolescent girls from Teknaf, Chakoria, Jamalpur, Shatkhira, Kurigram and Khulna revealed that they were unable to attend online classes due to lack of access to computer, smart phones, and adequate internet connectivity. This was further validated by the government officials who are monitoring the situation in the field.

*''Since the outbreak of COVID-19, all the schools and Madrashas were closed down. At that time, children and adolescents became more addicted to mobile gaming and internet browsing. Majority of them didn't open their books for the last one year. Since the poor families of the rural areas were unable to manage money for their living, some of them were forced to send their children in different informal jobs. Those poor families didn't even have money to manage two times of meal for their family members. So how they would be able to buy a smart phone for their children for doing online classes?''*

*-Department of Women Affairs, Kaliganj, Shatkhira*

In addition to discontinuation of education, we have also observed that due to lack of family income during the lockdown, parents were forced to send off their children to informal jobs. Of the married male respondents, 17% of reported that during the lockdown they were forced to send their children to different informal jobs due to lack of family income. The qualitative findings of the study suggest the same. Compared to the surveyed adolescent girls from the study locations, adolescent boys were reported to be more engaged in informal jobs during the lockdown**.** Approximately, 55% of the adolescent boys reported that they were engaged in different informal jobs (agricultural and day laborer etc.) during the lockdown whereas only 5% of the adolescent girls were reported to be engaged in informal jobs (housemaids).

*"Due to poverty, I had to drop out from my school since when I was 13 years old. I studied till class 8. My elder brother is the only earning member of our family of five. During the COVID-19 lockdown, my brother had lost his work. We couldn't manage money to have our two times meals a day. This year my sister has also dropped out from her school. Since we couldn't manage our food for a day, my mother sent me to my neighbors' home for doing their household works. I am working there for the last few months. I work there for 2 times a day and had my food there as my family ran out of food during the lockdown.''*

*-Tanjina (15), Chokoria, Cox's Bazar*

Efforts to end child marriage has been disrupted by the COVID-19 Pandemic. According to BRAC data, child marriage climbed by about 22 percent from July to September, 2021. (The Daily Star, 2021). Though the quantitative findings of this study don't provide specific data on child marriage that has occurred since the closure of the schools, findings from the qualitative assessment sheds some light into the gravity of the issue. During the lockdown, the committees that regularly supervise child marriage at the Upazila level were unable to conduct their outreach initiatives, and the Upazila Women Welfare Officers identified it as a triggering factor for spike in unregistered child marriages. Male and female respondents from different study locations revealed that, during the pandemic due to loss of income and poverty, many parents and grandparents of adolescent girls had arranged their marriage to ease the financial burden. Moreover, among the surveyed adolescent boys 69% of them reported that, many adolescent girls from their community are now getting married during the lockdown due to lack of family income.

*''My father's income was cut off during the COVID-19 lockdown, making it difficult for him to support a family of six. Due to poverty, my father had decided to get me married off during the lockdown. He sold his 1 Bigha of land which he bought with his wages earned as a day laborer. Although my parents paid a dowry of BDT 50,000 to my husband's family at the time of my marriage in 2020, during the lockdown my father-in-law scolded me repeatedly asking for more money.''*
*-Shanjida (14), Dewanganj, Jamalpur*

## 4.2 WOMEN'S LIVELIHOOD, FOOD SECURITY AND INCOME

Our findings show that during the COVID-19 lockdown, economic insecurities of women economically handicapped on one hand and also increased their mental anxiety and made them victims of various forms of gender-based violence. Majority of the surveyed women and girl respondents indicated loss of income/livelihood as one of the main reasons of their mental distress during the COVID-19 lockdown. Around 93% of the married women reported that their mental health has been impacted due to loss of their family income during the lockdown. The percentage is 86% in case of the marginalized women and 75% in case of the adolescent girls.

The married women respondents who reported to be involved in different income generating activities in regular days responded that they used to make an average income of BDT 2,360 per month in normal times. However, during the 2020 lockdown, their income reduced drastically by 70%, and they earned on average BDT 713 per month. In case of the marginalized women, their monthly income has reduced by 54% where they used to earn BDT 1,848 on average during the Covid-19 lockdown in 2020. However, in case of both marginalized and married women it was found that their average monthly family income has reduced by 63% during the lockdown. Moreover, income of different vulnerable women communities (such as sex workers and transgenders) collapsed, reducing accessibility to basic necessities like food and housing. During the COVID-19 lockdown, income of the surveyed transgenders from different study locations dropped down to 69% while the sex workers' income reduced by 73%.

As per secondary literature, the COVID-19 lockdown closed the brothels leaving 20,000 enlisted sex workers (including the 8,000) in the capital jobless. (The Impact of COVID-19 on the social, economic, and psychosocial wellbeing of Sex-Workers in Bangladesh, 2020). During regular times, the brothel-based sex workers reported to make an average income of BDT 20,364/ month. However, the 2020 lockdown reduced their client visits by 82% (because of reduced incomes and strict lockdown), and the average income reduced to BDT 7,000 per month. Findings also indicated that, income of the floating sex workers was more affected compared to the brothel-based sex workers from the study locations. Income reduced by 66% for the brothel-based sex workers while the private sex workers income has been reduced by 80%. From the qualitative findings we can observe that though the brothels were closed down during the lockdown, some of the brothel-based sex workers somehow managed their income by offering private sexual services to some of their known customers. Survey data also shows that among the s brothel-based sex workers 11% got their salary from their 'Shardarni/Master' despite of having less customer during the lockdown.

However, while comparing the household level income status during the lockdown across different groups it was found that, all groups reported to experience significant reduction in household income (with or without secondary source) during the lockdown.

*Table 38: Income of the respondent households during the COVID-19 lockdown (in BDT/per month)*

| Income composition | Adolescent Girls | Male Respondents | Marginalized Women | Married Women | Sex Worker |
|---|---|---|---|---|---|
| Without secondary income | 4,625 | 6,400 | 2,945 | 3,077 | 5,958 |
| With secondary income | 5,140 | 8,391 | 4,185 | 6,107 | 3,429 |

*Table 39: Income reduction of the respondent households during the COVID-19 lockdown (in BDT/per month)*

| Income Composition | Adolescent Girls | Male Respondents | Marginalized Women | Married Women | Sex Worker |
|---|---|---|---|---|---|
| Without secondary income | 59% | 49% | 64% | 73% | 69% |
| With secondary income | 62% | 49% | 63% | 59% | 71% |

*Table 40: Income by occupation of the respondent households during the COVID-19 lockdown (in BDT/month for each type of occupation; a household is not engaged in all the different occupations that are listed)*

| Occupation | Adolescent Girls | Male Respondents | Marginalized Women | Married Women | Sex Worker | Transgender Community |
|---|---|---|---|---|---|---|
| Sex work | - | - | - | - | 5,387 | 5,222 |
| House Maid | - | - | - | - | 3,600 | - |
| Grocery Shop | - | 7,400 | 2,667 | 12,000 | 3,000 | - |
| Agricultural Day Labor | 5,889 | 5,063 | 6,556 | 5,156 | - | - |
| Agriculture Producer | 2,500 | 8,700 | 6,000 | 5,000 | - | - |
| Small Business | 3,750 | 20,000 | 3,955 | 7,000 | - | - |
| Mason/ Carpenter | 7,500 | 4,125 | 6,000 | 5,200 | - | - |
| Non-Agricultural Day Labor | 4,025 | 6,625 | 2,789 | 2,077 | - | - |
| Private Service | 13,200 | 17,000 | 3,000 | 9,600 | - | - |
| Rickshaw/Van Puller | 3,125 | 6,500 | 2,333 | 2,889 | - | - |

| Occupation | Adolescent Girls | Male Respondents | Marginalized Women | Married Women | Sex Worker | Transgender Community |
|---|---|---|---|---|---|---|
| Ransom money from the shops and streets | - | - | - | - | | 6,362 |
| Dance in weddings/ birth of newborn | - | - | - | - | | 5,946 |

While comparing the loss of income between the surveyed men and women respondents during the COVID-19 lockdown it was observed that, the monthly average income of the male respondents has reduced by 50% whereas it was 62% in case of the women respondents (combining the data of married and marginalized women).

Among the surveyed male respondents who were engaged in different agricultural and non-agricultural income generating activities, only 2% of them reported to lose their work/job during the lockdown. This clearly shows that male respondents did not lose their primary source of income as much as female respondents did during the lockdown. This economic dependence of women, in one hand, is one of the major causes for different types of violence against them during the lockdown and on the other hand, due to this increased economic dependency of women, they are now at a stage where they are forced to tolerate violence against them without taking any stand.

The COVID-19 has worsened the state of nutrition among women and girls. The surveyed women and girls have reported that they ran out of food during the COVID-19 lockdown. They have reported to face acute shortage of food since the last one year (Since March, 2020).

*Table 41: Percentage of respondent households that ran out of food during the lockdowns in last one year*

| Responses | Adolescent Girls | Marginalized Women | Adolescent Boys | Married Women |
|---|---|---|---|---|
| Ran out of food during the lockdown | 86% | 87% | 83% | 84% |
| Base (n) | 70 | 70 | 42 | 68 |

*Table 42: Access to nutritious food (eggs, meat etc.) during the lockdowns in last one year*

| Responses | Adolescent Girls | Marginalized Women | Married Women |
|---|---|---|---|
| Never | 6% | 12% | 6% |
| Often (more than 10 times in 4 weeks) | 4% | 3% | 3% |
| Rarely (once or twice in 4 weeks) | 74% | 75% | 79% |
| Sometimes (3-10 times in 4 weeks) | 17% | 10% | 12% |
| Base (n) | 52 | 59 | 68 |

Findings from the FGDs and IDIs with the adolescent boys and girls from all the study locations have revealed that, they have reduced their protein intake (fish, meat, milk, egg etc.) than before. Before the COVID-19 pandemic, they used to eat protein contained foods in 3-5 days a week. However, it has reduced to once (rarely) in every 15 days due to loss of income during the pandemic. Some of them reported that, they have been skipping 1-2 meals out of 3 meals a day during this pandemic.

In case of the surveyed sex workers and transgenders, we didn't have any quantitative data reflecting their shortage of food during the lockdown. However, finding from our qualitative assessment sheds some light into it. While conducting the FGDs and IDIs with them, they had reported to run out of food stock and had to stay hungry for several meals during the lockdowns. The scenario is more vulnerable in case of the transgenders. The transgenders living in the Hijra community usually eat nutritious food (such as chicken and eggs) 1-4 times a month on an average, and it mostly is collected from weddings and birthday events. However, during the pandemic lockdown, social events and family gatherings were postponed, which affected the access to nutritious meals for the transgender communities. This has affected their physical health severely.

## 4.3 ACCESS TO HEALTH SERVICES AND SEXUAL AND REPRODUCTIVE HEALTH CARE

Findings revealed that, the surveyed women and girls have struggled to obtain primary health services, lifesaving GBV and sexual and reproductive health services due to mobility restrictions and safety concerns during the COVID-19 lockdown. The survey data shows that around 49% of the married women's physical health across the study locations has been impacted during the COVID-19 lockdown. Around 46% of the marginalized women reported to experience physical illnesses during the 2020 and 2021 lockdowns. In case of the adolescent girls around 46% of them reported that their physical health has been affected during the Covid-19 lockdown.

While the women and girl respondents were asked about the reason of their worsening physical health during the COVID-19 lockdown majority reported that mobility restrictions hampered their access to basic health services during the lockdown. Also, 45% of the married women, 41% of the marginalized women and 38% of the adolescent girls had shared that they could not afford to buy sanitary and hygiene materials because of lack of income.

*Table 43: Effect on access and affordability of health products and services*

| *Responses* | *Adolescent Girls* | *Marginalized Women* | *Married Women* |
|---|---|---|---|
| Effect on sanitation and hygiene issues because of lack of affordability (Due to lack of money could not buy masks/sanitizer) | 38% | 41% | 45% |
| Cannot seek treatment for ongoing disease due to mobility restrictions | 50% | 56% | 55% |
| Cannot seek treatment for ongoing disease as Covid affected family income (due to lack of money) | 25% | 19% | 12% |
| *Base (n)* | *32* | *32* | *33* |

The quantitative result shows, around 61% of the adolescent girls couldn't visit the local health service center or go to a doctor for seeking treatment during the lockdown. The percentage is 60% in case of the married women and 39% in case of the marginalized women. The percentage is lower in case of the marginalized women because their mobility was not that much restricted compared to the married women and adolescent girls during the lockdown (Only 20% of the marginalized women couldn't go outside of their home during the lockdown).

*Table 44: Visit to local health centers*

| *Responses* | *Adolescent Girls* | *Marginalized Women* | *Married Women* |
|---|---|---|---|
| Not that often visited local health centre or doctor during the lockdown | 61% | 39% | 60% |
| *Base (n)* | *28* | *56* | *27* |

Findings from the FGDs and IDIs have revealed that, during the lockdown, due to unavailability of doctors and health staffs on the ground combined with mobility restrictions, most of these women and girls had to rely on primary treatment at their home. Majority of the respondents from Shatkhira, Jamalpur, Narayanganj and Chokoria upazila of Cox's Bazar district said that they were unable to reach out to the doctors during the lockdown. As a result, many of them have suffered from various non-communicable diseases without proper treatment during the lockdown. Evidences from the FGDs with marginalized and married women from Jamalpur, Shatkhira, Kurigram, Narayanganj and Khulna indicate that sexual and reproductive health services – including pregnancy care, contraceptives,

sexual assault services and safe abortion were likely scaled back during the pandemic.

Moreover, the surveyed men have also reported that in case of getting priority for treatment during the lockdown, the children used to get the highest priority (45%) and after them male members were considered (26%). However, the percentage is very low for women in case of getting priority in health treatment (5%) during the lockdown.

As discussed in the previous chapter, the sex workers and transgender communities are already stigmatized and face difficulties in usual days while seeking health treatments from local health centers/doctors. This has deteriorated further during the COVID-19 pandemic where the surveyed transgender and sex worker community have revealed that they are now experiencing more comorbidities and have limited access to information, testing facilities, health services, and financial and social protection. According to the findings, around 30% of the surveyed transgenders had complained that during the lockdown they couldn't find doctors for their required medical treatment whereas it is 33% in case of the surveyed sex workers.

*Table 45: Reasons for not availing health services by the Sex workers and the Transgenders during the pandemic*

| *Responses* | *Sex Workers* | *Transgenders* |
|---|---|---|
| It is always difficult to find doctors | 25% | 40% |
| Doctors were not available during the lockdown | 33% | 30% |
| Didn't face any problem in seeking health services | 42% | 30% |
| Base (n) | 36 | 40 |

Also, from the FGDs and IDIs, it was revealed that the NGOs and free clinics provide free condoms to combat STDs during regular times to the transgenders and sex workers, which also stopped during the strict lockdown, and had led to an increase in STDs among them. As per the secondary sources, regarding the coronavirus infection, around 71 percent of transgender population didn't go to hospital for treatment while 41 percent think that the disease is curable at home. Of them, only 26 percent communicated with each other to seek medical advice over phone. (Anon., 2021)
On the other hand, the sex work occupation did not allow for the sex workers to maintain social distancing and necessary precautions during the lockdown: From the study, it was revealed that 25% of the sex workers reported to be afraid of contacting the Covid-19 virus from their customers and were especially scared during first lockdown in March 2020. However, their extreme financial vulnerability during the strict lockdowns has forced them to accept customers. We conclude that the lack of health services and the inability to take health services during the pandemic might be leading to a silent wave of rise in non-communicable diseases and long-term health complications among women from low-income households and also among the sex workers and transgender and this needs to be further assessed and addressed with relevant interventions by the agencies.

## 4.4 ACCESS TO WASH FACILITIES AND SERVICES

While the women and girl respondents were asked regarding the status and access to the WASH facilities during the lockdown, majority of them reported that due to loss of their family income, their hygiene and sanitation issues affected the most. Around 45% of the married women said that they couldn't buy different hygiene kits such as safety kits for menstruation, sanitizer, soups, face masks etc. during the lockdown due to loss of income. Similar findings were derived from the marginalized women (41%) and adolescent girls (38%). While conducting FGDs and IDIs with the women and girl respondents from the rural areas of the study locations, majority of them reported that, they are not practicing the hygiene, sanitation and SRH practices that were taught by different NGOs. Some of them have complained that since the start of the pandemic, NGO staffs have stopped conducting court yard meetings on health-related awareness due to social distancing restrictions. This has caused a decline in appropriate usage of WASH facilities.

According to the Needs Assessment Working Group' s (NAWG's) report, around 42% of poor people do not have access to hygiene material (soap/hand sanitizer, masks) during the COVID-19 period. According to a survey conducted by the

Gender Monitoring Network, residents in Sunamgonj and Shatkhira do not have enough drinking water or water for frequent hand washing and showering. Women now have to devote more time for water collection. Women in urban slums also lack access to clean water and hygiene items (soap, hand sanitizer, mask, etc.) and the cramped living conditions make it impossible to apply social distancing. The scenario is almost the same whether it is city corporation, parastatal or Upazila.

Groups of women that are facing heightened barriers to practicing hygiene include women and girls living in hard to reach and underserved areas like Chars (Riverine islands), coastal areas, CHT and tea gardens in Bangladesh (UN Women, 2020).

## 4.5 UNPAID CARE WORK

The COVID-19 crisis has amplified the impacts on unpaid care work. A study titled, "Rapid Analysis of Care Work during Covid Pandemic in Bangladesh", brings to light the sorry economic realities that around 78% households primarily run by women have been facing acute financial and mental distress during the ongoing coronavirus pandemic, caused by sudden job losses, increased household responsibilities and, interrupted support services at work for child care. According to the survey, women spend 28% more time on domestic duties than they did before the pandemic. The reason can be the pre-existing over dependence on women members of the household for household chores. (UN Women, 2020). The findings from the primary findings of the study also suggests the same.

Findings revealed that the burden of unpaid care work has increased during the lockdown by 41% for married women, 40% for adolescent girls and 27% for marginalized women. The contributing factors stated by the respondents in the FGDs and IDIs were due to school closures or husbands not having jobs and staying at home. The work burden for sex workers and transgender community has not been reflected in the quantitative data as their family structure and living standard is quite different from the other groups. However, from the qualitative assessment it was revealed that, there has not been any significant change in their unpaid care work burden during the lockdown compared to the regular days.

*Table 46: Work burden due to COVID 19*

| *Response* | *Adolescent girls* | *Marginalized Women* | *Married Women* |
|---|---|---|---|
| Increased work burden during COVID-19 (responded in yes) | 40% | 27% | 41% |
| *Base (n)* | *70* | *70* | *68* |

Though the COVID-19 lockdown has altered daily living in such a way that may re-entrench gender roles, while also offering an opportunity to shift them, unfortunately, findings revealed that men in our societies still don't feel the need to help women in household works due to patriarchal social structure of Bangladesh. Though the quantitative results showed some level of involvement of the male members in different household chores (Table 47), but when probed during FGDs, they acknowledged that they did not actually help the women members in household chores during the lockdown.

*Table 47: Type of works men have reported to be engaged in during COVID-19 lockdown*

| *Type of responsibilities* | *% of respondents* |
|---|---|
| Cooking, cleaning, looking after the children | 38% |
| Taking care of the elder family members | 36% |
| Engaged in income generating activity | 33% |
| Not involved in any activity | 12% |
| *Base (n)* | *42* |

## 4.6 WOMEN'S VOICE, LEADERSHIP AND DECISION-MAKING AUTHORITY

Though it was revealed in the previous chapter that most of the household decisions of the surveyed women, girls and men respondents were taken jointly, however, during the lockdown the scenario became quite different due to increased conflict among the family members. The quantitative results of the study show the same.

*Table 48: Increase in conflict among family members during lockdown*

| *Responses* | ***Adolescent Girls*** | ***Marginalized Women*** | ***Married Women*** | ***Adolescent Boys*** |
|---|---|---|---|---|
| Increased conflict among family members during the lockdown | 43% | 27% | 35% | 76% |
| *Base (n)* | *70* | *70* | *68* | *42* |

The findings from the FGDs with the married women and adolescent girls show that the men in the family generally appeared angry as many lost jobs due to the COVID-19 lockdown and they vented their frustration by fighting with their wives and children. Findings revealed that, 43% of the surveyed men didn't behave well with their wives during the lockdown due to their frustration and also 33% of the men reported to become angry at small issues out of their frustration and depression.

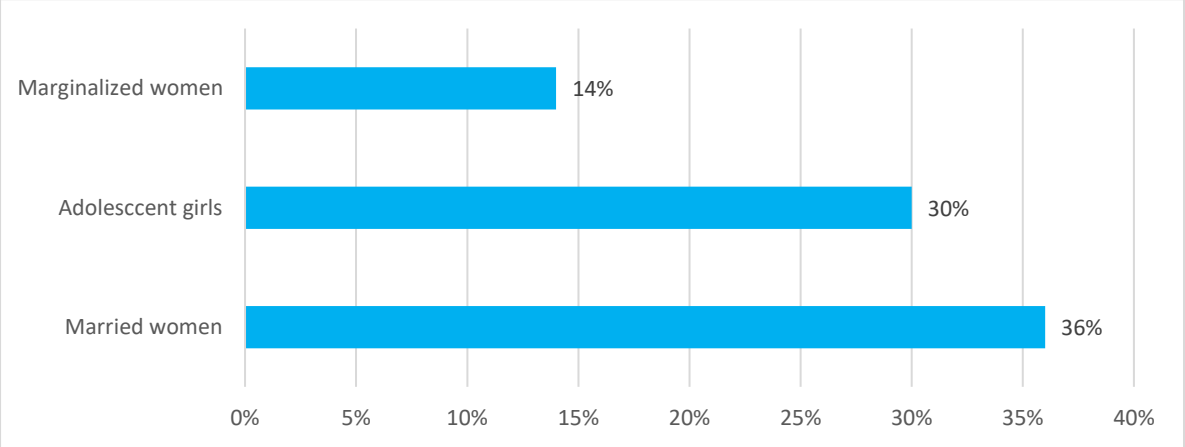
Increased conflict among the family members has led to lack of discussion among the family members over household decisions. Findings from the FGDs with the women and girl respondents revealed that, the male members were quite reluctant during the lockdown to discuss about any family issues or decisions (children's education, undertaking loan, spending savings, expenditure etc.) with them. Some of the adolescent girls had to accept the decision of their father to get married due to lack of money during the lockdown. Some of the married women in the FGDs in Cox's Bazar revealed that, their husband forced them to take out loans for them. However, their husbands didn't share the reason with them for why they had taken the money. Around 21% of the married women reported in this study that they had to take out a new loan during the lockdown out of their own will. Among them 100% of them reported that they husband told them to do so.

We did not observe significant change in case of the decision-making authority and control over income of the marginalized women. As they were mostly dependent on their own decisions (to take out new loan, how and where to spend income etc.).

## 4.7 MOBILITY

Findings presented in chapter 3 show that mobility of married women and adolescent girls is quite restricted in regular days if compared to the marginalized women. Findings from the FGDs and the IDIs show that marginalized women mostly belong to single female-headed households where they are the primary decision maker of their family and they usually have to go outside their home for their work. The mobility of the marginalized women as such is less affected by the pandemic while the mobility of adolescent girls and married women got further restricted. Around 36% of the married women and 30% of the adolescent girls reported that they were mentally upset due to their lack of mobility during the lockdown. However, the percentage is quite low in case of the marginalized women (14%).

*Figure 4: % of female respondents reporting mental distress due to lack of mobility*




Though majority of the community men (100%) reported to allow the female members of their family to go outside the house in regular days, the percentage dropped down to 76% during the COVID-19 lockdown. While they were asked the reason during FGDs and IDIs, it was reported that, due to the fear of exposure of the Covid-19 virus they didn't allow anyone in the family to go outside. However, some of them also reported that, during the lockdown the streets remained quite empty and due to the safety concerns, they didn't allow the women members to step outside the home. They also reported that, during the lockdown days they used to fetch water for the family instead of allowing the female members to collect water from the nearby ponds. It should be noted that restricted mobility has caused distress in availing essential health services for the women and this information has been explained in details under access to health services.

## 4.8 GENDER-BASED VIOLENCE

In Bangladesh, there is growing evidence that domestic violence acts as an opportunistic infection that has thrived in the pandemic. According to research published in The Lancet in August 2020, that surveyed 2,174 women at the end of the first round of COVID-19 lockdown, women experienced an increase in emotional, sexual, and physical violence. Another survey conducted by Manusher Jonno Foundation on 17,203 women and children in April, 2020, found that of the 4,705 women and children who reported incidents of domestic violence that month, nearly half said this was the first time. (Bangladesh: Pivotal Moment to Stop Violence Against Women, 2020). This suggests that COVID-19 has not only prompted traditional perpetrators, but has also spawned new ones across the country. The findings from the primary sources of this study also validate the findings from the secondary sources.

Evidence from the FGDs and IDIs with married women respondents from different study locations suggests there has been a surge in rates of intimate partner and sexual violence in their family and community during the lockdown. As men were angry about losing their jobs due to the COVID-19 lockdown. Some were venting their frustration by torturing their wives and children.

Around 15% of the women and girls (combined data of marginalized women, married women and adolescent girls) surveyed said they were physically mistreated during the lockdown. Around 12% said they were subjected to sexual coercion/misconduct by their husband and close relatives. Financial constraints also intensified domestic violence by husbands against their wives and children. The burden of the mental and financial distress and frustration of the male members of losing their jobs in the family are being borne by the women and children during the lockdown.

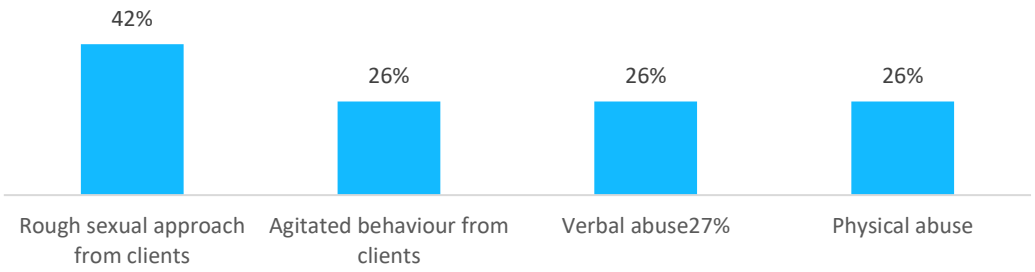
Findings from the qualitative and quantitative assessment tries to spot the light on the issue that, increase in male unemployment was associated with increase in interpersonal violence against women during the lockdown. This could be the result of male resentment resulting from feelings of emasculation and inadequacy at not being able to act as the family's breadwinner.

*''We all suffered from emotional turmoil due to our income loss during the lockdown. When we went home, we could only see that our wives and children were asking and blaming us for scarcity of money and food. Sometimes, we expressed our frustration by shouting angrily at our wives and children. But after that, we felt guilty and cried alone in the streets. Sometimes we would prefer not to go to home at night. Many of us have spent sleepless nights at streets alone.''*

*-FGD group of community men from Mirpur, Dhaka*

The COVID-19 lockdown has exacerbated the rate of pre-existing sexual and physical violence for sex workers. According to the surveyed sex workers, the behavior of the customers became worsened since the outbreak of COVID-19. Approximately, 54% of the private sex workers had to experience different forms of sexual and physical violence from their limited clients during the lockdown. Cases of physical violence has almost doubled, and sexual violence has increased on brothel based and floating sex workers during the COVID-19 lockdown.

*Figure 5: Types of sexual and physical violence faced by sex workers during COVID-19 lockdown*




Moreover, during the COVID-19 lockdown, due to loss of income, many of their customers have forced the sex workers to work on credit. Some of them had also reported that, some customers refuse to give the promised payment after finishing their sex work. Besides such extreme cases, it has also been revealed that the helplessness of the sex workers, especially street sex workers who search the streets at night for clients, are also bullied, harassed and abused by the community members during the lockdown.

Majority of the sex workers have reported that, they had nothing to do against the violence they faced from their clients as their customer numbers had already dropped during the lockdown and if they had taken any step against the violence, they would have to pass their days without any money to survive. Moreover, secrecy of their profession from the community and family makes them more vulnerable to different types of violence. Among the surveyed transgenders who were reported to be involved in sex work, 40% of them had to experience sexual and physical violence from their clients/customers during the lockdown.

# 5. IMPACT OF NATURAL DISASTERS

*Of the respondents, 68% reported that they have been exposed to disasters in their locations. Among the study locations, Khulna has the widest range of disasters as reported by the respondents. Among the respondents 48% reported they have been affected by flood, and 35% were affected by cyclones in different locations. During the disasters, schools continue to be closed down as these educational institutions are used as shelter centers. Disasters directly impact the livelihood of the women. The marginalized women respondents reported that their income post disaster reduce by 35% of regular times. Of the married women respondents, 70% reported that their husband (in most cases the primary earner of the household) cannot work and earn post disasters. Income of the surveyed transgenders dropped down by 47% while the sex workers' income reduced by 58%. The condition is more vulnerable in case of the floating sex workers compared to the brothel-based sex workers. During severe disasters, 72% of the marginalized women, 63% of the adolescent girls and 41% of the married women respondents were evicted from their normal dwellings. Food scarcity was identified as an acute problem during and after flood which affected the marginalized women (64%) the most. This is followed by transgender communities (49%), married women (38%), sex workers (31%) and adolescent girls (30%).*

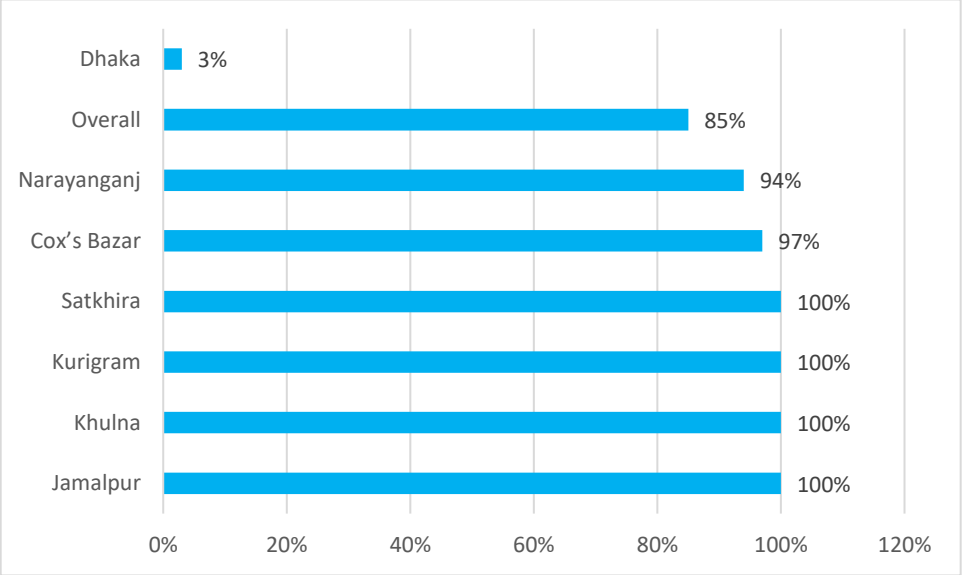
*Respondents reported health diseases (54%) such as diarrhea, cholera, typhoid, and skin diseases etc., poor sanitation and hygiene issues (41%), physical injury during disasters (24%), lack of access to health services and doctors due to mobility restrictions (21%) and lack of access to proper treatment due to lack of money (13%). Around 27% of the transgenders and 17% of the sex workers have reported their inaccessibility of seeking healthcare services. In another comparison, 52% women and adolescent girls face problems to get water for latrine purposes during disasters in comparison to 38% men and adolescent boys. Around 39% of the female respondents reported to do open defecation during disaster.*

*It was recorded that most of the household tasks were performed by women alone in 74% of the cases. Male members were recorded to help in 18% of the times.* Of the respondents who *are exposed to disaster, 63% said that they have taken shelter outside their own homes during disasters. However, 52% of the women and girls had reported that they had heard of someone in their community were sexually/physically harassed while their stay at the shelter centers. Young women and unmarried girls (71%) suffer the most while staying*

## 5.1 EXPOSURE

In the study, 68% of the respondents (250 respondents) (men, women, adolescent boys and girls) have reported that they have been exposed to disasters in their locations. Cox's Bazar, Jamalpur, Khulna, Satkhira and Narayanganj are highly susceptible to such disasters.

*Figure 6: Respondents exposure to disaster- By location (in %) (Base n=250)*




We can observe geographical disparity in terms of types of disaster. Within Cox's Bazaar depending on the location, the exposure varies between flood (57%), cyclone (49%) and landslide (40%). However, in Jamalpur, it is primarily Flood (92%) and river erosion (50%). Among the study locations, Khulna has the widest range of disasters as reported by the respondents. This is followed by Satkhira. Flood is common in all districts. Of the respondents, 68% identified themselves as exposed to flood. This is followed by cyclone (51%).

*Table 49: Types of disasters that the respondents are generally exposed to in the study locations (multiple responses)*

| Type of Disasters | Cox's Bazar | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Total |
|---|---|---|---|---|---|---|---|
| Flood | 57% | 100% | 92% | 100% | 6% | 47% | 68% |
| Cyclone | 49% | 0% | 72% | 0% | 94% | 97% | 51% |
| River erosion | 9% | 50% | 72% | 42% | 0% | 53% | 38% |
| Water logging | 11% | 0% | 61% | 47% | 70% | 8% | 33% |
| Tidal wave | 17% | 0% | 69% | 0% | 0% | 31% | 20% |
| Landslide | 40% | 0% | 0% | 0% | 0% | 0% | 7% |
| Base (n) | 35 | 36 | 36 | 36 | 33 | 36 | 212 |

As of 22 July 2020, 102 upazilas and 654 unions have been inundated in flood, affecting 3.3 million people and leaving 7,31,958 people waters logged. 93 people has already lost their life, mostly because of drowning is the major cause of the death and 41 children died due to drowning since 30th June 2020. Twenty four percent (24%) unions had more than 40% of the people displaced, where 80% of union's people are staying in other places and 93% of the unions witnessed disruption in income generating

and social activities. Due to damages of shelters; many people had to live together which increases the risk of COVID-19 spreading. (CARE, 2020).

According to the Ministry of Agriculture (MoA), 83,000 hectares of paddy fields, 12,549 hectares of agricultural land and USD 42 million worth of crops were damaged in 2020. The Department of Livestock reported loss of USD 74.5 million worth of livestock including 16, 537 hectares of grazing land. The Department of Public Health and Engineering (DPHE) indicated that around 92,860 tube-wells and 100,223 latrines were damaged (IFRC, 2021).

This information matches with the study results, where 48% respondents said they have been affected by flood, and 35% were affected by cyclones. Forty one percent (41%) persons in Cox's Bazar said that they witnessed landslides in hilly areas. Water logging from the in-flux of flood water has affected Dhaka (100%) and Narayanganj.

*Table 50: Type of disasters that affected the respondents in the study locations between 2020-2021 (multiple responses)*

| Disasters (between 20-21) | Cox's Bazar | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Total |
|---|---|---|---|---|---|---|---|
| Flood | 41% | 100% | 36% | 100% | 0% | 3% | 48% |
| Cyclone | 18% | 0% | 50% | 0% | 50% | 86% | 35% |
| Water logging | 0% | 0% | 0% | 0% | 50% | 0% | 9% |
| River erosion | 0% | 6% | 17% | 0% | 0% | 17% | 7% |
| Landslide | 41% | 0% | 0% | 0% | 0% | 0% | 5% |
| Tidal wave | 5% | 0% | 6% | 0% | 0% | 0% | 2% |
| ***Base (n)*** | ***22*** | ***36*** | ***36*** | ***36*** | ***32*** | ***36*** | ***199*** |

When asked about the severity of disasters, 73% out of the 213 respondents said that they are very severe in nature. This also reflects that very strong mitigative measures need to be implemented in affected areas to combat climate change for these victims.

*Table 51: Severity of disasters in the study locations*

| Severity of disasters | Cox's Bazar | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Total |
|---|---|---|---|---|---|---|---|
| Not severe | 0% | 0% | 0% | 3% | 0% | 0% | 0% |
| Severe | 20% | 14% | 39% | 8% | 73% | 6% | 26% |
| Very Severe | 80% | 86% | 61% | 89% | 27% | 94% | 73% |
| ***Base (n)*** | ***35*** | ***36*** | ***36*** | ***36*** | ***33*** | ***36*** | ***213*** |

## 5.2 ACCESS TO EDUCATION

Impacts of disasters such as cyclones, floods, flash floods, riverbank erosion on children's education are severe and harmful. It damages school infrastructure, disrupts educational activities and displaces children and their families. Children also lose their learning materials. Schools remain damaged for a long time (at least for 15-30 days) as the educational institutions are used as shelter/cyclone centers during the disasters. The UNICEF report states that on average, 900 schools suffer severe damage from floods, cyclones and river erosion every year in Bangladesh. More than 4,666 schools are affected by disasters per year. In the past three years, disasters – particularly cyclones – have disrupted the education of more than

1.5 million children. (ASEAN Safe Schools Initiative (ASSI), 2016). Findings from the study revealed that, school closures and the threat of dropout impeded the education and future prospects of adolescent girls and boys, affecting their mental health during the disasters. When it comes to access to their school, they have to cope with cyclone, drought, floods and river erosion compounded with poor road quality – classes missed, school drop-out high and education disrupted. According to the quantitative results of this study, around 76% of the surveyed adolescent boys and girls reported that, their schools were closed down during the disaster as these educational institutions were used as shelter centers at that time. Also, women and girls who reported mental stress as a result of the negative impact of disasters on education, 67% percent of adolescent girls said their own and 79% of the women reported that their children's/siblings' (in the case of married and marginalized women) education was hampered.

Table 52: Mental stressed faced by women and girls due to negative impact of during disasters on education

| | *Women (Married and Marginalized combined)* | *Adolescent Girls* |
|---|---|---|
| Mentally stressed due to negative impact of disasters on education | 79% | 67% |
| Base (n) | 118 | 60 |

When comparing the data of women and girls who reported mental stress as a result of the negative impact of disasters on education, 36 percent of women and girls from Kurigram said their own (in the case of adolescent girls) or children's/siblings' (in the case of married and marginalized women) education was hampered, which affected their mental health. This is 27% in Khulna. This data indicates that the education of the adolescents and children from these two study areas was affected the most during the disasters compared to the other locations.

Figure 6: Mental stress faced by women and girl respondents due to negative impact of during Disasters on education (area wise data comparison)


Also, findings from the FGDs and IDIs with the women and adolescents from Khulna and Kurigram show that educational institutions of these areas remain close for at least 15-30 days during disasters as the schools are used as shelter centers at that time. Moreover, 32% of the married and marginalized women had reported that their children could not go back to the school right after the disasters. However, this data required further verification to understand whether they couldn't send back their children to school due to increased poverty right after the disaster or due to temporary shutdown of the schools after the disasters.

We do not have the data on the length of school closures or the duration of the effect on their education during the specific type of disasters for each of the study locations. The study team suggests further investigation on this to understand the long term and short-term impact of education during different disasters in specific locations.

During the disasters, poverty hits hard in the char land community reported by the respondents from the study locations. Findings from the literature shows, adolescent boys are likely to be forced to emigrate to work while girls to be married off when a disaster strikes. (ASEAN Safe Schools Initiative (ASSI), 2016). However, child marriage was not commonly reported

in the field studies. As during the calamity, everyone became too concerned with their own survival. However, our qualitative assessment shows where it occurred, it seemed to be the result of economic hardship of the rural families. Also, we do not have any data reflect any findings on the percentage of young girls and boys sent to informal jobs during the disaster.

## 5.3 WOMEN'S LIVELIHOOD, FOOD SECURITY AND INCOME

During the disasters, the average monthly income of the interviewed marginalized women was reported to have reduced by 35%, with an average monthly income loss of BDT 1403. Findings from the FGDs and IDIs also suggest the same where women from marginalized communities reported that, during the disaster they couldn't work for at least 15-30 days until the situation gets under controlled. The situation was reported to be more vulnerable in case of the married women who were reported to be mostly dependent on their husband for their expenses. Among the surveyed married women 93% of them reported that their husband was the main earning member of their family of whom 70% reported that their husband also couldn't work and earn during the disasters. Some of them reported in the FGDs that, men of their households had to migrate to other places to earn an income to support their families. However, the married women respondents who reported to be involved in different income generating activities before the disaster had to face a 75% reduction in monthly income, with an average monthly income loss of BDT 1773.

Table 53 : Individual income of the women respondents during the Disasters (in BDT/per month)

| | Marginalized Women | Married Women |
|---|---|---|
| Personal income in regular days | 4,025 | 2,360 |
| Personal income right after the disaster | 2,622 | 5,87 |
| Personal income reduced by | 35% | 75% |

The survey results showed that, each year during the Disasters, 68% of the women (combining the data of married and marginalized women) respondents had to experience reduced family income due to disaster related impacts. In case of both marginalized and married women it was found that their average monthly family income has reduced by 36% during different disasters.

Table 54: Status of family income of the women respondents during the disasters

| | Marginalized Women | Married Women |
|---|---|---|
| Reduced family income | 63% | 72% |
| Family income remain unchanged | 23% | 19% |
| Family income was totally stopped | 7% | 9% |
| Base (n) | 62 | 58 |

The survey data revealed that, loss of income and livelihood was considered to be the main reason of the women's mental distress during the disasters every year. Quantitative result shows that 79% of the marginalized women and 67% of the married women were mentally stressed due to their loss of family income and livelihood options during the disasters. The percentage is higher for the marginalized women because in most cases they are dependent on their own income. As during the disasters, 82% of the marginalized women couldn't manage to work, higher percentage of them reported to became mentally stressed due to loss of income.

Table 55: Mental stressed faced by married and marginalized women due to loss of income during disasters

| | Marginalized Women | Married Women |
|---|---|---|

| | | |
|---|---|---|
| Mentally stressed due to loss of family income | 79% | 67% |
| Base (n) | 60 | 58 |

While comparing the data across the geographic locations, it is found that women respondents from Jamalpur (97%) were the most mentally distressed due to loss of income. Also, women from Jamalpur (80%) and from Sathkhira (73%) reported to face mental stress due to loss of assets during the disasters. Due to loss of income, women from Khulna (20%) had been forced to self-displacement/migration during the disasters.

Table 56: Area wise comparison of the reasons of mental stress of women (married and marginalized combined) during Disasters

| Reasons of mental distress due to disaster | Cox's Bazar | Jamalpur | Khulna | Kurigram | Narayanganj | Sathkhira |
|---|---|---|---|---|---|---|
| Increased tension due to loss of income | 63% | 97% | 58% | 79% | 83% | 30% |
| Loss of assets (house, property, crops etc.) | 7% | 80% | 37% | 11% | 14% | 73% |
| Self-Displacement/migration | 4% | 0% | 20% | 0% | 0% | 7% |
| Not being able to eat | 7% | 0% | 3% | 4% | 55% | 13% |
| Frustration from spending hard earned income/savings on disaster related issues | 0% | 3% | 23% | 7% | 14% | 3% |
| Base (N) | 27 | 30 | 30 | 28 | 29 | 30 |

The fundamental mental stressor for sex-workers and transgender during the disaster was their economic situation. This feeling of anxiety in the financial distress was expressed by the overwhelming majority of the participants. Financial stress is constantly reinforced by hunger pangs, and anxieties about managing landlord rent payment requests during the disaster. During the disasters, income of the surveyed transgenders from different study locations dropped down to 47% while the sex workers' income reduced by 58%. Among them, brothel-based sex workers have reported 61% reduction in their average monthly income and floating sex workers have reported 55% reduction in their income during the disaster period. The income reduction rate is higher for the brothel-based sex workers as most of the brothels remained flooded/closed down during the disasters reported by the respondents in the FGDs. However, the floating sex workers reported that somehow, they could manage 1-2 clients for their survival during the disasters. The fall in the number of customers/clients during the crisis was cited as the cause of these sex workers' loss of income. More than 94% of the surveyed sex workers said that their number of customers had decreased due to mobility restrictions during the disasters.

Table 57: Income of the respondent households during the disasters (in BDT/per month)

| | Male Respondents | Marginalized Women | Married Women | Sex Worker |
|---|---|---|---|---|
| Without secondary income | 6,350 | 5,386 | 8,000 | 8,981 |
| With secondary income | 10,891 | 7,047 | 9,274 | 4,000 |

Table 58: Income reduction of the respondent households during the disasters (in BDT/per month)

| | Male Respondents | Marginalized Women | Married Women | Sex Worker |
|---|---|---|---|---|
| Without secondary income (income reduced by) | 49% | 34% | 29% | 53% |
| With secondary income (income reduced by) | 19% | 37% | 37% | 66% |

Table 59: Income by occupation of the respondent households during the disasters (in BDT/month for each type of occupation; a household is not engaged in all the different occupations that are listed)

| | Male Respondents | Marginalized Women | Married Women | Sex Worker | Transgender Community |
|---|---|---|---|---|---|
| Sex work | - | - | - | 7,736 | 8,167 |
| House Maid | - | - | - | 4,167 | - |
| Grocery Shop | 7,800 | 4,500 | 14,000 | 3,500 | - |
| Agricultural Day Labor | 5,813 | 7,556 | 7,031 | - | - |
| Agriculture Producer | 10,700 | 15,000 | 5,000 | - | - |
| Small Business | 20,000 | 6,155 | 8,750 | - | - |
| Mason/ Carpenter | 10,500 | 9,333 | 10,400 | - | - |
| Non-Agricultural Day Labor | 8,250 | 5,105 | 7,462 | - | - |
| Private Service | 17,000 | 10,625 | 16,000 | - | - |
| Rickshaw/Van Puller | 15,000 | 8,667 | 8,611 | - | - |
| Ransom money from the shops and streets | - | - | - | - | 9,167 |
| Dance in weddings/ birth of newborn | - | - | - | - | 8,569 |

While comparing the average income loss between the men and women respondents during the disaster, it was found that, the average monthly income of the male respondents had been slowed down by 35% whereas it was 55% in case of the women respondents. This clearly indicates that, the income loss incurred by the women is far greater than the male members which makes them more vulnerable during the disasters to fight against any kind of violence experienced by them due to their increased dependency on their male counterparts. It has been found from the secondary sources that, on an average, flood caused a loss of BDT 2,400.00 (USD 33.8) per year to a poor rural household. (Rana, 2015). It was found from the qualitative assessment that because of the more frequent and longer disasters such as food, cyclone, river erosion, the affected women population from disaster prone areas, had suffered from both physical, mental and livelihood challenges such as forced migration to other villages/districts or elsewhere for a permanent settlement. The surveyed women and girl respondents affected by flood reported that, they fled from their homes and sought refuge on elevated roadways, local embankments, and the offices of the Water and Power Development Authority (WAPDA) during the disasters.

*''Last year during the disaster the hills collapsed on my house and it got totally destroyed. While the incident happened I and my elder daughter (17 years) was inside the house. I was in the hospital bed when we opened our eyes after two days. I managed to escape the disaster, but my daughter's left leg was amputated. She has been crippled since then and is no longer able to attend school. After that incident, I had to repair my house by taking loans from my relatives also I seek help from an NGO. They gave me some money to repair my house then. Despite my anxiety of repeating the disaster again, I had no choice but to stay in the same place because I had nowhere else to go.''*

*-Halima Khatun (55), Teknaf, Cox's Bazar*

Majority of the surveyed respondents reported that their houses got damaged during the disasters. More than 59 percent of the flood-affected respondents in the study reported that floods submerged their whole house. During severe disasters, 72% of the marginalized women, 63% of the adolescent girls and 41% of the married women respondents were evicted from their normal dwellings. Those who reported to take shelter outside their home 49% of them reported that they had to stay outside for more than 15 days during the disaster. The following table shows the types of asset loss of the respondents during the disasters every year.

*Table 60: Loss of assets and eviction from dwellings during disasters*

| | Adolescent Girls | Marginalized Women | Married Women | Sex Worker | Transgender Community |
|---|---|---|---|---|---|
| Destroyed house | 83% | 82% | 81% | 55% | 42% |
| Damaged crops | 30% | 8% | 16% | - | - |
| Damaged livestock | 35% | 37% | 48% | - | - |
| Damaged latrine and sanitation facilities | 75% | 73% | 81% | 55% | 33% |
| No place for cooking | 73% | 33% | 79% | 69% | 79% |
| Eviction from dwellings | 63% | 72% | 41% | - | - |
| Base (n) | 60 | 60 | 58 | 29 | 33 |

Food scarcity was identified as an acute problem during and after flood and shortage of food led to malnutrition among the flood-affected women. Among women group of respondents, the marginalized women (64%) were the worst hit. This is followed by transgender communities (49%), married women (38%), sex workers (31%) and adolescent girls (30%).

The surveyed women and girl respondents from all the study locations have stated in the FGDs that, during disasters majority of them had suffered from malnutrition due to lack of access to nutritious food. They said it was difficult for them to manage money for their 2 times meals a day at the time of disasters. The case is more worsen for the floating sex workers (33%) compared to the brothel-based sex workers (27%). The study team tried to validate the reason from the qualitative assessment and it shows that, the floating sex workers were more vulnerable because they were reported to be uncomfortable in sharing the secret of their profession. This is why many of them were deprived of any kind of government/NGO's cash/food support during the disasters. However, in case of the brothel-based sex workers, they have reported to receive some sort of food/one-time cash support from different NGO's/government during the Disasters.

Findings from the secondary literatures also revealed the same where the study team found that it takes around 6 months for the rural households to recover from this food scarcity after the disasters. (Baseline Survey for National Resilience Programme in Bangladesh , 2019).

Table 61: Percentage of respondent households that ran out of food during the disasters in last one year

| Responses | Adolescent Girls | Marginalized Women | Sex Workers | Transgenders | Married Women |
|---|---|---|---|---|---|
| Ran out of food during the lockdown | 30% | 64% | 31% | 49% | 38% |
| Base (n) | 60 | 60 | 29 | 33 | 58 |

Table 62: Access to nutritious food (eggs, meat etc.) during the disasters in last one year

| Responses | Adolescent Girls | Marginalized Women | Married Women |
|---|---|---|---|
| Never | 10% | 13% | 21% |
| Often (more than 10 times in 4 weeks) | 7% | 7% | 17% |
| Rarely (once or twice in 4 weeks) | 62% | 68% | 50% |
| Sometimes (3-10 times in 4 weeks) | 22% | 12% | 12% |
| Base (n) | 60 | 60 | 68 |

*''There was no money to buy any food at home during Amphan last year. I had to spend my days eating stale rice twice/thrice per day. After eating stale rice continuously for 4-5 days in a row, I got sick and had to admit to the community clinic during that time.''*

*-Mst Jhosna (42), Islampur, Jamalpur*

## 5.4 ACCESS TO HEALTH SERVICES AND SEXUAL AND REPRODUCTIVE HEALTH CARE

Findings from the secondary literatures shows that, during disasters women recorded higher mortality rates and experience decreased life expectancy after disasters due to unequal access to basic social goods. Also, women are at a higher risk for abuse; mood disorders such as depression and anxiety; childbirth-related complications such as bleeding and low-birthweight infants; and poor economic and mental health recovery after disasters. Moreover, patriarchal societal norms and values in developing countries cause women and woman-headed families to be more vulnerable to disaster-induced health threats due to unequal access to opportunities. (Women's health-related vulnerabilities in natural disaster-affected areas of Bangladesh: a mixed-methods studyprotocol, 2020).

Of the surveyed women and girls for this study, 84% of them are affected due to different disasters every year. Lack of access to proper health services combined with poor sanitation and hygiene conditions during the disasters has negatively affected the physical health of the 55% of surveyed women and girls.

The study findings revealed that majority of surveyed disaster-affected families lacked sanitation facilities. Around 41% of the women and girl respondents from different study locations said they didn't have access to sanitation and hygiene facilities when asked about it. The surveyed women and girl respondents referred to multiple reasons for their affected physical health during different disasters such as different types of health diseases (54%) such as diarrhea, cholera, typhoid, and skin diseases etc., poor sanitation and hygiene issues (41%), physical injury during disasters (24%), lack of access to health services and doctors due to mobility restrictions (21%) and lack of access to proper treatment due to lack of money (13%).

Table 63: Reasons for affected physical health during disasters cited by women and girl respondents

| Responses | Adolescent Girls | Marginalized Women | Married Women | Total |
|---|---|---|---|---|
| Different types of health diseases (such as diarrhoea, cholera, typhoid, and skin diseases etc.) | 47% | 32% | 45% | 54% |
| Poor sanitation and hygiene issues | 25% | 27% | 19% | 41% |
| Physical injury during disasters | 41% | 65% | 55% | 24% |
| Lack of access to health services and doctors due to mobility restrictions | 22% | 21% | 19% | 21% |
| Lack of access to proper treatment due to lack of money | 9% | 24% | 3% | 13% |
| Base (n) | 32 | 34 | 31 | 97 |

While comparing the data across different study locations, it was found that physical health of the women and girls from the coastal regions such as Khulna, Kurigram, and Jamalpur was the most affected during different disasters. However, respondents from Dhaka were the least affected due to the disasters this is why we didn't include the analysis here.

*Table 64: Area wise comparison of the reasons for affected physical health of women and girls during disaster*

| *Impact on Physical health of women and girls* | *Narayanganj* | *Khulna* | *Sathkhira* | *Jamalpur* | *Kurigram* | *Cox's Bazar* |
|---|---|---|---|---|---|---|
| Poor sanitation and hygiene issues | 22% | 71% | 50% | 17% | 71% | 0% |
| Physical injury | 67% | 21% | 0% | 10% | 7% | 100% |
| Health diseases (such as diarrhea, cholera, typhoid, and skin rashes | 17% | 43% | 50% | 70% | 71% | 0% |
| Lack of access to health services/doctors due to mobility restrictions | 22% | 36% | 0% | 17% | 21% | 0% |
| Lack of access to proper treatment due to lack of money | 22% | 21% | 0% | 7% | 11% | 0% |
| Base (N) | **18** | **14** | **4** | **30** | **28** | **4** |

Among the surveyed women and girl respondents, the marginalized women (65%) (single-headed women) were the worst hit in terms of suffering from different health diseases during the disasters. Also, 24% of the marginalized women had also stated that they couldn't seek treatment for their ongoing diseases due to loss of income. However, the percentage is quite low in this case for the adolescent girls (9%) and married women (3%). Our qualitative assessment sheds some light into the reason where it was stated by the marginalized women that as they had to rely on their own income, in some cases they had no one to provide financial support to them during the disasters. This is why they had to suffer from different non-communicable diseases during the disasters without proper treatment.

In case of the adolescent girls, their sanitation and hygiene issues are mostly affected during the disaster

periods. Around 47% of them reported to experience lack of affordability and mobility issues for which they couldn't buy necessary sanitation and hygiene materials during the disasters. Findings from the FGDs and IDIs with the adolescent girls and married women revealed that during the disasters it became difficult for them to maintain their menstrual hygiene and manage necessary hygiene and protection materials such as sanitary napkins, contraceptive pills, condoms (for married women) etc.

*Table 65: Contributing factors for affected physical health during the disasters*

| Responses | Adolescent Girls | Marginalized Women | Married Women |
|---|---|---|---|
| Effect on sanitation and hygiene issues because of lack of affordability and mobility couldn't buy necessary sanitation and hygiene materials (soap, sanitary pads etc.) | 47% | 32% | 45% |
| Physical injury | 25% | 27% | 19% |
| Health diseases (such as diarrhoea, cholera, typhoid, and skin diseases etc.) | 41% | 65% | 55% |
| Lack of access to health services/doctors due to mobility restrictions | 22% | 21% | 19% |
| Cannot seek treatment for ongoing disease due to affected family income (due to lack of money) | 9% | 24% | 3% |
| Base (n) | 32 | 34 | 31 |

Moreover, findings from the FGDs with disaster affected women and girls from the study locations have also revealed that, they were vulnerable to menstrual management problems, since limited possibility exists to find proper places for this when forced from home during disasters. While conducting FGDs and IDIs with the adolescent girls, they had shared their inability to manage hygienic pads (cloth) or napkin to absorb menstrual flow in those shelter centers. Moreover, they also shared that, sanitary napkins are usually unavailable and costly to buy during the disasters. Even, there were no gender friendly toilets in those shelter homes. Sometimes they have to stand in a long queue for using the toilets. Several adolescent girls during the FGDs complained that sometimes boys' peek into the bathroom while the girls went to the toilets but they could not report it to anyone out of shame. The married women respondents also reported in the FGDs that it became difficult for them to take proper treatment for their reproductive health problems (menstrual problems, pregnancy related complications etc.) during the disasters. The community clinics remain closed for a long time and there are no paramedics/doctors in the shelter centers for providing emergency healthcare support. This increases their risk of abortion, unwanted pregnancy and other health problems. Also, secondary literatures show pregnant women seriously suffer from maternal complications, lack of antenatal checkup, and lack of doctors during disasters. During the time of delivery, it is difficult to find a skilled attendant, and referring the patient with delivery complications to the healthcare facility. Boats are the only mode of transport. The majority of maternal deaths occur on the boats during transfer from the community to the hospital. (Effects of Climate Change and Maternal Morality: Perspective from Case Studies in the Rural Area of Bangladesh, 2019).

*''During the disasters, it became too difficult for us to find doctors. Due to our mobility restrictions during the flood, we couldn't able to go to the community clinic for our treatment. In some cases, the doctors don't come at the clinics for the whole week. At that time, it caused a lot of problem in accessing proper health treatments. We had to rely on the medicines we buy from the pharmacies informally suggested by our neighbors/other family members.''*

*-Shorifa Begum (30), Marginalized Women, Koyra, Khulna*

The quantitative result shows, around 64% of the adolescent girls couldn't visit the local health service center or go to a doctor for seeking treatment during the Disasters period. The percentage is 48% in case of the married women and 26% in case of the marginalized women.

Table 66: Visit to local health centers during disasters

| Responses | Adolescent Girls | Marginalized Women | Married Women |
|---|---|---|---|
| Not that often visited local health centre or doctor during the lockdown | 64% | 26% | 48% |
| Base (n) | 28 | 55 | 42 |

Disaster-affected women respondents reported in the FGDs that they also encountered several diseases because of polluted drinking water. The surveyed women and girls from disaster prone study areas, reported that they were affected by water borne diseases such as diarrhea, cholera, typhoid, and skin rashes due to using and working in flood water. For household chores, women found no water in the vicinity and so they had to invest a great amount of time and labor in fetching water from a distance.

*'' During Amphan in the last year, the majority of the tube wells were flooded, resulting in a drinking water shortage in our community. We purified water using water purifying tablets, although we had difficulty doing so because tablets were not easily available during and after disasters.''*

*-Asura Khatun (40), Koyra, Khulna*

Findings from the study shows that, the longstanding struggle to get healthcare services of the sex workers and transgender community gets more worsen in times of disasters. However, the case is more vulnerable in case of the transgenders where 27% of them have reported their inaccessibility of seeking healthcare services during the disasters due to unavailability of doctors. The situation is more vulnerable in Cox's Bazar and Khulna. The vulnerability is more worsen in case of the transgenders because of the existing discrimination, not having legal identification documents, and patient rights violations in health-care settings. Findings from the qualitative assessment also showed that, healthcare providers' insensitive attitudes towards transgenders make them uncomfortable, such that they tend not to seek timely treatment, compounding their health risks.

In case of the sex workers, 17% of them have reported that doctors were not available for them during disasters. While asking the reason to the participants, majority of them stated that, their community is already stigmatized, and faces obstacles to get medical attention facilities because of their industry.

Table 67: Reasons for not availing health services by the sex workers and the transgenders during the Disasters

| Responses | Transgender | Sex Workers |
|---|---|---|
| It is always difficult to find doctors | 42% | 28% |
| Doctors were not available during the disasters | 27% | 17% |
| Didn't face any problem in seeking health services | 30% | 55% |
| Base (n) | 33 | 29 |

## 5.5 WASH (WATER, SANITATION AND HYGIENE)

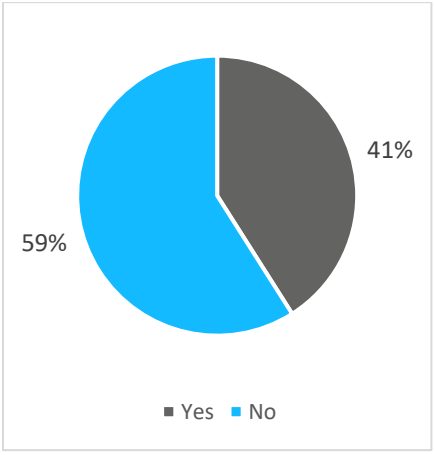
### HANDWASHING

Access to potable water gets heavily hampered during disasters. Access to deep tube wells and taps is usually 2-5 minutes away from the living spaces, which are hard to reach during heavy rain and storms. Water is usually collected using buckets which are located away from the houses. Also, because of reduced family incomes, affording soaps becomes a concern, overall affecting the safe handwashing practices.

### DRINKING AND STORING SAFE WATER

Contaminated buckets to collect tap/ tube well water make drinking water contaminated. Furthermore, water is either boiled or water purification tablets are used to purify water. Those with access to LPG gases can heat water inside their homes. Those who are dependent on burning wood for fire are more vulnerable as rain wets the woods. Data on type of water purification system among respondents was not captured in this study. Fifty nine percent (59%) respondents have said that they do not get clean potable water during floods and cyclones.

*Figure: % of respondents who reported that they do not get clean drinking water during disaster. Base(n)= 215*



## LATRINE USAGE

The upsurge of water that enters the pits cause overflow of human feces to mix with flood water. Around 61% respondents said their latrines were damaged in 2000-2021. In another comparison, 52% women and adolescent girls face problems to get water for latrine purposes during disasters in comparison to 38% men and adolescent boys. Overall, the spread of water borne infections and open defecation increases in rural areas during floods, as reported by 39% of the 176 respondents. However, it should be noted that there are strong geographic differences the reasons for which cannot be ascertained from the available data. In Jamalpur, 90% of the female respondents reported that they face problem in getting water if compared to male respondents (50%). We can also observe differences in Kurigram, Narayanganj and Satkhira.

*Figure: % of respondents who reported that their latrines were damaged during the 2020-21 disasters. Base(n)= 183*

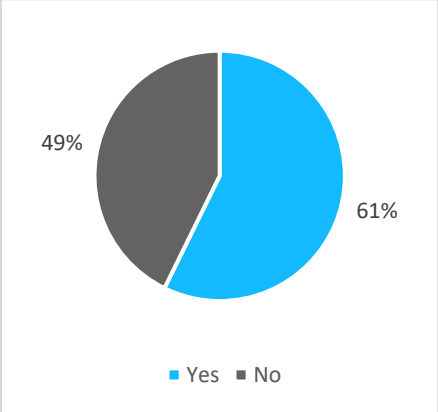



*Table 68: Challenges in getting water for latrine purpose during disaster- Comparison between married men, married women and adolescent girl respondents*

| | Cox'sBazaar | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Total |
|---|---|---|---|---|---|---|---|
| % of male respondents | 0.0% | 50.0% | 40.0% | 80.0% | 30.0% | 30.0% | 38% |
| % of female respondents | 0.0% | 90.0% | 40.0% | 100.0% | 40.0% | 40.0% | 52% |

Around 39% of the female respondents in the study reported that they have to do open defecation during disaster. This shows an acute need for intervention to make potable latrines available during disaster for women. The incidence in extremely high in Kurigram where 89% of the female respondents reported they do open defecation during disaster. Overall, the spread of water borne infections through open defecation increases in rural areas during floods. During disasters, the seepage of latrine feces from pits and ponds into flood stagnant water increases the contamination of water borne diseases to calamity dwellers. In the study, sixty seven percent (64%) of the vulnerable group respondents (all respondents except boys and men) said that they are unable to maintain safe and hygienic conditions for themselves during disasters.

*Table 69: Open defecation during disaster by women*

| | Response | Cox's Bazaar | Dhaka | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Overall |
|---|---|---|---|---|---|---|---|---|---|
| Open defecation during disasters | No | 76% | 70% | 43% | 68% | 11% | 81% | 83% | 61% |
| | Yes | 24% | 30% | 57% | 32% | 89% | 19% | 17% | 39% |
| Base (n) | | 25 | 10 | 30 | 28 | 27 | 27 | 29 | 176 |

*Table 70: % of female respondents who have reported worsening of latrine during disaster*

| | Adolescent girls | Married women | Marginalized women | Sex workers | Transgender | Overall |
|---|---|---|---|---|---|---|
| No | 22% | 23% | 27% | 52% | 55% | 36% |
| Yes | 78% | 72% | 73% | 48% | 45% | 64% |
| ***Base (n)*** | ***60*** | ***61*** | ***60*** | ***29*** | ***33*** | ***243*** |

### MENSTRUAL HYGIENE

In the study, 48% of the adolescent girls, 52% married women, and 38% marginalized women reported that women and girls face difficultly in using latrines at night during disasters. A study conducted among adolescent girls in a rural area in Bangladesh reported that about 69% used an unhygienic cloth or even no protection during menstruation (Population, 2021). During menstruation, women and adolescent girls need a drying area, soap and water, and a washing area to maintain the hygiene of the clothes that are used. However, poor affordability of soap, broken and far away latrines and washing areas, and lack of drying racks force women and adolescent girls to use wet and unhygienic clothes. This leads to various reproductive health diseases such as yeast infections.

*Table 71: % if female respondents who have reported difficulty in using a latrine during disaster*

| Respondent type | Overall |
|---|---|
| *Adolescent girls. Base (n)=60* | *48%* |
| *Married women. Base (n)= 54* | *52%* |
| *Marginalized women. Base (n)= 32* | *38%* |
| ***Base (n)*** | ***146*** |

## 5.6 WOMEN'S VOICE, LEADERSHIP AND DECISION-MAKING AUTHORITY

Although the previous chapter showed that the majority of household decisions were made jointly by women, girls and men surveyed, the scenario changed during the disasters due to the growing conflict between family members. The quantitative study results shows that around 55% of the marginalized women, 31% of the married women and 30% of the adolescent girls had reported that during the disasters conflict within the family members had increased than regular days. This challenging relationships among the family members destroys the harmony and unity of the family during disasters reported by the respondents.

Table 72: Increase in conflict among family members during lockdown

| Responses | Adolescent Girls | Marginalized Women | Married Women |
|---|---|---|---|
| Increased conflict among family members during the lockdown | 30% | 55% | 31% |
| Base (n) | 60 | 60 | 58 |

Findings from the FGDs and IDIs with the women and adolescent girls revealed that, some of them were forced to go to the shelter centers out of their own will due to the imposed decision by the male members of their family. Quantitative results show that 38% of married women stated that they had to take shelter to one of their relative's houses (extended family member) out of their own choice during the Disasters.

Also, they had reported that, the male members remain quite reluctant during the disaster period to discuss about any family issues or decisions (children's education, undertaking loan, spending savings, family expenditure etc.) with them. The reason for this forced behavior on the part of their husbands / father / son, which was reported by the women and girls surveyed, was the frustration and depression of the male members due to the loss of jobs and assets during disasters. Some of the married women also reported in the IDIs that, their husband forced them to take out loans and liquidate their savings during the Disasters. The irony is that the reason for using that money was not disclosed by their husbands in some cases.

Findings from the secondary literatures also revealed that, women are often not allowed to participate fully in the public sphere, and are therefore less likely to receive critical information enabling appropriate emergency responses. Even though women might receive early warning of approaching storms (from the radio, community volunteers, government agencies, NGOs or by word-of-mouth from neighbors) they remained dependent on the (male) household head to take the final decisions, for example on whether the family should retreat to safer places such as cyclone shelters. Women play a complementary rather than independent role in the case of disaster preparedness. (The impact of natural disasters on women: A case study from Bangladesh, 2016)

The sex workers and transgender communities are not included in this analysis as the findings from the qualitative assessment shows they solely depend on their own decisions for their survival.

## 5.7 UNPAID CARE WORK

During floods and Disasters, the amount of unpaid care work increases tremendously as the family members need to monitor the household items, livestock and other assets need. However, the burden is not equally shared, as per the study findings. In the study, latrine maintenance and fetching water were the two components of unpaid care work that was considered. Fetching water during disasters is especially challenging, as dwellers must cross through storms, flood, and dirty water to reach the water taps, tube wells and ponds. However, in the study, it was recorded that this task is performed by women alone in 74% of the cases. Male members were recorded to help in 18% of the times.

*Table 73: Responsibility of fetching water during disaster: Response by type of female respondents interviewed*

| | *Adolescent girls* | *Married women* | *Marginalized Women* | *Average* |
|---|---|---|---|---|
| All members of the family | 3% | 11% | 3% | 6% |
| Children | 2% | 2% | 3% | 2% |
| Male members in the family | 13% | 23% | 18% | 18% |
| Women members in the family | 82% | 64% | 75% | 74% |
| Base (n) | 60 | 56 | 60 | 176 |

Sixty two percent (62%) married women responded that it is solely their job to clean the latrine during Disasters. Twenty two percent (21%) married men solely participate in this unpaid care work activity. Latrine maintenance is especially challenging during flood as water seeps into the latrine pits and feces can overflow out of their enclosed boxes (Table 74). In comparison to regular days, married men were less involved in cooking, cleaning, childcare, elderly care, and other household activities (Table 75).

*Table 74: Responsibility of latrine maintenance during disaster*

| | **Adolescent girls** | Married women | **Marginalized women** | Average |
|---|---|---|---|---|
| All members of the family | 6.7% | 13% | 4.3% | 8% |
| Children | 1.70% | 0% | 2.9% | 2% |
| Male members in the family | 31.7% | 18% | 12.9% | 21% |
| Women members in the family | 37.0% | 70% | 80.0% | 62% |
| Base (n) | 60 | 56 | 70 | 186 |

*Table 75: Involvement of married men in unpaid care work*

| | | **Overall** |
|---|---|---|
| % Men involved in cooking, cleaning, looking after the children | Regular days | 50% |
| | During disaster | 36% |
| % Men involved in taking care of the elder family members | Regular days | 50% |
| | During disaster | 29% |
| % Men involved in only engaged in income generating activity | Regular days | 60% |
| | During disaster | 26% |
| % Men involved in not involved in any activity | Regular days | 12% |
| | During disaster | 5% |
| ***Base (n)*** | | ***42*** |

## 5.8 ACCESS TO SHELTER

Fifty eight percent (58%) of the respondents said that they can receiving early warning signals during disasters. However, of those who received the early warning signals, only fifty four percent (54%) are prepared to leave for the shelter homes right away (Table 76). This potentially impacts the quick evacuation even if the early warning message is received. However, it should be of concern that 42% respondents have reported that they do not receive early warning messages. Of the respondents who are exposed to disaster, 63% said that they have taken shelter outside their own homes during disasters (Table 78).

*Table 76: of respondents who reported receiving early warning messages*

| | ***Cox's Bazar*** | ***Jamalpur*** | ***Khulna*** | ***Kurigram*** | ***Narayanganj*** | ***Satkhira*** | ***Overall*** |
|---|---|---|---|---|---|---|---|
| | 45% | 7% | 93% | 53% | 54% | 100% | 58% |
| ***Base (n)*** | ***29*** | ***30*** | ***30*** | ***30*** | ***28*** | ***30*** | ***177*** |

Table 77: % of respondents who left for shelter homes right after early warning signals

| | Cox's Bazar | Khulna | Kurigram | Narayanganj | Satkhira | Overall |
|---|---|---|---|---|---|---|
| No | 54% | 11% | 81% | 80% | 40% | 46% |
| Yes | 46% | 89% | 19% | 20% | 60% | 54% |
| ***Base (n)*** | ***13*** | ***28*** | ***16*** | ***15*** | ***30*** | ***102*** |

*Table 78: % of respondents who took shelter outside their homes during Disasters*

| | Adolescent girls | Married women | Marginalized women | Sex worker | Transgender community | Overall |
|---|---|---|---|---|---|---|
| No | 37% | 29% | 28% | 0% | 91% | 37% |
| Yes | 63% | 71% | 72% | 100% | 9% | 63% |
| Base (n) | 60 | 58 | 60 | 14 | 33 | 225 |

Out of this, 53% respondents (adolescent girls, married women, marginalized women) have to live in shelter homes. Sixteen percent (16%) have said that they have lived in dams and 35% take shelter in their relatives' homes. During their stay in the shelter homes, 32% of the 121 respondents said that they stay for more than 15 days, 10% stay for 8-15 days, 20% stay for 4-7 days, 26% stay for 1-3 days, and 11% stay for 0-1 day.

*Table 79: Locations where shelter is taken during the disaster*

| | Cox's Bazar | Jamalpur | Khulna | Kurigram | Narayanganj | Satkhira | Overall |
|---|---|---|---|---|---|---|---|
| Relative's house | 38% | 4% | 4% | 19% | 40% | 20% | 35% |
| Shelter homes | 62% | 0% | 92% | 23% | 60% | 95% | 53% |
| Dams | 0% | 4% | 4% | 50% | 0% | 20% | 16% |
| Had to live in an open place | 0% | 9% | 0% | 0% | 0% | 5% | 2% |
| ***Base (n)*** | ***21*** | ***23*** | ***26*** | ***26*** | ***5*** | ***20*** | ***121*** |

*Sex-workers and transgender data were not collected on this variable

*Table 80: Duration of stay at shelter homes*

| Duration | Overall % across all districts |
|---|---|
| 0-1 day | 11% |
| 1-3 days | 26% |
| 15+ days | 32% |
| 4-7 days | 20% |
| 8-15 days | 10% |
| *Base (n)* | *121* |

*Sex workers and transgender not taken

As of 2007, 3976 cyclone shelters exist in Bangladesh. The Ministry of Disaster Management announced that 2,000 more cyclone shelters would be required owing to population growth (Management, 2015). Owing to insufficient maintenance, the roof and doors of the evacuation stairs and emergency toilets are in poor condition. Only one emergency toilet is available for hundreds of evacuees. Residents also live with their livestock and poultry, rendering the environment in the shelter unsanitary. Some also live on rooftops out of lack of space. (Management, 2015). Further study findings show that 24% shelter home dwellers receive no services at all. 72% reported that they receive dry food during their lodging. 28% reported to have received cooked food from relief homes as well. 40% said that they get water in shelter homes. The quality of water was not captured in the study. 24% said that they receive soaps and 20% said that they can access the toilets.

*Table 81: Services received in shelter homes (only collected for the marginalized women respondents)*

| *Services* | *Overall* |
|---|---|
| Food (dry) | 72.0% |
| Food (cooked) | 28.0% |
| Pillow | 0% |
| Water | 40.0% |
| Bathroom | 20.0% |
| Soap | 24.0% |
| **Base (n)** | ***25*** |

From the in-depth interviews and FGDs, we have learnt that most respondents feel that the dry food and the cooked food provided is not fulfilling enough to replenish their hunger. No pillows are provided in the shelter homes, and it needs to be carried with the respondents personally. Water is provided in very few cases. Sometimes, they need to be purchased. Respondents try to collect their own water from shelter vicinities or bring it from homes. Some respondents also said that there are separate toilets for men and women, but not in all cases. Soap is essential for bathing, washing hands, and for other hygienic purposes. It is provided sometimes. However, they can be purchased on sight or need to carried with them. Although there is no separate space for men and women to stay in most of the shelter homes, 55% respondents said that families sleep together and stay close to each other in the shelter homes. (Table). FGDs and in-depth interviews reveal that oftentimes, dwellers bring their cattle and livestock into the shelter homes, creating an unhygienic living condition. The lack of living space, and access to use toilets force small children and people of all genders and ages to defecate in nearby vicinities in the shelter homes.

*Table 82: Provision of services in the shelter homes: Responses by marginalized women and adolescent girls*

| *Provision of services in the shelter homes* | | Overall |
|---|---|---|
| Food and water | First come first served basis | 42.6% |
| | Women and children served first | 54.4% |
| | Base (n) | 33 |
| Mattress/ pillow | First come first served basis | 39.3% |
| | Women and children served first | 60.7% |
| | Base (n) | 9 |
| Bathroom cues | First come first served basis | 41.7% |
| | Women and children served first | 58.3% |
| | Base (n) | 8 |
| Separate lodging for men, women and children | Separate spaces for men, and women and children to lodge | 66.7% |
| | Base (n) | 13 |

## 5.9 GENDER-BASED VIOLENCE

Where Gender Based Violence (GBV) is already prominent, the added economic strains brought on by a Disasters appear to exacerbate family tensions and gender-based violence. Findings from the secondary literatures also indicates the same where in the 2015 IFRC study on GBV prevention and response in disaster settings respondents in Bangladesh and Samoa mentioned relocation after displacement, inequitable relief distribution and economic hardship after a disaster as triggers for increased GBV increasing (IFRC, n.d.). Another survey conducted on 4,841 respondents after three months of cyclone Nargis revealed, 31.4% women and girls were afraid they were going to be raped and 20.4% were worried about increased violence at home. During the 1991 Cyclone in Bangladesh, there were 140,000 casualties. 90% of these were women and girls (IFRC, n.d.). Earlier research by the Canadian Red Cross and IFRC confirmed that inter-personal violence tends to rise after disasters because negative shocks (such as loss of social networks) have an impact on underlying social factors (such as gender inequality or recourse to harmful coping mechanisms). The combination of personal loss, financial hardship and uncertainty seems to increase violence by husbands and intimate partners within the family. (Unseen, unheard: Gender-based violence in disasters Global study, 2015)

Findings from this our show that women's economic reliance on men becomes more obvious during different disasters, limiting their capacity to escape from abusive relationships. Also, married women different study locations had reported in FGDs that intimate partner violence increased than usual days during the disasters. Contributory factors for this violence reported by the women respondents were reduced access to resources and social supports coupled with increased stress due to job loss and/or strained finances.

Also, it has been observed from the qualitative findings of this study that, right after disasters, women mostly married women became dependent on men for their survival and upkeep. They were afraid of losing the family breadwinner, a fear exacerbated by their weakened economic position after a disaster. As such, they would be abused and still remain in the marriage or relationship because they had nothing to fall back on. Around 9% of the surveyed male respondents had reported that they verbally abused their wives out of frustration during the disasters.

Results from the quantitative findings shows that, out of the surveyed sex workers 38% of them had experienced change in their customer behaviors during the disasters occurred in last one year. Among them, 46% were brothel-based sex workers and 33% of them were private sex workers. Also, the surveyed transgenders (57%) who were involved in sex work also reported changed behavior from their clients during the disasters. Findings shows, due to the secrecy of the profession of the floating sex workers they faced more sexual and physical vulnerability compared to the brothel-based sex workers. While the floating sex workers respondents were asked about the changed behavior of their clients 50% reported to experience physical abuse and rough sex from their clients (50%). The percentage is 25% in case of the surveyed transgenders.

*''I was slapped once in front of everyone in the shelter center during the disaster because I forgot to bring his packet of cigarettes from home. I couldn't protest against it as he is the only earning member in our family and I am totally dependent on him. If he leaves me, I will have nowhere to go.''*

*-Rokshana (40), Kurigram Sadar, Kurigram*

*Table 83: Types of sexual and physical violence faced by sex workers and transgenders during disasters*

| *Responses* | *Sex Workers* | | *Transgender Community* |
|---|---|---|---|
| | *Brothel Sex Workers* | *Floating Sex Workers* | |
| Agitated behaviour from clients | - | 33% | 25% |
| Verbal abuse | - | 33% | 25% |
| Physical abuse | - | 50% | 25% |
| Engaged in rough sex more than usual | - | 50% | 25% |
| Base (n) | 29 | | 7 |

Apart from the difficulties in finding adequate shelter, safe water, food, fuel for cooking, personal hygiene and sanitation issues, the poor women and girls in the disaster-prone areas reported to be sexually harassed in the shelter centers in almost every year during the period of disasters. Many women and girls from the study locations reported in the FGDs and IDIs that they refrain from going to cyclone centers for the fear of being raped or sexually abused during the disasters. Out of the surveyed women and adolescent girls from different study locations who reported taking shelter in shelter centers following disasters, 52% said they had heard of someone in their community were sexually/physically harassed while their stay at the shelter centers. Findings from the qualitative assessment also revealed the same. Around 19% of the married women, 17% of the adolescent girls and 8% of the marginalized women also reported to face harassment by neighbors, passersby, NGO officers, and government officials while receiving relief or assistance in the shelter centers.

*Table 84: Different types of sexual and physical abuse faced by women and girls in shelter centers*

| Responses | Married Women | Marginalized Women | Adolescent Girls |
|---|---|---|---|
| Lactating mothers face trouble at the shelter centre to breastfeed her child | 23% | 16% | - |
| Women and young girls face verbal and sexual abuse while receiving relief items in shelter centres | 19% | 8% | 17% |
| Feeling uncomfortable while taking bath during Disasters | 21% | 25% | 25% |
| Base (n) | 60 | 60 | 58 |

While conducting the FGDs and IDIs, women and girls from different study locations have reported that, pregnant and lactating mothers had to face major difficulties caring for their young ones in the congested cyclone shelters. Adolescent girls and their parents from the study locations have also complained about the lack of separate washrooms and proper lighting, due to which many young girls were subjected to harassment in the shelter homes. The surveyed women and girls also reported that during the disasters young women and unmarried girls (71%) were suffered worst while staying at the shelter centers.

*Table 85: Women and Girls who were sexually and physically harassed while staying at shelter homes*

| | *Total* |
|---|---|
| Young women/unmarried women | 71% |
| Adolescent Girls | 14% |
| Single women (Divorced/widow) | 11% |
| Elder women | 11% |
| Married Women | 23% |
| Women with children | 11% |
| Women from minority communities | 3% |
| Pregnant women | 10% |
| Adolescent Boys | 5% |
| Base (n) | 138 |

While comparing the data across different regions, it has been found that in Khulna region the rate of physical and sexual violence in the shelter centers is comparatively higher than the other regions.

*Table 86: Increased rate of physical and sexual abuse in shelter centers during different types of disasters in different study locations*

| | *Cox's Bazar* | *Jamalpur* | *Khulna* | *Kurigram* | *Narayanganj* | *Sathkhira* | *Total* |
|---|---|---|---|---|---|---|---|
| During flood | - | - | 41% | 17% | - | - | 16% |
| During water lodging | - | - | 55% | 17% | 8% | 11% | 23% |
| During cyclone | 25% | - | 55% | 25% | 11% | - | 21% |
| During river erosion | - | - | 55% | 18% | - | 0 | 23% |
| During tidal waves | 11% | - | 50% | - | - | - | 28% |
| Base (n) | 22 | 19 | 28 | 22 | 20 | 27 | 138 |

While the male respondents were asked about it around 26% of the married community men had reported that, their wives and young daughters faced trouble during their stay in the shelter centers. Moreover, adolescent boys had also reported to observe this situation in the shelter centers. Around 41% of the adolescent boys said that women and girls in their families feel insecure to go to the shelter centers during the disasters. Also, 26% of the adolescent boys said they had observed that women and girls face harassment while their stay at the shelter centers.

Findings from the qualitative assessment revealed that, the sex workers and transgenders face severe inequalities in terms of access to basic services during their stay at the shelter centers. Most of them had reported in the FGDs that they had to face disrespectful behavior from the community members during their stay in the shelter centers. Some of them had also reported to be verbally abused while receiving aid in the cyclone centers.

*''During the last cyclone, a young girl (aged 13-14 years) was raped in our community inside the school (which was used as a cyclone center at the time). The little child had come with her grandma to seek refuge there. While no one was there, a man raped him in a corner of the school. This scenario was spotted by a lady in the same shelter center, and the man was caught red-handed. When the old woman was unable to obtain justice by reporting to the chairman or member, she was forced to file a police report against the criminal. The criminal was forced to pay BDT 1,50,000 after multiple trials, but the victim's family has not yet received the whole amount. The girl was then sent to her mother, who works in a Narayanganj's clothing industry.''*

*-FGD with married women from Kurigram Sadar, Kurigram*

On the other hand, the lack of institutional frameworks for addressing GBV during disasters makes it more difficult for women and girls to protest against any violence. Findings from the KIIs with different stakeholders have revealed that none of the government's disaster plans include arrangements for preventing and ad-dressing GBV. Also, from the FGDs and IDIs with the women and girl respondents it was derived that, disasters disrupt and weaken the reporting and enforcement mechanisms. Along with this, mobility restrictions during disasters hinder their access to early warning, and delay early action, and an increase in violence against them. Findings also revealed that, there is significant variation across national, district, sub-district and union levels in terms of availability of and access to multi-sectorial response services for GBV survivors.

# 6. COPING STRATEGY

***Coping with Covid-19 induced shocks:*** *The most common coping techniques to cope against Covid-19 induced shocks among women respondents' liquidation of savings and reliance on informal loans, both of which have led to economic instability and the loss of future assets. An average of BDT 33,000 loan was taken by 35% of the married women in the beginning of the pandemic to majorly spend on household expenses. After finishing all their savings during the second wave lockdown in April 2021, 29% of the married women respondents said that they have taken new loans to repay back the previous loans, pushing them deeper into the spiral of poverty. Seventy percent (70%) of the transgender community could not take formal loans and depended on informal loans to make ends meet. The lack of income during lockdowns affected the food consumption and health pattern drastically and has changed drastically of adolescent girls and boys, married women, marginalized women, men, sex workers and transgenders. It was reported that the government's subsidized food shop was not enough for their families and meals had to be limited to 1-2 times a day. Due to poverty and desperation, surveyed adolescent girls, had forced to adopt negative coping strategies such as early/child marriage to reduce their parents' burden and in some cases, dropping out from schools/colleges to domestic responsibilities and family income.*

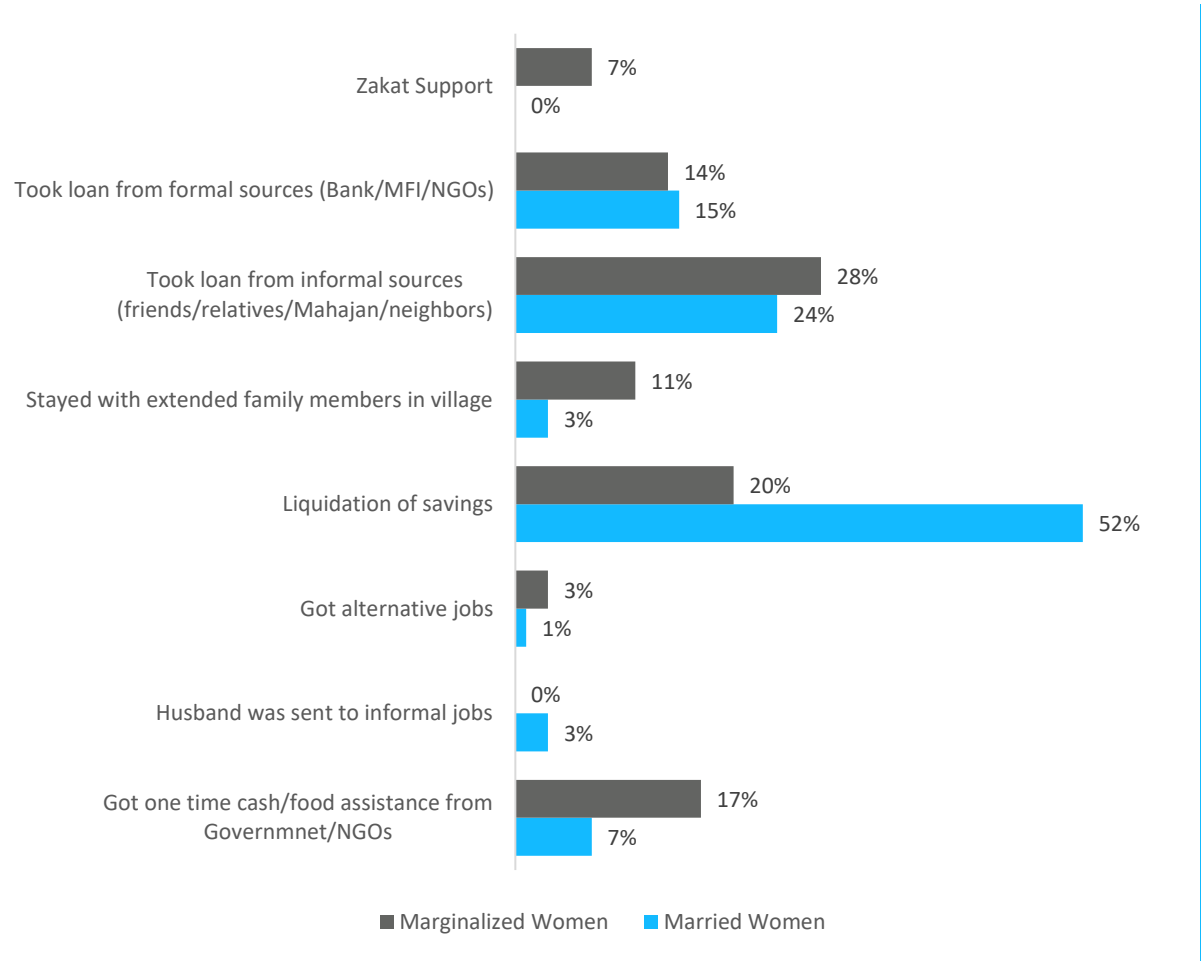
***Coping with Disasters induced shocks:*** *During the Disasters, women's informal and formal debt load reportedly have doubled. However, dependency on informal loan was observed to be higher than formal one and 26% of the surveyed married women and marginalized women reported to take loans from different informal sources (Mahajan, neighbors, relatives, friends etc.) during the disasters every year. The average amount of loan burden of the surveyed married and marginalized women respondents was found to be BDT 18,362 during the disasters. Although 33% of the loans were taken to buy food for their children, every year a large share of their savings (49%) goes to their house repairment which has now become one of their mandatory expenses every year. Disaster responsive support/assistance provided for the vulnerable women groups such as the sex workers and transgender were not sustainable for them to cope up with the crisis. A very limited emphasis is placed on the relocation/rehabilitation assistance/support plan for these vulnerable communities by the government/NGOs in their disaster responsive interventions.*

## 6.1 COPING AGAINST COVID 19 INDUCED SHOCKS

### USE OF SAVINGS AND LOANS

*The most common coping techniques among women respondents were liquidation of savings and reliance on informal loans, both of which have led to economic instability and the loss of future assets.* While the women respondents were asked about the coping strategies that they had adopted during the first wave of COVID-19, majority of them said that, they were dependent on spending their savings (36%) and informal loans (26%) to survive during this pandemic.

*Figure 5: Coping strategies of women during COVID-19*




Seventy four percent (74%) of the women respondents responded that they had no savings in hand before the second wave started as they were still struggling to repay their previous loan taken during the first lockdown in 2020. Only 13% of women in the study locations reported that they have some savings presently valued at BDT 8556 per person, with the lowest averages in Cox's Bazar, Jamalpur, and Dhaka which they were forced to use for managing household expenses during the second wave of COVID-19 this year (2021).

During the lockdown, the majority of loans were taken out for expenses. The quantitative survey showed that during the lockdown of 2020, around 35% of women respondents had to take new loan. The average amount of loan taken by the women respondents was of BDT 25,124. The respondents reported to spend the loan money on their household expenses to cope with the Covid-19 crisis.

*''I had to pay my weekly loan installment of BDT 800 per week even though I didn't have rice at my home. People from NGOs used to come and sit at the doorstep until we repay them the weekly installment. Though some NGOs didn't take the loan installments for first few months since the lockdown started, however, after that they took the new installments along with the previous ones. It puts a lot of pressure on us economically and emotionally.''*

*-Ashura (43), Married Women, Kaliganj, Sathkhira*

Moreover, since the outbreak of the second wave of COVID-19 in 2021, 21% of the women reported to take new loans in spite of having the previous loan burden on their shoulder. The reason for undertaking the second tranche of loan was for managing their household expenses (75%) and repayment of their previous loan installment (40%). Economic distress and uncertainty brought on by COVID-19 have escalated informal loan burdens and asset losses among already vulnerable groups like as sex workers and transgender people.

Findings from the FGDs and IDIs with the transgender community and sex workers from the study locations have revealed that, majority of them had to depend on undertaking loan from informal sources (such as from neighbors, friends, family members etc.). Some of them have also reported that, they are currently carrying the burden of debt of BDT 15,000-25,000 due to their income loss caused due to COVID-19. Majority of them reported that, they currently have no savings at hand.

More specifically, transgender community members are struggling to survive as their income fell drastically in the wake of the pandemic. In the recent study by Bandhu Social Welfare Society researchers mentioned around 70 percent of the transgender population has borrowed money only to make their ends meet during the 2020 lockdown (The Daily Star, 2020). As there is lack of provision in the country in providing loans from formal sources (NGOs/MFIs) to the transgender community, it becomes more difficult for them to take loans. Moreover, community people also don't trust them to give any kind of monetary help/loan.

*''I live with my two children in Teknaf Sadar, Cox's Bazar. My husband left me along with my two children back in 2015. He didn't even leave any money or assets for my children. After that, I got involved in this profession through one of my neighbors who was also involved in this profession too. Before the lockdown, I used to earn on an average of BDT 10,000-12,000 per month. But everything has changed after the COVID-19 pandemic. During the first lockdown back in March, 2020, I had to mortgage my earrings (my only asset which I had bought with my savings) for three months as due to the lockdown I lost all my customers and was unable to pay my house rents. From this I could only manage BDT 8,000. However, even after three months I couldn't repay the loan and installments. As a result, I had to sell my earnings and had to depend on taking loans from my relatives and friends. It was too difficult for me to bear the losses that COVID-19 has caused to my work and on my family. I still couldn't repay my loans and carrying the burden of debt of BDT 20,000.''*

*-Fatema Begum (35), Private Sex Worker, Teknaf Sadar, Cox's Bazar*

## CHANGED FOOD CONSUMPTION PATTERN

*Women and girls' food consumption pattern has changed drastically due to their inability of purchasing food because of lack of money during the lockdown. This has forced many women and girls to compromise their health during the pandemic.* More than 85% of the surveyed women and girls reported to face acute shortage of food since the last one year (Since March, 2020). Most have welcomed the government's subsidized food shops but reported that it was not enough for their family. Women respondents from different study locations reported that they had to limit daily meal intake to 1-2 times to allow children to eat. Also, some women indicated they were unable to purchase food because food price had exceeded their purchasing ability during the lockdown.

### FORCED MARRIAGE AND DROP OUT OF ADOLESCENTS TO WITHSTAND ECONOMIC SHOCKS

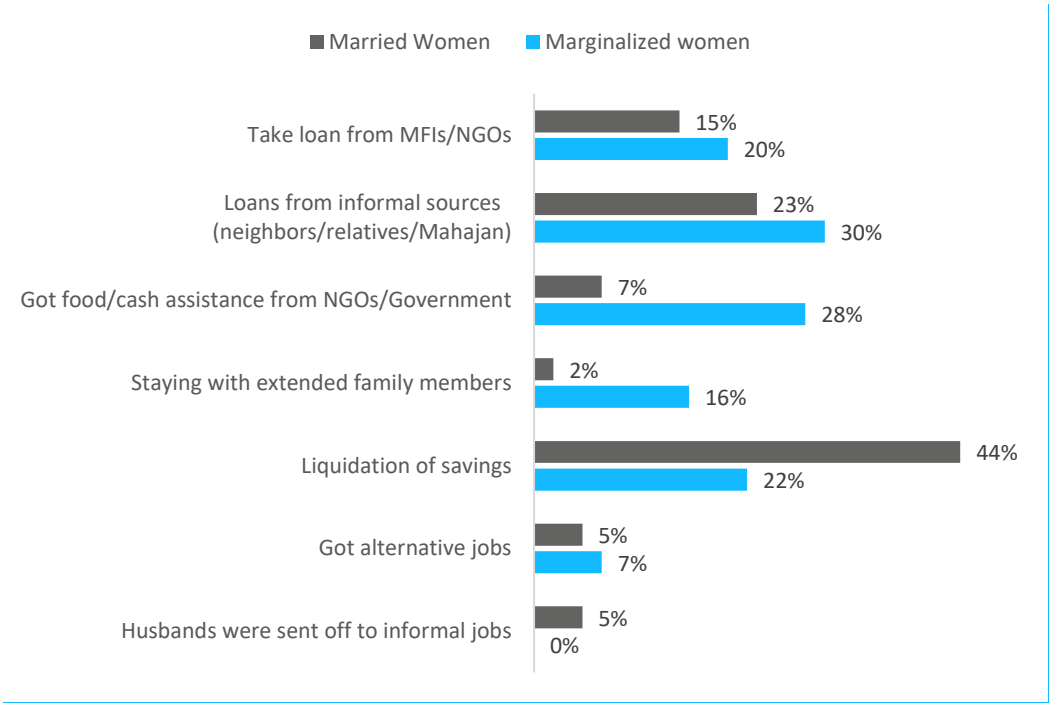
*Due to poverty and desperation, surveyed adolescent girls had forced to adopt negative coping strategies such as early/child marriage to reduce their parents' burden and in some cases dropping out from schools/colleges to domestic responsibilities and family income.* While this coping mechanism might enhance the capacities of households, young women and girls who enter marriages are forced to abandon their education, face early pregnancy and associated health risks and generally suffer from a lower status within their new families, which are all detrimental outcomes for their resilience. Combined with the pre-existing cultural stereotypes, when these adolescent girls also lacked institutional educational opportunities, they become less able to deal with issues of GBV.

## 6.2 COPING AGAINST DISASTERS INDUCED SHOCKS

### RELIANCE ON INFORMAL LOANS AND LIQUIDATION OF SAVINGS

*During the Disasters, women's informal and formal debt load was reported to have doubled. Because the surveyed women are afflicted by various natural catastrophes each year, they would never be able to break free from this debt cycle. However, dependency on informal loan was observed to be higher than formal one which creates more insecurities for women.* Around 26% of the surveyed women reported to take loans from different informal sources (Mahajan, neighbors, relatives, friends etc.) during the disasters every year. The average amount of loan burden of the surveyed women respondents was found to be BDT 18,362 during the disasters.

*Figure 6: Coping strategies undertaken by women during disasters*




The surveyed marginalized women were found to be more independent in case of adopting coping strategies during disasters compared to the married women. This is because majority (63%) of the surveyed married women reported that, their husband is the primary decision maker in the house. On the other hand, 55% of the marginalized women were reported to be solely responsible on their own decision whether to take loans or not. The majority of loans were taken out for expenses during the Disasters that have no chance of being repaid. While the women respondents were asked what the reasons for undertaking loans during disasters were, majority of them (81%) replied that they had used it for their regular household expenses while 33% of them said they had taken loan to buy food for their children.

However, every year a large share of their savings goes to their house repairment which has now become one of their mandatory expenses every year. Around 49% of the surveyed women from the study locations have revealed that, they had liquidated their savings to survive against the loss caused by disasters every year. However, in this case the decision of spending savings was mostly taken by their husbands. This is because women play a complementary rather than independent role in the case of disaster preparedness. Negative aspects of pre-existing gender roles and responsibilities does not allow women to meaningfully participate in any decision-making fora and deny their opportunity to meaningfully contribute towards the reduction of their vulnerability.

**Limited Emphasis on the Relocation/Rehabilitation Assistance/Support Plan**

Disaster responsive support/assistance provided for the vulnerable women groups such as the sex workers and transgender were not sustainable for them to cope up with the crisis. A very limited emphasis is placed on the relocation/rehabilitation assistance/support plan for these vulnerable communities by the government/NGOs in their disaster responsive interventions.

# 7. STAKEHOLDERS AND THEIR ROLES

*Different local actors are working in coordination with Government bodies to address vulnerabilities on women and girls during COVID-19 and shock situation, d. However, according to the view of targeted communities, people are not fully aware about those services and also these services are not adequate to respond to the crisis during COVID-19 and disasters.*

*During the COVID-19 lockdown and disasters, the government and different local and national NGOs extended their support to the vulnerable women and girls' such as consistent aid from the government such as iterations of food staples (rice, lentils, potato etc.), hygiene necessities (soap, hand sanitizer, and masks), and occasionally monetary handouts. However, many participants expressed frustration at empty promises of support from different NGOs and government. Moreover, aid has been relatively ad hoc and it's unclear who will receive government-promised aid and how.*

*Findings show that different programs and initiatives undertaken by the government and NGOs for mitigating gender-based violence remained postponed during COVID-19 lockdown and disasters. However, these initiatives were limited in number in the study locations. When enquired about the women respondents' satisfaction with the judgement/suggestion they got from the supporting agencies which work on violence against women (GBV) during the crisis period, 85% of the transgenders, 69% of the marginalized women, 57% of the married women and 50% of the sex workers reported their dissatisfaction.*

*Also, a very limited emphasis is placed on the relocation/rehabilitation assistance/support plan for the vulnerable women communities by the government/NGOs in their disaster responsive interventions. Also, there is no sufficient safety and protection facilities for women and girls in the shelter/cyclone centers. In this regard, the key informants stated that coordination is necessary among government, CSOs, women rights organizations and NGOs to prevent vulnerabilities against women and girls. They need to prepare groups, strengthen UP violence prevention committee, awareness raising programs for the target community, arrange monthly meetings and strengthen community monitoring on different vulnerabilities faced by women and girls.*

## 7.1 FUNCTION OF GOVERNMENT AND LOCAL ACTORS

To address different vulnerabilities on women and girls during COVID-19 and shock situations, different Government and local actors are working at grassroot level. The local actors provide services in coordination with Government bodies. However, according to the view of targeted communities, people are not fully aware about those services and also these services are not adequate to respond to the crisis during COVID-19 and disasters.

While the local government stakeholders and different NGOs were interviewed for the study, it was revealed that they have taken various programs to mitigate different types of vulnerabilities that rural women and girls face in the crisis periods and regular days.

Different NGOs reported from Jamalpur and kurigram that they provide training on different IGA related skill development to women and girls to make them economically independent in their household and outside world. These NGOs along with different government initiatives are trying to make women economically empowered and ensure gender equality in income generating activities. Also, the government is providing different packages of allowances for marginalized women communities in the rural areas. In the Chilmari upazila of Kurigram district, the study team has found, 1200 pregnant women are getting pregnancy allowances stated by the Upazila women affairs officer.

To make the parents and adolescents more aware about the negative impact of early marriage and child labor, the NGOs and government agencies are now focusing on arranging awareness raising sessions.

Findings from the KIIs with Upazila Women Welfare officers from different districts and NGOs revealed that men and women are invited to different awareness raising sessions, seminars and court yard meetings to make them aware about the advantages of household work sharing, shared decision making and gender equality at home and outside.

In case of providing health services, the NGOs and government agencies are extending their reach of target populations. 'Light House' is found as one of the most active NGOs which are working with the sex workers in several of the study locations (Jamalpur, Cox's Bazaar). These NGOs are providing necessary health care services (HIV testing facility, basic health services, distribution of condoms, sanitary pads, contraceptive pills etc.).

According to the current structure of MoWCA, they are working in each Upazila of Bangladesh for reduction of incidences of gender-based violence against women and children through joint collaboration with relevant ministries and non-government agencies. They are providing integrated services related to Violence Against Women (VAW), raising awareness on VAW and related public services. They are facilitating inter-ministerial coordination and action in relation to VAW. They are also working for legal and procedural reform achieved to enhance prevention and redress of VAW cases/formulation of NAPVAW. Furthermore, they are committed to arrange workshop, seminar and consultation meetings for sensitization of the professionals and stakeholders, provide management support for implementing the national action plan, take necessary steps and initiatives for preventing violence against women and children. Also, they mobilize the efforts and initiatives to different organizations at national, regional and international level for preventing violence against women and children and coordinate activities and develop policy on violence against women and children of different ministries, divisions and organizations through National Centre on Gender Based Violence. The department is running a one stop crisis center, 24 hours helpline (109) support, public awareness program, trauma counselling center, DNA screening lab, rehabilitation program, etc. VAT withdrawal from sanitary napkins can be referred to as an example of gender sensitive response by the Government.

The Upazila officer of DWA is assigned to take immediate measures as per the nature of violence in coordination with concerned persons directly, through NGOs or women rights organizations. The Government provided a clear instruction for the DWA officers, Chairman/Vice-Chairmen, UNOs to submit the periodic report on VAW.

Different NGOs are providing direct legal support to the victims, i.e., doorstep legal counselling by the trained legal counsellors, survivor services by creating a comprehensive referral system at the Upazila level, provision and expansion of legal services, psychosocial counselling, shelter, medical care, and economic empowerment programs to victims, etc. Also, they are creating mass awareness

and educational campaign to reduce the incidence of domestic violence, engaging not only women, but also boys and men to consider their role in addressing GBV. Some of the organizations like FPAB are providing e-counselling for GBV. They are also working through the government helpline for managing SGBV cases when needed. The hotline is integrated with specialized assistance through the door-to-door service

However, the surveyed community women and girls reported to be unaware about the details of Government support and way of accessing the support which shows that there is a systematic gap in field extension of the services.

In Kaliganj upazila of Sathkhira there are 11 women organizations which are working for women and different marginalized women communities such as sex workers and transgenders. However, findings revealed that the case is different in Jamalpur where there is no organization working for transgender communities. Findings of this study indicate that there is lack of institutional support for the sex workers and transgenders compared to the other women and girls' group.

## 7.2 SUPPORT OF GOVERNMENT AND LOCAL ACTORS DURING COVID-19 AND DISASTERS

During the COVID-19 lockdown and disasters, the government and different local and national NGOs extended their support to the vulnerable women and girls'. While the surveyed respondents from the sex worker community were asked about their access to government support, 56% of them replied in negative. The brothel-based workers reported more consistent aid from the government such as iterations of food staples (rice, lentils, potato etc.), hygiene necessities (soap, hand sanitizer, and masks), and occasionally monetary handouts. The brothels had the advantage of legal recognition, which allowed for direct government channels for food and money supply. About 76% of the private and floating sex workers from different study locations have reported that, they don't receive any government support/financial assistance as no one knows about their profession so they don't fall under the category of targeted beneficiary of these NGOs/government support.

In case of the transgender community, 63% of them reported that, they have no access to government support. Many participants expressed frustration at empty promises of support from different NGOs and government. Moreover, aid has been relatively ad hoc and it's unclear who will receive government-promised aid and how.
For the sex workers and transgenders different NGOs in Sathkhira and Khulna have provided allowances (BDT 500 per person), free food and safety kits during the lockdown. However, this picture is not same in all the study locations. The sex workers and transgenders in the study locations reported that majority of them didn't get any cash/food support from the government /NGOs.

Findings show that different programs and initiatives undertaken by the government and NGOs for mitigating gender-based violence remained postponed during OVID-19 lockdown and disasters. It became very difficult for the local actors and stakeholders to continue their field operations (courtyard meetings, awareness sessions, seminars etc.) during these times. However, some of the NGOs from Jamalpur and Kurigram reported that they continued their field operations during the lockdown by maintaining the safety protocols (only 1 member from each HH was invited for the sessions). NGOs from the study locations have also reported that they have conducted awareness sessions on COVID-19 preventions (how to maintain social distancing, different issues on hygiene and sanitation etc.) and pre-disaster warnings.

However, these initiatives were limited in number in the study locations. Also, some NGOs revealed that though it is difficult to continue direct support initiatives for addressing GBV during the crisis periods, they used to suggest their beneficiaries to call on 999 for emergency support or provided support through referral system to the concerned authorities. When enquired about their satisfaction with the judgement/suggestion they got from the supporting agencies which work on violence against women (GBV) related issues during the crisis period of lockdown and disasters 85% of the transgenders, 69% of the marginalized women, 57% of the married women and 50% of the sex workers reported that they were not satisfied. This is because in most cases local leaders/political leaders create pressure to the victim in favor of perpetrator for not filing/withdraw case. This is why the victim feels insecure and hide information to the NGO workers and people blame the victims instead of providing support. Also, the victims lack knowledge

on the procedure and support mechanism provided by the Government and NGOs.

Disaster responsive support/assistance provided for the women and vulnerable groups such as sex workers and transgenders were not sufficient for them to cope up with the crisis. A very limited emphasis is placed on the relocation/rehabilitation assistance/support plan for these vulnerable communities by the government/NGOs in their disaster responsive interventions. Also, there is no sufficient safety and protection facilities for women and girls in the shelter/cyclone centres. There are no protection committees there for women in those shelter centers. Also, different NGOs have reported that they only provide temporary latrine facilities in the dams/embankments. Findings indicate that, the local actors and government stakeholders are more focused on providing one time cash/food support to these women and vulnerable communities during the crisis period rather than focusing on sustainable solutions for their safety and protection.

Another systemic constraint in this case is that, transgender communities are struggling for recognition for employment in the formal sector though the government recognized them as third gender. Besides, they argued that majority of the transgender people are unable to work in formal sector as they lack the education and skills. Besides they also see their engagement in collecting tolls or working for a *'Guruma'* as a culture that should not be stigmatized. There appears to be a strong disconnect between the expectation of the transgender community and the interventions that they are engaged in. They also put it on record that the training and awareness sessions are mostly ineffective and they attend these sessions just to get the training allowance. Most of the trainings are attended by the same group of transgender people. They further reported that they see the recent employment of transgender people in ride sharing services and such are used by the corporations and NGOs as trophies or achievements but these do not have deeper long term sustainable and large-scale impact.

## 7.3 CHALLENGES OF THE LOCAL ACTORS AND GOVERNMENT STAKEHOLDERS

Though the key respondents (NGOs and government officials) felt that significant positive changes happened in the last 10 years in women empowerment and gender equality, there exists certain challenges that the local actors and stakeholders face while providing adequate support to the target beneficiaries.

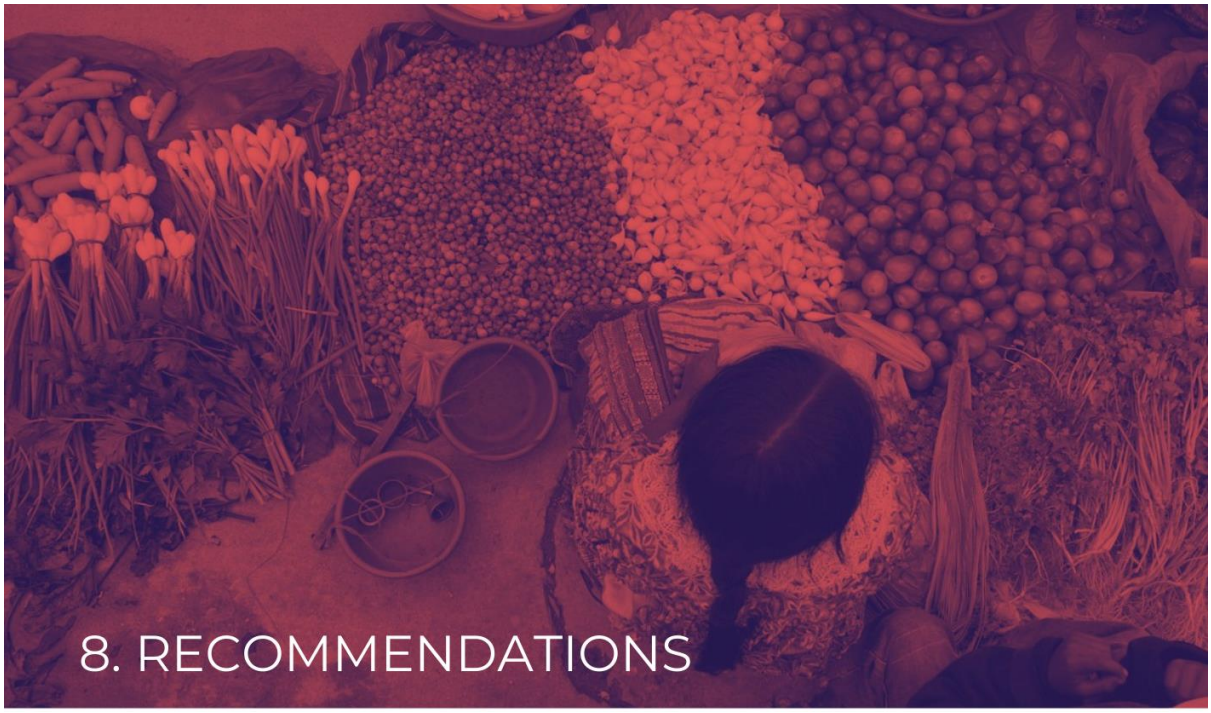
The development actors mentioned about the challenges of increasing and changing trends on VAW; like teasing/harassing through social media, incidences of increased early marriages during emergencies, lack of health care facilities for the women of disaster-prone areas etc. Almost all of the surveyed NGOs and government institutes stated that their service has been disrupted seriously during this pandemic and disasters.

The local development actors stated that the government is primarily concerned about the protection and survival of the people from the pandemic of COVID-19 and therefore VAW/child marriage is not an immediate priority even though they acknowledge the gravity of the issue. They also viewed the rate of child marriage has increased based on their field observation; in practicality, they do not have the evidence (research) to claim it. The NGOs and local partners have mentioned in the KIIs that COVID 19 is reversing the gains from the decades of interventions in preventing child marriage. The Upazila Women Affairs officers and different NGO representatives have mentioned that in spite of their efforts they couldn't stop early marriage during the lockdown. As most of the parents of the young girls were involved in unregistered marriage of their young children, the government officers and the NGOs don't have any legal documents and record of these marriages. To mitigate this, most of the NGOs are now providing support to face the pandemic, a few organizations like Plan International are providing cash support to the girl's family so that they don't feel unworthy about their girls as a burden.

Also, during the times of disaster, it is difficult for the NGOs and local stakeholders to reach the disaster-prone areas to provide support to the vulnerable communities. As they don't have proper arrangements (speed boat, life jackets, cyclone centers etc.) to reach these hard reach areas. This restricted them in extending their support to the vulnerable communities in the char and coastal areas.

## 7.4 STAKEHOLDERS REQUIREMENTS FOR FUTURE PROGRAMMING

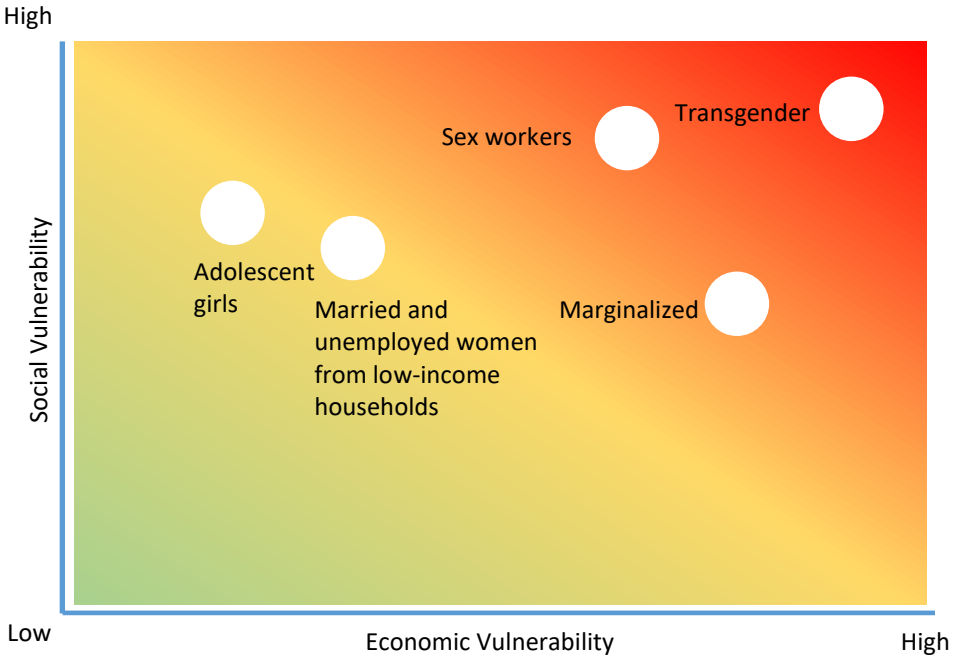
The key informants stated that coordination is necessary among government, CSOs, women rights organizations and NGOs to prevent vulnerabilities against women and girls. They need to prepare groups, strengthen UP violence prevention committee, awareness raising programs for the target community, arrange monthly meetings and strengthen community monitoring on different vulnerabilities faced by women and girls. MoWCA can strengthen monitoring mechanisms to ensure periodic reporting by UNO, DWA officer, Chairman/Vice-Chairman. However, the social development actors said that to address any types of vulnerabilities of women, adolescent girls and other vulnerable groups, hotline counselling could be a better option during the emergency situations. Different adolescent clubs, CSOs can work closely for raising awareness and ensuring support for the victims maintaining app-based networking.



# 8. RECOMMENDATIONS

***Vulnerability Mapping:*** If we use a vulnerability map in which vulnerability to economic shocks (income, savings, loan, assets, occupations, power and agency, gender based violence) is plotted on X axis and vulnerability to social shocks (health, WASH, education, nutrition, mobility, agency, decision making power, voice and leadership) is plotted on Y axis then we can observe from our findings that the sex workers and the transgenders are the most vulnerable group as their vulnerability is high in both social and economic terms. Their slide to economic shock is very rapid if they are exposed to any economic or natural shocks. The marginalized women can be categorized as comparatively lesser vulnerable to social shocks as they have more power and agency which is induced by them being the household head. However, their economic vulnerability is higher than the married women as the marginalized women have lesser household income, and have lesser opportunities for income generation. They are highly dependent on informal sources of income which are prone to steep depression due to external shocks like COVID 19 or disasters like Amphan. The married women however are more vulnerable to social shocks as they have lesser power and agency and are dependent on their husbands to meet their means. Divorce, separation or death of husband can push them rapidly towards high vulnerability. Adolescent girls' economic vulnerability depends on their parent's income and parent's willingness to support their children's education and wellbeing. Our findings show that the parents generally care if not for deep economic shocks. However, the adolescent girls still have high vulnerability to social shocks as they are often forced to marriage or discontinuation of schooling and are subject to gender -based violence (Figure 7). This map provides a useful framework to design interventions that can mitigate risks for further slides and improve both economic and social shock absorption capacity of the respondent groups.

Figure 7: Vulnerability mapping of the female and minority gender groups




***Economic interventions need to be embedded to interventions related to child marriage and educational attainment of girls:*** Our findings show that school drop-out is mostly associated with depressed income arising from health, natural or economic shocks of the parents. As such without economic strengthening, only counseling and advocacy interventions may not work to effectively mitigate child marriage. This is evident from the fact all agencies have now concluded that there is a great risk of deep slide in the progress that has been made in Bangladesh in curbing child marriage over the last several decades. We recommend that interventions related to education and child marriage are strongly integrated to economic interventions for the parents and also for the adolescents. Skill based training based on aspirational mapping in the school can potentially support the adolescent girls to become self-dependent on completion of the schooling.

***Stimulating formal sector engagement of women to support diversified livelihood, household recovery from COVID 19 and disaster shocks and also to address the challenges related to genders norms in household role distribution:*** Our data shows that married unemployed women are highly vulnerable to social shocks and have low agency, voice and decision-making authority. They are mostly engaged in unpaid care work within him which is deeply rooted to gendered norms within the households. Furthermore, restricted mobility also constrains economic engagement of married unemployed women. The gendered norms in this context prevails among both men and women. This means counseling and advocacy works need to be targeted to both men and women. COVID 19 and recent disasters have depleted household income and increased household exposure to informal and formal credit and depletion of household savings. Households that are dependent on single income earners are struggling to make a faster recovery from this economic depression. This therefore provides an opportunity for NRP to transfer skills to women which can accelerate economic recovery of the households by integrating married unemployed women to formal economic sectors. The same opportunity can be leveraged for the marginalized women who should be supported to get engaged in the formal sector as their informal and irregular economic engagement is not giving them the push required to come out of the poverty trap.

***COVID 19 induced economic shock is pushing households to cut down on nutritional intake and health expenditure; a catastrophic health crisis is evolving; health safety nets are essential for all the low-income population including sex workers and the transgender:*** Currently the health focus of the government and non-government agencies have become almost exclusively skewed towards COVID19 awareness, vaccination, treatment. Our findings show that households have critically cut

down on their health expenses, nutritional intake and visitation to physicians. This impact is felt more on women than men as the households said men's treatment and well-being is prioritized as they are the bread earners of the families. We foresee, a catastrophic health shock, especially on the women if their health access is not immediately strengthened. This would require national and international agencies, NGOs and the government to collaborate. Social safety nets that are specially targeted towards use of health coupons through health camps can proof to be effective in this context. The government may also try to scale these health camps through the Union Information Centers (UIC)s that are managed by the A2I program under the Prime Minister's Office.

***Revitalize the local NGOs for essential health, education, nutrition, sanitation and hygiene interventions:*** The NGOs in Bangladesh play critical role in front line service delivery for the poor. The government agencies also rely on the front-line capacity of the NGOs to organize demonstrations and campaigns. COVID 19 has seriously affected the capacities of the local NGOs as funding streams dried out. As such the essential service delivery targeting the women has been severely affected. The international agencies can work with the government to strengthen GO and NGO partnership which can revitalize the NGOs to re-engage in interventions that are critical to sustaining efforts related to gender targets as per the Sustainable Development Goals (SDGs).

***Strengthen social safety nets for cash transfer to marginalized women, the transgender and the sex workers:*** COVID 19 has exposed the households to high degree of informal and formal credit which jeopardizes the household's capacity to recover from this shock. In this context, a disaster at any time would only exacerbate the economic vulnerability and create further distress and gender-based violence for the women. MoWCA should consider targeted social safety nets in the form of cash transfer specially to marginalized women, the transgender and the sex workers.

***Shelter facilities need to be improved and made more suitable for women and the people with disability:*** Shelter facilities need to be improved to ensure safety and privacy for women. Separate latrines are available in some shelter homes but these are also dilapidated. The toilets need to be improved specially for the women. Access to subsidized sanitary pads in the shelter homes is vitally needed as they lack the access to change their menstrual cloth, wash and dry them. Waste bins to dispose of menstrual pads need to also be incorporated. The NGOs can potentially partner with the private sectors in this regard. The shelter facilities do not have doctors to look after critical cases, such as pregnant women who are about to deliver. Paramedics can also be assigned from the community clinics in the shelter homes, who will be monitored by a team of senior paramedics, either in the shelter homes or can support online.

Disaster resilient portable latrines should be placed in the vicinities of the shelter homes to reduce the stress of latrine usage in the existing locations. Separate rooms and latrines for women and men (to change clothes, sleeping, bathing etc.) need to be designated in the shelter homes to reduce the risk of gender-based assaults in the shelter homes. Safety and protection committees need to be established and monitored closely to ensure that the services are being adequately distributed to those staying in the shelter homes.

**Sensitization at society and family level to accept transgenders:** Transgenders have been provided the recognition of a 'third gender. However, transgenders at large are pushed away from the society to move into transgender communities, that sphere from social stigmatization and rejection. Rather, it is highly recommended to create mass sensitization at family, education institutes, and other social service levels to accept the transgenders as part of the society.

**Skills development interventions for the transgender communities:** Transgenders do not have a fixed income source, and it is highly fluctuating with the different structural and economic shocks. FGD findings have shown that transgenders want to be engaged in skills-based jobs but lack the skills to do so. In this regard, specific interventions to develop the skills of the transgender communities can be developed and can be tagged with forward thinking private sectors to engage them in formal jobs.

**Strengthen the institutions capacity to provide protection to adolescent girls, boys and women to report gender-based violence:** Study findings reveal that girls and boys prefer to travel in groups to schools and other locations out of safety concerns and mostly do not travel at night out of GBV concerns. Girls, boys and women need to be taught about 'good touch, bad touch' and its coping mechanisms at the institutional level in rural, peri-urban and urban areas.

**Strengthen government level saving schemes for women in the grassroot level:** Develop government level saving schemes that are especially targeted for women and provide higher interest rates than men that in turn will increase women's agency and financial autonomy.

**Strengthen community mobilization to connect women and girls with different committees that are committed to work at the grassroot level to address different vulnerabilities and GBV:** National, regional and local level coordination should be further strengthened to ensure the support that is needful to be provided to women and girls at the grassroot level. There should also be a monitoring cell to supervise the progress of such programs.

## IMPLEMENTATION OF THE PROPOSED INTERVENTIONS IN COVID-19 RESPONSIVE MANNERS

As per secondary sources and primary studies, there are a few potential risks and problems that could arise while executing the proposed interventions during the COVID-19 pandemic:

- **Health Risk:** Different activities for community mobilization and engagement may increase the risk of exposure to the virus. As these activities require physical gatherings this could possibly increase the risk of exposure for the frontliners and beneficiaries.
- **Mobility Restrictions:** During the COVID-19 pandemic, uncertain lockdowns to avoid the risk of exposure may affect the smooth implementation of the interventions. However, the mobility restrictions are of less concentration in recent days as the pandemic situation is stable now. So, organizing physical/social gatherings through maintain social distancing and required COVID 19 protocols would not be a problem nowadays.
- **COVID 19 instigated poverty:** The economic vulnerabilities caused due to the pandemic are restricting the rural communities to adopt different interventions
- **Additional Cost Burden:** For undertaking different safety measures (social distancing to avoid face-to-face interactions, safety gears etc.) while conducting community activities during the pandemic, additional costing is required which may increase the project costs for implementation.
- **Impact on timely implementation of interventions:** Due to uncertainty of imposed lockdown during the pandemic, it can seriously affect the timely implementation of the proposed interventions.

Considering the above-mentioned potential risks during the implementation of the proposed interventions, the following approaches should be taken into account while designing the interventions. These strategies focus not only on the substance of intervention delivery, but also on how we may deliver interventions using technology to prevent face-to-face interaction and therefore reduce the risk of pandemic exposure.

| Intervention | COVID 19 Risk | | Risk Mitigation Measures |
|---|---|---|---|
| **Economic interventions need to be embedded to interventions related to child marriage and educational attainment of girls** | Health Risk | Applicable | Arranging skill-based training based on aspirational mapping in the school can be arranged as proposed though physical trainings. However, it is important for the programme team to maintain COVID 19 safety protocols while conducting the trainings. |
| | COVID-19 instigated poverty | Applicable | Emergency cash support/seed fund is required to mitigate the impact of the outbreak and support families to recover and build resilience for future shocks. To avoid the risk of exposure from public gatherings, these emergency cash support could be provided online to the beneficiaries through digital platforms. |

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| | Cost burden for the project | Applicable | For arranging COVID 19 protocols during field activities, additional budget provision should be ensured while designing the interventions. |
| | Impact on timely implementation | Applicable | Adequate business contingency plan should be developed that will explain how the project will continue activities during emergency shutdown situation. |
| **Stimulating formal sector engagement of women to support diversified livelihood** | Health Risk | Applicable | For arranging the skill transfers trainings and counselling and advocacy works targeted to women, the existing women/adolescent groups can come forward and can work to connect women and girls with different committees that are committed to work at the grassroot level to address different vulnerabilities. One women/girl leader can be selected for each community to disseminate required knowledge or awareness message to their community members. In case of reducing the risk of exposure, the leader can be provided with necessary safety equipment while vising the communities. Also, the community level discussions should be arranged in every week consisting of a small group (6-8 members) in an open place (preferably in an open field) for maintaining social distancing. |
| | COVID-19 instigated poverty | Applicable | As explained before about the emergency cash support programmes |
| | Cost burden for the project | Applicable | Additional budget provision should be ensured by the project team for digitization. |
| | Impact on timely implementation | Applicable | As explained before |
| **Social safety nets should be targeted for beneficiaries. Also, scaling up of health camps through the Union Information Centers (UIC)s** | Health Risk | Applicable | Social safety nets in the form of cash transfer can be provided though using digital platforms specially to marginalized women, the transgender and the sex workers. |
| | COVID-19 instigated poverty | Not applicable | |
| | Cost burden for the project | Not applicable | |
| | Impact on timely implementation | Applicable | As explained before |
| **Strengthen the institutions capacity and community mobilization to provide protection to adolescent girls, boys and women to report gender-based** | Health Risk | Applicable | For strengthening the institutions and local NGO's capacity to provide essential health, education, nutrition, sanitation and hygiene interventions, the required skill development trainings should be promoted online or physically. |

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| **violence and address different vulnerabilities.** | | | Also, a learning management software for assessing the effectiveness of the capacity development effort can be introduced. |
| | COVID-19 instigated poverty | Not applicable | |
| | Cost burden for the project | Applicable | As explained before |
| | Impact on timely implementation | Not applicable | As explained before |