



# Preliminary Rapid Gender Analysis Of Monsoon Flood 2020

**Gender in Humanitarian Action Working Group**

Bangladesh



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## Table of content

Table of content.....	2
Executive Summary.....	3
1. Introduction .....	5
2. Objectives.....	5
3. Methodology.....	6
4. Findings and Analysis .....	6
4.1 Demographic Impact.....	6
4.2 Gender based Violence and Protection .....	6
Recommendations to address issues related to GBV and Protection: .....	7
4.3 Food Security, Livelihoods & Access to Productive Resources .....	8
Recommendations to address issues related to Food Security, Livelihoods & Access to Productive Resources:.....	10
4.4 Access and Condition of Shelter .....	10
Recommendations to address issues related to shelter.....	11
4.5 Access to Services especially Sexual and Reproductive Health (SRH) .....	11
Recommendations to address issues related to SRG: .....	12
5. Conclusion.....	14

## Executive Summary

Of the 3.3 million people affected in 21 Districts more than 50% are women and girls (1.7 million); of them 84,195 are Female Headed Households and 101,000 are pregnant women; and 1.6 lac are girls aged between 5 and 18. These are the most vulnerable groups to food insecurity, gender based violence's and inaccessibility to essential services.

Gender Based Violence has been in the upward trend since March this year due to COVID and lock down conditions. Flood has only aggravated the situation; 80% of the people are displaced and living in other places, either in organized or makeshift shelters or some neighbors and relatives' houses. These give rise to anxiety, a deep sense of insecurity and increase the risk of violence against women and girls; in fact, 60% of people at Union level reported of psychological depression and trauma.

Flood has worsened situation for those who had already lost livelihood due to COVID-19. Women and girls including Female Headed Households who rely on livelihood practices like poultry, livestock, vegetable cultivation, tailoring have no collaterals to recover.

The Joint Need Assessment shows 11% of the Unions indicated maternal health care as a topmost priority. The health care system has broken-down putting the lives of pregnant mothers and infant at risk. Also, water and sanitation facilities have been heavily damaged in flood affected areas making women and adolescent girls vulnerable to communicable disease like urinary tract infection (UTI) and reproductive tract infection (RTI).

Shelters are not adequate in numbers, and people do not prefer those due to inadequate facilities and protection concerns. Many people thus staying on embankments and high roads with constant fear of violence. Unfortunately, due to massive destruction of housing many people including women and adolescent girls would have to prolong these communal living perpetuating the protection concerns.

This rapid gender analysis (RGA) based on preliminary findings from Need Assessment Working Group's (NAWG) preliminary impact and need assessment (referred as JNA) and secondary available gender statistics call for a coordinated, inclusive and gender responsive humanitarian response. Broadly this RGA suggests to take immediate actions to mitigate GBV and protection risks of the most vulnerable groups; ensure food security and financial support for the targeted vulnerable groups and provide lifesaving essential services e.g. sexual and reproductive health care facility, safe shelters etc.

	Short Term Recommendations	Medium to Long term recommendations
<b>Gender Based Violence</b>	<ul style="list-style-type: none"> <li>Strengthen GBV referral pathway and activate the local level GBV prevention committees like women and children oppression prevention committee' and other GBV vigilance committees. Also integrate GBV pocket guide training based on psychosocial first aid framework.</li> <li>Establish safe spaces for women and girls</li> </ul>	<ul style="list-style-type: none"> <li>Introduce supplementary systems (e.g. SMS alert) for GBV and CM reporting</li> <li>Engage community-based youth volunteer groups on prevention &amp; mitigation</li> <li>Capacity building of media for responsible, safe and ethical reporting on GBV cases</li> <li>Create space for adolescent girls and boys for their productive engagement.</li> </ul>
<b>Food Security, Livelihoods &amp; Productive Resources</b>	<ul style="list-style-type: none"> <li>Essential food packages and Multi-Purpose Cash Grant, particularly to pregnant and lactating mothers, children and the elderly.</li> <li>Cash for work schemes to engage more women labourers</li> <li>Agricultural inputs, especially vegetable seeds and fertilizers for women</li> <li>Livestock assistance: livestock restocking, feed, veterinary medicines and services.</li> </ul>	<ul style="list-style-type: none"> <li>Cash grants and interest free or low interest loan for women and FHHs for livelihoods like poultry, cattle rearing, chili production and running of small and micro-enterprises.</li> </ul>
<b>Access and Condition of Shelter</b>	<ul style="list-style-type: none"> <li>Arrange for separate toilets, safe and secure bathing spaces, communal cooking spaces, for women in flood shelters.</li> <li>Protection system like volunteer guards to be arranged in shelter spaces</li> <li>Emergency shelter assistance: transitional/makeshift shelter, tarpaulins, shelter toolkits, and cash; Support house repairing with in-kind and cash assistance</li> </ul>	<ul style="list-style-type: none"> <li>Renovation of flood shelters</li> <li>Mapping of educational institutions and other buildings which can be used as temporary shelters</li> </ul>
<b>Access to Services especially Sexual and Reproductive Health</b>	<ul style="list-style-type: none"> <li>Arrange for obstetric care services for pregnant women: trained mid-wives, equipment and medicines;</li> <li>Menstrual hygiene kits for women and adolescent girls</li> <li>Ensure Antenatal and prenatal care services and other Sexual and Reproductive Health services for pregnant women</li> <li>Psychosocial services for women, girls and children</li> </ul>	<ul style="list-style-type: none"> <li>Mobilize community volunteers and leaders ( combined with youth, Ansar/VDP, village police, women led CSOs/CBOs, youth led organizations and others) with adequate information, education and communication (IEC) materials to raise awareness of safety and security of women, girls and other vulnerable groups at shelter and at community</li> </ul>

## 1. Introduction

The monsoon floods of 2020 have affected 21 Districts of Bangladesh with moderate to severe impact on 15 Districts. The first spell had hit in the last week of June, and according to the Flood Forecast Warning Centre (FFWC), major rivers are still flowing above the danger mark and might continue to be so till the end of July. Further heavy rainfall is expected next week with new increase in the level of flood level with heightened risk of loss of life and further displacement. Official figure of death toll is 41, while the unofficial figure is much higher, and people died mostly from drowning and snake bite. As of 22 July 2020, 102 upazilas and 654 unions have been inundated, affecting 3.3 million people and leaving 7,31,958 people waterlogged, of whom 1,701,930 are women and girls<sup>1</sup>.

The prolonged monsoon floods, which is predicted to be as devastating as that of 1988/98, on top of the ongoing COVID-19 crisis has been particularly devastating for the flood affected population. Disruptions of the economic and social activity is high for unions with high displacement rate; 93% of the unions witnessed disruption in income generating and social activities. As per primary data, 24% unions have more than 40% of the people displaced and staying in shelters and makeshift shelter spaces, living in a congested environment, increasing the risk of COVID-19 spread.

Physical access to primary health care is disrupted due to restricted mobility caused by inundation and COVID-19 pandemic. The survey shows that 73% of the affected unions suffered from disrupted health care services, therefore, increasing the risk of mortality, morbidity, lack of nutrition (where 75 union reported compromised nutrition care) which would escalate epidemic as well as the pandemic, creating additional vulnerability to pregnant women, adolescent girls, children, and the elderly. Loss of home, restricted movement, lack of privacy, inaccessibility and disrupted services, lack of transportation and communication create prolonged distress on Sexual and Reproductive Health (SRH), Gender Based Violence (GBV) and Child Protection.

Need Assessment working group has completed a Joint Need Assessment which indicates the utter sufferings of women and children. Hence the attempt to do this preliminary Rapid Gender Analysis to delve a little deeper to identify the core gender issues and problems being faced by the most vulnerable groups and come up with suggestions for gender responsive humanitarian actions.

## 2. Objectives

This Rapid Gender Analysis has the following two key objectives:

- To analyse and understand the different impacts that the flood has been having on women, men, girls, boys and other gender people in the most affected Districts
- To inform flood response programming based on the different needs of women, men, boys and girls and gender diverse group

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<sup>1</sup> Coordinated Preliminary Impact and Need Assessment of Monsoon Flood 2020 by NAWG, 27 July 2020  
[https://reliefweb.int/sites/reliefweb.int/files/resources/nawg\\_monsoon\\_flood\\_preliminary\\_impact\\_and\\_kin\\_20200725\\_final\\_draft.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/nawg_monsoon_flood_preliminary_impact_and_kin_20200725_final_draft.pdf)



### 3. Methodology

This is a Preliminary Rapid Gender Analysis (RGA), which has drawn heavily on the data collected during the JNA, and the secondary data, triangulated with existing demographic data of the government. Also, the partner CSOs of GiHA members have supplied some quantitative and qualitative data from the field for this RGA. The Assessment has been done between 23 to 28 July 2020.

In order to do this preliminary analysis in a short time to assist the humanitarian practitioners in designing gender responsive humanitarian programming, the focus has been given to the four key areas: i) Gender Based Violence and protection; ii) food security, livelihoods and access to productive assets, iii) access to services especially Sexual; and Reproductive Health and WASH; and iv) access and condition in shelters

### 4. Findings and Analysis

#### 4.1 Demographic Impact

Not all unions are affected equally in terms of the people affected or waterlogged. Population affected union shows that in 138 (41%) unions the affected population is more than 60%, while 40- 60% population has been affected in 97 (29%) unions. Jamalpur, Kurigram, Lalmonirhat, Sirajganj, Sunamganj, Shariatpur, Gaibandha and Tangail are topmost affected districts in terms of number of people affected.

#### Sex, Age and Disability Disaggregated Data

Number of total affected Women	1.7 million
Number of affected Female Headed HHs	84,195
Number of affected children and adolescents	1.1 million
Number of affected elderly people	0.27 million
Number of affected persons with disability	50,430
Number of affected pregnant women	101,017

#### 4.2 Gender based Violence and Protection

From the COVID-19 analysis in May it is observed that the psychosocial sufferings among women has sharply increased. This is still significantly high – around 52% due to flood distress, as shown in Figure 1.

Loss of houses, livelihoods, restricted mobility, lack of privacy, disrupted services and inaccessibility - weaken protection measures and resilience of individuals. Adding the COVID-19 pandemic context to flood, the Bangladesh Peace Observatory trend analysis indicates an overall 6% increase in domestic and dowry related violence during the

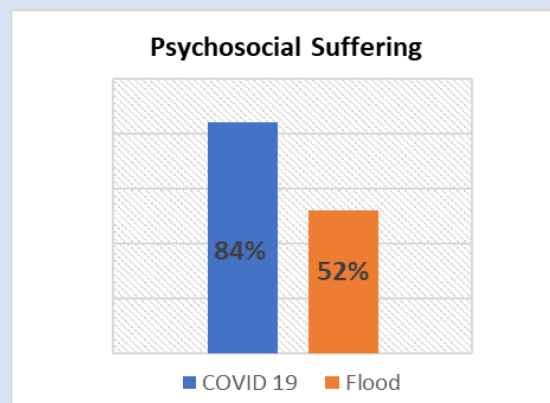


Figure 1: psychosocial suffering of women in 6 districts

past four months<sup>2</sup>.

In rural Bangladesh lifetime partner violence of any form is around 74% (VAW 2015). Flood crisis therefore can potentially lead to increased domestic violence. Earlier studies on COVID 19 showed an upward trend of early marriage and the prolonged flood related distress could only intensify such negative coping mechanisms. GBV awareness and information can enhance confidence amongst adolescent girls, women and other gender diverse group to protect themselves and adopt GBV risk mitigation measures. Increased inaccessibility to critical services as shown in Figure 2 will further reduce women's rights to sexual and reproductive health care and seeking support as a GBV survivor.

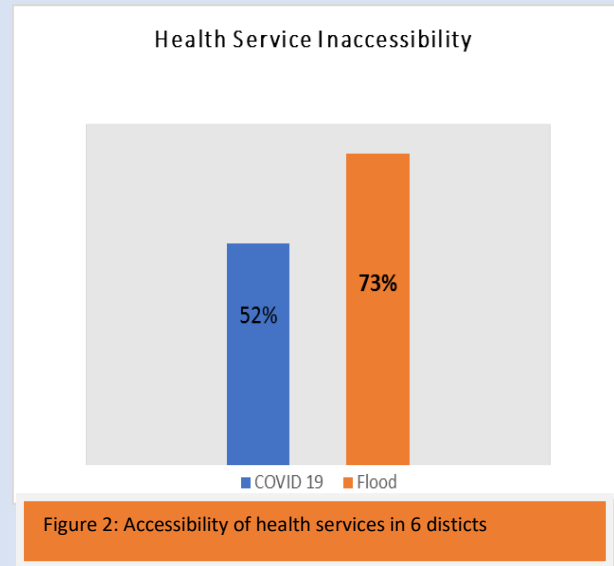


Figure 2: Accessibility of health services in 6 districts

At a subnational level, One Stop Crisis centres and cells – at district hospital and upazila health clinics are multi-sectoral GBV service points for survivors. In addition, Women Help desks at thana level, i.e. police stations and court, are also extending protection, referral and legal aid services. However, women can hardly access these services in flood as they can't go to the centres and these centres do not have any outreach services. On the other hand, COVID-19 pandemic has overstretched local government and administration capacity and necessary coordination for effective functioning of GBV referral pathway is not happening.

Flood shelters accommodating around 25,377 women - likely for a prolonged period of stay, are inadequately equipped to offer protection measures for women and girls. Inadequate safety provisions in shelters– such as absence of separate toilet, unavailability of sanitary napkins and soaps, inadequate lights etc. often put women and girls in unsafe and uncomfortable situation, aggravating their protection problems. The JNA survey revealed that people are in fear of utter impoverishment, disgrace and relief dependency due to loss of assets, employment and income; 22% people said that community people are engaging in disrespectful work for survival.

NGOs, CSOs, UN and other development partners are providing community level support to survivors of GBV in the flood affected areas through deploying case workers in facilities, community volunteers, health workers, and/or other frontline humanitarian workers. Still, reaching GBV survivors with support is becoming a challenge due to restricted mobility due to COVID crisis well as the damage to roads and transportation by the flood.

## Recommendations to address issues related to GBV and Protection:

### Short Term:

<sup>2</sup> <http://peaceobservatory-cgs.org/#/peace-highlights-infogr-viewer>



- Activate and support function of GBV prevention committee such as Nari O Shishu Nirjaton Protirodh Committees (women and children oppression prevention committee). Ensure community based GBV vigilance committees engage with NNPC.
- Extend and establish, where necessary, safe spaces for women and girls in coordination with local disaster management committees.
- Strengthen and establish GBV referral pathway, where necessary, in most flood affected districts (to the lowest administrative tiers) through updating and validating service-related information.
- For all frontline humanitarian workers integrate GBV pocket guide training based on the psychosocial first aid framework.

**Medium to long term:**

- Introduce supplementary systems (e.g. SMS alert) for GBV and CM reporting in collaboration with local administration to ensure that women, girls, men and boys can report GBV maintaining confidentiality and in a timely manner.
- Continue to invest and engage community-based youth volunteer groups on GBV awareness, risk mitigation and prevention interventions.
- Continue to raise awareness on psychosocial distress particularly as a result of GBV and extend counselling support.
- Build capacity of local media to safely and ethically report on GBV cases and encourage reporting that primarily facilitates rights of the survivors.
- Create space for adolescent and young persons, for both female and male, for their productive engagement aimed at enhancing their role in a gender equal norms and practices.
- Advocacy for including safety and security of women, girls and children in all disaster preparedness, response and recovery planning across sectors with the national and local government.

### ***4.3 Food Security, Livelihoods & Access to Productive Resources***

Disruptions of the economic life is high when 93% of affected unions witnessed disruption to livelihoods and various income generating activities; also functioning of local markets, crops, livestock and fisheries have been severely affected in most of the flood affected areas which leads to the possibility of increased food insecurity. JNA estimated a 489 million BDT crop damage and additional 125,549 hector agriculture land affected. In the Gaibandha District, agricultural crops (including vegetable and seed beds) of 3206 hector land and 632 ponds of fisheries got damaged by the flood<sup>3</sup>.

At a household level, increasing food insecurity will impact the female headed households, adolescent girls and pregnant mothers the most; around 80% of the unions indicated irregular food intake or skipping meal, as key sufferings for women and girls<sup>4</sup>. Loss of livelihood will strike women taking away their fundamental rights including decision making and access to services.

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<sup>3</sup> GUK

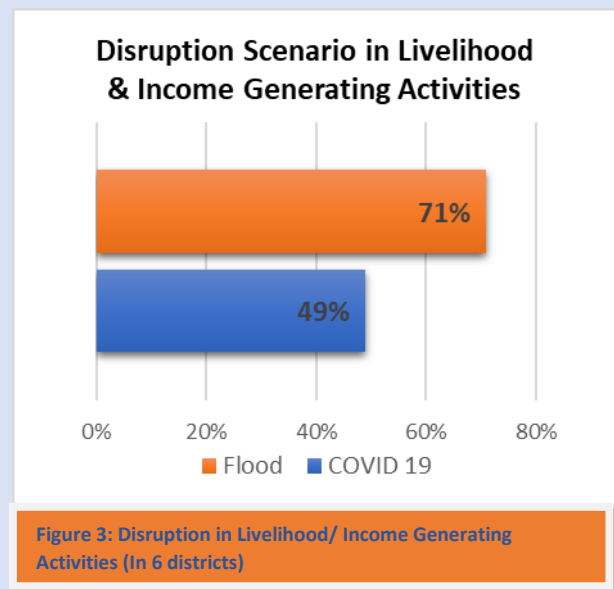
<sup>4</sup> Monsoon Flood: Preliminary Impact and Needs Assessment, July 2020

Vegetable production, particularly a key livelihood practice of rural women, has suffered significant damage due to prolonged inundation, adversely affecting women’s livelihoods and nutritional status of the population. Household food availability and utilization of food is seen to be challenging as 92% Unions during JNA reported difficulty faced by women in cooking food due to lack of fuel wood, stoves, and necessary utensils in addition to lack of food items to cook.

Moderate to severe damage of livestock and fisheries production has been reported; initial estimate shows BDT 74.52 million of loss in livestock (dead livestock and loss of animal feed). COVID-19 had already forced people to sell household assets, in which assets of women like chicken, goats, jewelry were first to go; with flood, people are set to lose maximum household assets.

In Kurigram women’s livelihood mostly dependent on Jute, poultry and livestock sectors. Flood damage in these sectors will render worse impact on women, especially the women headed household leading to severe food insecurity. In such situation, women are often compelled to sell their assets such as cattle and other household goods, at a nominal price to provide food for the families.

There is acute scarcity of fodder as all are submerged or washed away and women don't have enough money to buy food, let alone fodder. Also, there is a big price hike in the fodder market due to flood induced scarcity exacerbating the problem.



COVID 19 battered population were already cutting back on food intakes; with intensifying floods the situation is becoming grimmer. Women and adolescent girls in such households affected by flood are now likely to take even smaller portion of food especially protein which has a long-term health implications, particularly for adolescent girls and future mothers.

Prolonged inundation within COVID induced restriction of movement has substantially reduced women’s access to market, support services resulting in extremely limited livelihood options for women. It can eventually increase their dependency on loan and other negative coping mechanisms.

Due to lack of adequate Sex, Age, and Disability Disaggregated Data (SADDD) the aspects of women, girls and gender diverse population is not addressed properly in the assessment report of government, non-government and media. Most of the data and the information related to flood affected people are generalized that do not reflect the

*“We could not harvest jute and have already started to work on Aman seedbeds which is now totally inundated. The flood submerged summer vegetables where mostly women work. Due to COVID-19 women could hardly engage in informal economic activities, so the marginalized women gave substantial time and effort in homestead gardening. Now, all those vegetables are under water, only some dead plant remains are visible”, shared Mossamat Shefaly Begum, Chairperson, Mitali Lok Kendra, women’s CSO based in Jamalpur district.*

different impacts on livelihood and income for men and women. Neither do the data provide necessary scenario of exposures of different groups of people to the hazard for example: persons with disability, ethnic and religious minorities, elderly people, children, youth, adolescent girls, sex workers, gender diverse group, women headed household, and people with different sexual orientations.

## Recommendations to address issues related to Food Security, Livelihoods & Access to Productive Resources:

### Short Term

- Meet the food security and nutritional requirement by providing essential food packages particularly to pregnant and lactating mothers, children and the elderly.
- Emergency Multi-Purpose Cash Grant for female headed households and other most vulnerable groups such as gender diverse groups to protect them from negative coping strategies and exploitation.
- Ensure women's access to agricultural inputs, especially vegetable seeds and fertilizers restoring their livelihoods and nutritional status of their families while maximising the capacity in agricultural recovery.
- Engage more women into Cash for work schemes to repair breached embankments and essential community infrastructures (Market, agro staging area).
- Provide livestock assistance through supplying feed, livestock restocking, veterinary medicines and services.

### Medium to long term:

- Ensure livelihood grant for women to restart their livelihoods like poultry, cattle rearing, chili production.
- Interest free loans to FHHs and low-interest loans to other women who run small and micro-enterprises.
- Support to run women friendly market distribution system, supply chain and value chain system.

## ***4.4 Access and Condition of Shelter***

Shelter support is one of the most important priority for the flood affected people along with food, WASH and NFIs. JNA report shows that many houses are damaged or destroyed. People are forced to live in organized shelters as well as on embankments and high roads; and living in congested environment increasing the risk of COVID-19 spread. Even in areas where flood water has started receding, homesteads are filled with debris and mud making it a daunting task for families to go back home. According to the JNA, 38% of people are still staying at makeshift shelters, others went to government managed shelters. These shelter stays might be prolonged due to the flood and the crisis created by it. On the other hand, number of safe shelters in terms of facilities that ensures safety and security, for example safe WASH facilities for women and girls – are not adequate.

More men than women move to shelters – for instance in Gaibandha and Kurigram, 0.27% and 6% women as opposed to 0.34% and 10% men went to the shelters. Shelters are not gender friendly leading

to women and adolescent girls facing personal safety issues (harassment, eve teasing, domestic violence etc.).

Anecdotal evidence from the field indicates lack of separate WASH or sanitation facilities for the male and female; inadequate lighting or electricity in the shelters discourages women and girls due to protection concerns; menstrual hygiene amenities are absent; lack of privacy of bathing, breastfeeding and no separate space for women and girls – often lead to women not spending nights in shelters. However, there are differences of opinion regarding this issue of spending night at shelters; some said they are comfortable spending night at shelters together with their own families; others opined that though the family members are with them there is still some insecurity, at times when male family members go out for work and women are left alone, they feel insecure. Families living under tarpaulin/plastic sheet are in worse off situation as they are in constant fear of being exposed to violence from strangers.

**“I cannot sleep at night. There is no door. I think about my young girl’s safety who is 15 years old and also worry about my 5 year old child that he might fall in the nearby flood water”,** shared one woman staying in a temporary shelter

**“Union Parishad should ensure our security at night”,** said Mukti Begum from Gaibandha

Often women and girls’, as the caregivers of the households, are left behind in the inundated households to take care of the elderly, children or sick with no mobility.

## Recommendations to address issues related to shelter

### Short Term:

- Provide emergency shelter assistance - transitional/makeshift shelter, tarpaulins, shelter toolkits, and cash.
- Support house repairing with in-kind and cash assistance
- Arrange for safe and secure bathing spaces for women and girls in flood shelters.
- To protect women and girls from GBV security system like volunteer guards e.g. from Ansar/VDP and local youth groups to be installed in shelter spaces where maximum women and girls have taken refuge. This will also help people in protecting their personal assets and valuables which they might have brought with them in the flood shelters.
- Separate communal cooking space to be set up in shelters to ensure safety from fire hazards preventing cooking in living spaces in rooms or balcony of flood shelters where clothes and other materials remain exposed to fire.

### Medium to long term:

- Advocacy with concern authorities to support the landless/affected families to erect their own shelters.
- Renovation of flood shelters are required at affected areas.
- Provision of accessible and safe shelter support as well as mapping of educational institutions and other building which can be used as temporary shelters.

## ***4.5 Access to Services especially Sexual and Reproductive Health (SRH)***

Some 100,000 of the flood-affected women are pregnant; **six Unions identified reproductive health services to be number one priority need**, while 11% of all unions identified reproductive health services to be one of the top five priorities. Primary data shows that health care services and **antenatal and neonatal care services have been disrupted** in 251 (75%) and 215 (64%) unions respectively. Due to the

challenges of accessing lifesaving health care services, the number of pregnant women giving birth without the support of a midwife or skilled birth attendant will increase the risk. Adolescent girls, women of reproductive age living in shelters are facing acute shortage of MHM kits; 68% of the affected Unions reported of difficulty in maintaining personal and menstrual hygiene.

Many women and adolescent girls are likely to remain exposed in flood water for a long time. Flood inundation over a long period of time is often contaminated with pathogens coming out of the sanitary latrines and other industrial wastes. Since women and girls are responsible in daily washing, cooking and cleaning activities within households, such situations increase the **risk of women getting skin diseases**.

**Health services are equally inaccessible to men and boys** during the flood, as shown in Figure 2 in GBV section, since most of the Union Health & Family Welfare Centers have been inundated. With major **disruption to water and sanitation system** women and girls are highly vulnerable to GBV and SRH risks. Water collection from unknown points, far away from homestead are GBV risks factors for women and girls. Damage to sanitation facilities affects these groups more as using shelter, neighbours or public sanitation facilities is often uncomfortable for women and girls. They end up limiting or avoiding its use during day time, that ultimately leads to **urinary tract infection (UTI) and reproductive tract infection (RTI)**.

Due to disrupted communication system there will be shortage of adequate supply of MHM goods, contraceptives, and other reproductive health care drugs to serve the adolescent girls and women.

In affected areas 79% of people reported of difficulties in caring for children, persons with disabilities, and the elderly. Most of the casualties have been children drowning. These warrant psychosocial support. However, access to mental health and psychosocial services is largely overlooked. Due to COVID crisis, government and some other agencies have been trying to provide psychosocial services online, which need to be popularized among the flood affected people, especially the women and adolescent girls and boys.

## Recommendations to address issues related to SRH:

### Short Term:

- Ensure Sexual and Reproductive Health services for pregnant women and ante-natal and pre-natal care services
- Arrange for obstetric care services for pregnant women; arrange for trained mid-wives
- Include hygiene products into the Dignity kits/ Menstrual Hygiene Management kits for women and adolescent girls.
- Access to mental health and psychosocial services for women, girls and children needs to be enhanced.

**Medium to long term:**

- Health care facilities need to have enough health care workers (HCW) and midwives to provide 24/7 services, as well as medical supplies and equipment to provide treatment and care to patients with SRH and emergency obstetric conditions
- Mobilize community volunteers and leaders ( combined with youth, Ansar/VDP, village police, women led CSOs/CBOs, youth led organizations and others) with adequate information, education and communication (IEC) materials to raise awareness of safety and security of women, girls and other gender groups, ethnics minorities and women and girls with disabilities at shelter and community.

## 5. Conclusion

In the backdrop of COVID-19 this flood is going to be unprecedented in terms of people's, especially women, girls and other gender diverse people's sufferings. Hence, the need for comprehensive humanitarian programming, with a proper understanding of the demographic and gender dimensions for maximum positive impacts of the humanitarian actions.

It's clear that the most affected are the women, girls and children, and FHHs amongst them are the worst victims. So, humanitarian programming needs to prioritise beneficiaries accordingly; JNA has already prioritized Protection as the topmost priority.