



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

Cox's Bazar is home to 860,697 Rohingya refugees in addition to the host population (52% female, 48% male). As of September 27, 2020, there have been 357,873 total cases of COVID-19 in Bangladesh, with 4,721 in Cox's Bazar and 251 across all 34 refugee camps. Of the 251 confirmed cases across almost all camps (73% male, 27% female), resulting in eighth deaths (37% male, 63% female). Due to negligible testing, actual infections and the death toll are likely to be higher. In Cox's Bazar, COVID-19 has had significant impact in the already extremely congested camps and has also had a number of adverse effects on the host community.

This Rapid Gender Analysis, conducted by ISCG Gender Hub, CARE, Oxfam, ACAPS-NPM and UN Women, draws from 272 quantitative surveys (152 Rohingya (50% female), 120 host community (42% female)), 66 key informant interviews (27 Rohingya, 39 host community), secondary data sources, and their research in the region to fill information gaps and to provide evidence for gender-responsive programming during the COVID-19 crisis.

Key Findings

- **Unemployment and income losses are the biggest challenges.** A total of 62% and 61% of host community women and men and a total of 34% and 43% of Rohingya women and men reported that they had completely lost their incomes due to COVID-19 containment measures. For 86% of men in host communities and 62% of men in camps, this is the biggest concern; for women, it is a lower concern—neither host nor refugee women prioritized livelihoods as one of their top 5 concerns.
- **Unpaid care work is rising dramatically and falling mostly on women.** “Women are always expected to do more household chores than a male family member. To ensure cleanliness, washing has increased since the pandemic, so it's obvious that the workload has doubled...Men are spending more time in the house, but they hardly participate in the household chores.” (Female, Host Community, Police Officer)

- **Generally, Rohingya men make decisions regarding health care.** 55% Rohingya women reported needing permission to make purchases related to COVID-19 prevention (e.g. soap, masks). 61% of Rohingya women reported needing permission to access health services, including isolation and treatment centres, if they had COVID-like symptoms.
- **Due to increased market prices, a lack of income or savings and changes in food distribution, food security has been one of the greatest challenges.** 80% of women and 66% of men in host communities and 30% of women and 26% of men in the Rohingya community said it was a priority need.
- **Previous work on protecting and empowering women and girls has been disrupted, making it harder to access women-specific services that were deemed non-essential.** 43% of Rohingya women and 40% of host community women reported not having enough menstrual hygiene products to meet their needs since COVID-19. Access to maternal, sexual, reproductive health and rights services is even more restricted for host community women. While 67% of Rohingya women reported being able to access these services, only 28% of host community did so.
- **Safety and security risks have increased during the pandemic for everyone.** 43% of host community respondents perceived safety risks have gone up for women and girls outside the home, while 42% of Rohingya respondents believe the risks for women and girls are greater inside the home. Only 40% of host community respondents and 57% of Rohingya respondents report that they can safely and easily access health facilities since the start of COVID-19.
- **Pre-existing gender bias for boys' education is likely to be exacerbated with new schooling arrangements.** The most significant impact of COVID-19 on children is that they no longer can attend school. As women and girls are perceived to be primarily responsible for care work, girls are likely to face more difficulty allocating time to home-schooling than boys. Rohingya youth volunteers reported an increase in child marriage, attributing this trend, in part, as an alternative milestone to education or work.
- **Women and vulnerable groups, such as persons with disabilities, transgender persons, and sex workers, have been hit the hardest.** "Women are facing a lot of problems, especially women who don't have husbands. They have to leave their children at home and come to the distribution centre. Before there were people to help them. Now...everyone's helping themselves. (Female, Rohingya, Frontline worker)
- **It's harder for Rohingya refugees to access WASH services.** "WASH activities have decreased, they used to fix broken hand-pumps, bathing cubicles, toilets and used to dislodge toilets. The drains are dirty too. Several kinds of diseases may break out because of that. There is a dire need of such support." (Male, Rohingya, Head Mahji) 51% of women in the Rohingya community and 58% of women in the host community prioritized Sanitation-Hygiene concerns compared to 11% and 17% of Rohingya and host community men respectively.
- **Rising stigma is a challenge especially for already marginalized and vulnerable groups like women, transgender persons and sex workers.**
- **Women report being more excluded from response decision-making processes and a desire to be more included.** 62% Rohingya women and 72% host community women want to be consulted about their needs and involved in deciding response activities. About 50% of all women want to actively participate in response activities. Over half of Rohingya men wanted to be consulted about their needs and around 40% wanted to be involved in deciding and participating in response activities. However, 25% were not interested in being involved and a third of host community men did not want to be involved.

"Intimate partner violence, domestic violence, sexual harassment and kidnapping have increased because of lack of security in the camp and because the number of organizations that work there has decreased. The CiC staff are not coming to the camp on a regular basis, so the bad people get the opportunity to perform abusive acts. The GBV services are being provided remotely and are not available everyday so it's difficult to access them. In fact, we are not receiving the services.
-Female, Rohingya, Youth Leader

"People ignore us more now than before. They call us 'Corona Virus' and say COVID-19 is coming, 'Get far away from me', people tell them. Community people do not like transgender people, and after the advent of COVID-19 they said that transgender people would not remain in our communities and if I say something violence occurs.

Recommendations

- Mitigate and respond to new and increased risks arising from COVID-19 faced by women, girls, men and boys, and key vulnerable and marginalized groups.** Advocate for essential services that have been deprioritized in the COVID-19 response (for example, protection services, GBV services for survivors, SHRH services, MHM, drop in centres for female sex workers, income generating and self-reliance activities) to be reassessed and re-established as soon as possible, taking into account safety measures.
- Provide more comprehensive, frequent, and targeted information.** Develop communication campaigns for communities with low literacy, no access to tv mobile signal or other technology, and tailor messages to immunocompromised people through trusted pathways and communication channels.
- Prioritize gender-responsive and gender-specific WASH services for women and girls as lifesaving.** Ensure calls into the hotline receive responses as soon as possible, taking into account safety measures and that CiC and CiC staff find ways to make WASH services accessible across camps.
- Understand that differing needs and entitlements of women, girls, men, boys, LGBTQ+ populations and key vulnerable and marginalized groups must be addressed at all stages of the COVID-19 response.** Include training on gender equality and addressing provider biases, including transphobic behaviors and attitudes. Ensure all frontline workers have sufficient information, services and tools to protect themselves and their communities.
- Create inclusive and meaningful channels for women's participation at the local level around COVID-19 response, planning and recovery.** Women's leadership and active engagement is essential, in particular underrepresented and marginalized groups, such as persons with disabilities, older people, adolescent girls, transgender persons and female sex workers, in all aspects of the COVID-19 response. Actively seek feedback from communities through inclusive and accessible pathways.

Figure 3. Priority Needs or Concerns for Rohingya Community

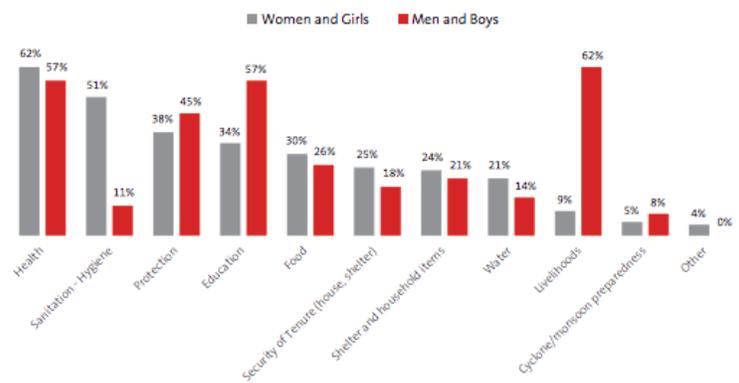


Figure 4. Priority Needs or Concerns for Host Community

