



RAPID GENDER ANALYSIS OF THE CHATTOGRAM DIVISION FLASH FLOOD AND MONSOON RAIN

Gender in Humanitarian Action Working Group
Bangladesh

September 2023

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	5
<hr/>	
I. INTRODUCTION	9
1.1.Situation overview	9
1.2.Objectives	9
1.3.Methodology	9
1.4.Limitations	10
1.5.Demographic profile and analysis	10
<hr/>	
II. KEY FINDINGS AND ANALYSIS	11
2.1.Emergency shelter provisions	11
2.2.Access to food and income	11
2.3.Access to Health Services (including reproductive health services)	12
2.4.Access to WASH Services	12
2.5.Safety and security of women and girls	13
2.6.General access and communication	13
<hr/>	
III. RECOMMENDATIONS	14
3.1.Emergency shelter provisions	14
3.2.Access to food and income	14
3.3.Access to Health Services (including reproductive health services)	15
3.4.Access to WASH Services	15
3.5.Safety and security of women and girls	15
3.6.General access and communication	16
<hr/>	
REFERENCES	17

EXECUTIVE SUMMARY

The August 2023 flash floods and monsoon rains across Bangladesh resulted in unprecedented damage, especially in Chattogram Division, leading to widespread devastation and displacement. The districts of Bandarban, Chattogram, Cox's Bazar, and Rangamati experienced severe landslides, extensive road damage, and power outages. This rapid gender analysis (RGA) assesses the differential impacts of these disasters on women, men, girls, boys, and gender-diverse groups.

This report underscores the need to engage with local organisations who are often first responders, have access to rural and remote areas, and are also impacted by disasters. In this engagement, an emphasis needs to be placed on safety and security of women, girls, people with disabilities, older people, and people from the hijra community. There also needs to be support to local government and local organisations regarding the development of early warning dissemination materials and strengthening of early warning mechanisms, especially for marginalised groups.

About 1.3 million people across 39 upazilas in Chattogram division were affected and approximately 51% of families in flood-affected areas were forced to leave their homes. Chattogram had the highest overall number of affected people (732,677), followed by Cox's Bazar (479,203), Rangamati (66,516), and Bandarban (43,352). However, the displacement rate was highest in Bandarban, with approximately 74% of people in flood-affected areas forced to leave.

Critical areas of concern include emergency shelter, access to food and income, access to health services, access to WASH facilities, and safety and security. Where these resources and services exist, access is an issue due to cost, distance, lack of transportation, and mobility restrictions for women and girls. Access issues are most dire for people living in rural or remote areas, for people with disabilities, and for poorer people. Extensive damage to infrastructure and disrupted communication had a greater impact on women and girls due to their reduced mobility and lower mobile phone ownership. Women's participation in decision-making and leadership was also flagged as an area of concern, both in terms of how families use assistance and in terms of recovery.

Due to the absence of flood shelters in Bandarban, people had to take refuge in nearby schools, religious places (Hindu temples and Buddhist monasteries), and neighbour's houses. The temporary shelters that were opened were overcrowded and did not have gender segregated toilets. Women and girls were also concerned that some school-based shelters became inaccessible, as schools resumed, while their homes still remained uninhabitable. Women did not get early warnings and thus were unable to bring essential items with them during the last-minute evacuation.

The flooding and landslides caused extensive crop damage – some 50,000 hectares – affecting livelihoods and negatively impacting food security, particularly in Bandarban and Rangamati. A lack of feed has caused deaths to livestock and poultry, further increasing food insecurity. Although gender-disaggregated data in regard to livelihood loss was not available, it can be assumed that women have been heavily affected given their high level of engagement in agriculture.

Health and WASH services were heavily damaged. Due to significant road damage, access was impaired even where services were still available. Community healthcare was severely disrupted, including sexual and reproductive health (SRH) services. Approximately 79% of water supply points and 75% of sanitation services were damaged or disrupted in the affected districts. Damage to WASH infrastructure makes personal hygiene management especially challenging for women and girls. In Bandarban, 21 health facilities were flooded, damaging supplies and medical equipment and compromising SRH services. This was further exacerbated by poor road conditions and transport services.

Damage to homes and forced displacement heightens safety, security, and protection concerns. Women are highly relying on relief efforts due to the severe loss of income due to the disaster and to their displacement. When planning a humanitarian response, it is imperative that differences in gender norms among the various ethnic groups in the Hill districts and Bengalis are considered.

Gender-responsive strategies for implementation in the immediate to long-term are provided below.

	Immediate recommendations	Long-term recommendations
Emergency shelter	<ul style="list-style-type: none"> Consult community members to ensure that shelter construction items are relevant to the sociocultural context, especially in the Chattogram Hill Tracts (CHT). Ensure that emergency shelters maintain the safety and dignity of its female and/or people from the hijra community, including secluded space to dry MHM materials. Prioritise vulnerable groups for the distribution of emergency shelter items, including women headed households, households with older people, households with people with disability, and households with pregnant and lactating women. Ensure accessible distribution of shelter items for people with disabilities and older people. Prioritise the mapping of evacuation centres and emergency shelters in the CHT, focusing on whether they have gender segregated facilities, locks on bathroom doors, safe spaces for women, girls, and people from the hijra community, and accessible facilities for older people and people with disabilities. 	<ul style="list-style-type: none"> Support local organisations to engage women, girls, and other vulnerable groups on safe emergency evacuation. Develop mechanism for dissemination of early warning and evacuation information in local language. Strengthen the accessibility, quality and management of shelters.
Access to food and income	<ul style="list-style-type: none"> Prioritise pregnant and lactating women, children, widows, women headed households, older people, households with a person with a disability, and people from the 	<ul style="list-style-type: none"> Prioritise women and women-headed households for cash grants, interest-free, or low-interest loans to restore livelihoods.

	<p>hijra community when distributing food packages and multipurpose cash grants.</p> <ul style="list-style-type: none"> ▪ Prioritise women for emergency livelihood support in the form of cash, interest free or low interest loans, agricultural inputs, and income generating activities where relevant, keeping in mind the principles of do no harm and intra-household dynamics. ▪ Engage with community members and local staff from respective organisations and clusters to ensure that distribution channels are appropriate to meet the needs of the aforementioned vulnerable groups. 	<ul style="list-style-type: none"> ▪ Provide support for the development of a women-friendly market distribution system, supply chain, and value chain system.
<p>Access to health services</p>	<ul style="list-style-type: none"> ▪ Review health facilities and ensure that protection and gender considerations are incorporated in reconstruction. ▪ Prioritise sexual and reproductive healthcare when re-establishing functionality of health facilities. ▪ Ensure that temporary health camps in hard-to-reach areas are constructed, even temporarily, with sociocultural norms in mind and ensure the dignity and safety of women and girls receiving healthcare. ▪ Expand door-to-door health services and ensure community health teams have women medical staff as well as men. 	<ul style="list-style-type: none"> ▪ Adopt and promote strategies to encourage safe and dignified health-seeking behaviour, especially in the CHT. ▪ Include MHM awareness sessions in health facilities and in SRH services.
<p>Access to WASH services</p>	<ul style="list-style-type: none"> ▪ Ensure that repair to damaged latrines or the construction of temporary latrines and bathing facilities is safe and accessible by ensuring adequate privacy and installing locks, lights, and dustbins for women, people with disabilities, and older people. ▪ Collaborate with the health sector to prioritise behavioural change messaging around hygiene and safe water practices in healthcare facilities and para centres to ensure access to clean water and sanitation. ▪ Promote safe menstrual hygiene management practices and provide context relevant MHM products. 	<ul style="list-style-type: none"> ▪ Promote climate-resilient WASH technologies and infrastructure that are sensitive to gender, age, and disability, enhancing disaster resilience. ▪ Conduct awareness sessions on hygiene practices and sustainable behaviour change as part of water safety plans.

<p>Safety and security</p>	<ul style="list-style-type: none"> ▪ Expand safe spaces for women and girls whose homes have not been repaired or rebuilt. ▪ Expand GBV response services, integrating them into health centres and safe spaces for women and girls, and re-train teams in referral mechanisms, especially in the Chattogram Hill Tracts. ▪ Consult with communities and local staff to ensure that information dissemination about crisis support is in a format and language appropriate for affected communities. This includes information about One Stop Crisis Centres/Cells, Service Desks in police stations, Helpline numbers (109, 1098), and NGOs providing support services. Ensure accessible communications are available for people with disabilities, poorer people, and people with low literacy. ▪ Assess the needs for people with disabilities and provide assistive devices for those whose devices have been destroyed, damaged, or lost. 	<ul style="list-style-type: none"> ▪ Advocate for the inclusion of vulnerable women, people with disabilities, older people, and people from the hijra community in the government's social safety net programme. ▪ Strengthen the capacity of local women-led organisations, healthcare providers, and other key service providers so they can extend their reach in rural and remote areas. ▪ Advocate for strengthened GBV response services in the Chattogram Hill Tracts.
<p>General access and communication</p>	<ul style="list-style-type: none"> ▪ Plan specific options to reach people that live in hard to reach and remote areas. ▪ Provide information in a variety of ways to ensure greater outreach, as women's access to mobile phones and/or radio is limited. 	

1. INTRODUCTION

1.1. Situation Overview

Heavy and relentless monsoon rains have been battering Bangladesh since early August 2023, inflicting widespread devastation and flooding the districts of Bandarban, Rangamati, Chattogram, and Cox's Bazar districts. In Bandarban, the Chattogram Hill Tracts (CHT) were most affected. Bandarban witnessed an unprecedented 668 mm of rainfall in just seven days, triggering flash floods and landslides. This has exacted a heavy toll on infrastructure, homes, and livelihoods, isolating communities due to disrupted communication and transportation networks.

Around 30,000 people were stranded in Bandarban due to extensive road damage and power outages, while landslides damaged approximately 718 homes as well as roads. In Rangamati, approximately 1,191 individuals were affected by the flooding, prompting the opening of 236 shelters to accommodate those affected. In Cox's Bazar, particularly in the upazilas of Chakaria and Pekua, more than 295,000 residents were severely affected by the floods.

The Rohingya refugee camps were also hit, with 9,237 refugees affected, including 1,192 displaced individuals and 1,431 damaged shelters; compounding an already challenging humanitarian situation there, calling for a coordinated and immediate response to address urgent needs and mitigate further risks.

1.2. Objectives

This rapid gender analysis (RGA) has the following key objectives:

- To analyse and understand the differential impacts of the flood on women, men, girls, boys, and people from the hijra community in the most affected districts;
- To inform flood response programming based on the different needs of women, men, girls, boys, and people from the hijra community;
- To facilitate advocacy for a more gender responsive preparedness, response, and recovery plan.

RGAs provide quick preliminary analysis to humanitarian practitioners, including the Humanitarian Coordination Task Team (HCTT) clusters designing humanitarian response programmes for the Chattogram division monsoon and flash floods. The purpose of the RGA is to facilitate humanitarians' ability to address the needs of women, men, boys, girls and people from the hijra community equally. This RGA focuses on seven key areas: i) emergency shelters; ii) food and income; iii) access to services (including reproductive health services); iv) WASH; v) safety and security; vi) participation and leadership; and vii) accessibility and communication.

1.3. Methodology

This RGA was conducted between 5 and 9 September 2023 and is primarily a desk review based on preliminary findings from two reports:

- 'Chattogram Division Flash Flood and Monsoon Rain 2023' situation report produced by the Inter-cluster Coordination Group (ICCG),
- 'Rapid Assessment of Chattogram Division' by the Needs Assessment Working Group

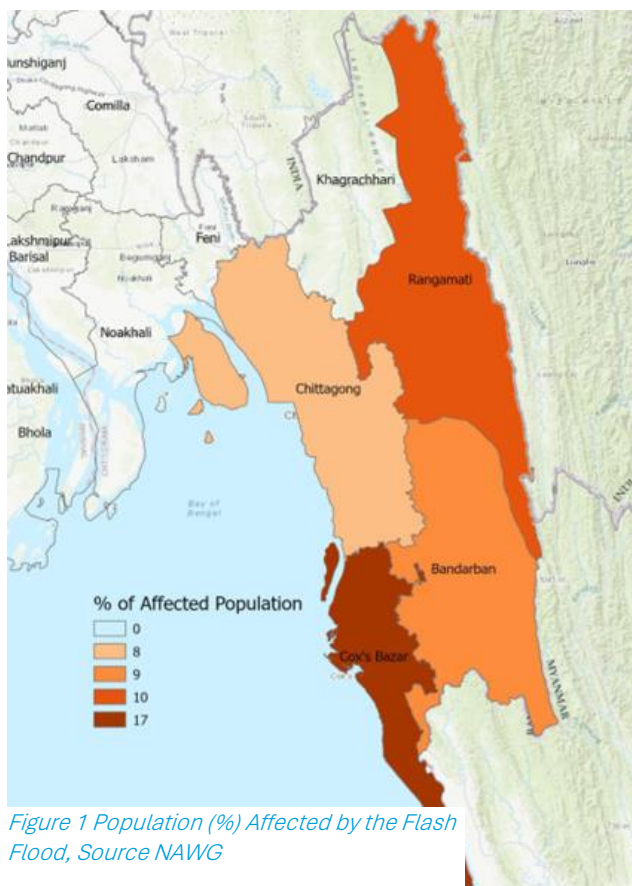
(NAWG) undertaken between 17 and 20 August 2023.

The data was then triangulated with the findings of a mission conducted by UNFPA to the Bandarban and with secondary data of the Government. Civil society partners of the Gender in Humanitarian Action (GiHA) working group, other cluster members of the Humanitarian Task Team (HCTT) – particularly UNICEF, UNFPA and WFP – and NAWG members also provided quantitative and qualitative data.

1.4. Limitations

Due to the lack of data at the time this RGA was carried out, this report is mostly focused on women and girls and could not dwell much on the impact of the flood on men, boys, people with disabilities, older people, or people from the hijra community. Where possible, consequences for these groups have been included based on pre-existing vulnerabilities and experiences during previous disasters.

1.5. Demographic profile and analysis



A total of 1.3 million people located in 39 upazilas of four districts in Chattogram division were affected. Chattogram has the highest record of affected people (732,677), followed by Cox's Bazar (479,203), Rangamati (66,516) and Bandarban (43,352). The impact is severe in Cox's Bazar where 17% of the population endured the impact of the flood.

Total affected women	630,000
Total pregnant and lactating women	17,785
Total affected children	480,000
Total affected elderly people	74,243
Total persons with disabilities affected	17,794

Table 1 Demographic profile of population affected from the flood, Source NAWG

II. KEY FINDINGS AND ANALYSIS

2.1 Emergency shelter provisions

Half (51%) of all families in the four districts were forced to leave their homes. In Bandarban, this was 74%. According to key informant interviews (KIIs) done by the NAWG, an estimated 213,214 individuals were temporarily displaced across the four districts. Families whose homes were extensively damaged sought refuge in nearby schools, religious places (Hindu temples, and Buddhist monasteries), and neighbour's houses. There are no formal shelters, such as multipurpose emergency evacuation centres, in Bandarban district, and despite reports that 1,567 emergency shelters were established to respond to the disaster, it is not known whether these shelters were well equipped, particularly in the CHT, and whether they were affected by flooding.

Findings of UNFPA's field mission indicate that women did not receive early warnings or evacuation information and were thus unprepared and unable to bring essential items with them during evacuation. Three weeks after the flood, some families were still displaced and seeking refuge in schools, temples, monasteries, or elevated areas in the community. The locations where they sought refuge were also unprepared and not managed as emergency flood shelters or evacuation centres. As a result, they were crowded and congested, and toilets were lacking and were not gender segregated. During the focus group discussions (FGDs) organised by UNFPA, women and girls living in these facilities revealed that some school-based shelters were closing because, schools were about to resume; while their homes remained uninhabitable. Families whose homes were

damaged or destroyed have also lost most of their assets, and rebuilding their homes will be expensive.

2.2 Access to food and income

87% of affected households have experienced income loss. The disaster profoundly impacted food security, particularly in Bandarban and Rangamati. In the CHT, flooding has affected jhum cultivation, a traditional shifting cultivation farming technique common among indigenous communities in the area. The heavy rains and flooding inflicted widespread damage to crops. Approximately 50,000 hectares across 15 upazilas were affected, including *Aus paddy* (rice), *Aman saplings* (rice), and vegetables. In Bandarban especially, harvests were negatively impacted by heavy rainfall.

Food stocks in the affected areas have been damaged and cooking facilities of affected families unfit for use. Livestock feed has also been destroyed, leading to the death of livestock and poultry. Vital infrastructure for agriculture and fisheries was also damaged.

Most affected families are dependent on relief efforts to access food and resources due to persisting challenges in these areas, especially due to disruption of local markets. No assessment has been done on the livelihoods and income sources of women in the affected areas, but prior to the disaster women in these areas were engaged heavily in agricultural work alongside men and also involved in daily labour.

Consultation with stakeholders in Bandarban revealed that women engage in income generating activities and also carry out most household chores. However, disparities persist

between men and women in terms of decision-making, access to wealth and inheritance, and access to resources. Women are also paid less than men and are less likely to not own cell phones, have a personal bank or mobile bank account, and be literate (age range 20-49 years).

2.3 Access to Health Services (including reproductive health services)

Access to health services was hampered by damage and destruction of the health facilities themselves, as well as by damage to communication and transport systems. Around 71.6% of the affected population experienced difficulties accessing services and assistance, attributed primarily to disruptions in transport and communication. This has potentially impacted accessibility to lifesaving services, particularly for pregnant and lactating women and people with disabilities. Most major communication channels, roads, and transport systems were cut, isolating rural areas from the sadar, or main city.

The NAWG Rapid analysis found that 20% of antenatal, postnatal, and neonatal care services were disrupted due to the floods, leaving around 17,785 pregnant women in need. Community level healthcare facilities and services in the affected districts, including reproductive health services, were severely disrupted because most community clinics were flooded. When the water levels decreased, some facilities were covered in mud, and it took weeks for them to resume function. UNFPA found that 21 health facilities in Bandarban district were flooded and supplies, and medical equipment damaged, compromising the accessibility and quality of health services, including SRH.

Services through community clinics were also disrupted and injured people struggled to

receive immediate basic emergency assistance. Special healthcare for people with disabilities was absent and they faced challenges moving from one place to another. In the CHT, Union Parishad and Upazila HQs are on average 2.2 km and 5.7 km away respectively from the villages.

It is important to note that ethnic communities affected by the floods expressed a clear preference for traditional healing practices over modern medical services and hold some views that deter safe health seeking behaviour. Such social norms negatively impact women, particularly that of reproductive age, more than any other age group of the community.

2.4 Access to WASH Services

According to initial assessments conducted by the NAWG, approximately 9,141 water sources were non-operational, and 82,301 sanitation facilities were destroyed. Another 6,590 water sources and 40,557 sanitation facilities are only partially functional. Flood shelters typically lack sufficient WASH facilities.

Contamination of water sources is a major risk during floods, posing a risk of outbreak of waterborne disease. Pregnant and lactating women, children, older people, and people with disabilities are especially at risk, particularly in Bandarban and Rangamati, where many people were displaced. Women also tend to shoulder the responsibility of collecting drinking water, which becomes even more challenging and dangerous when they have to travel long distances to get it.

Access to WASH facilities is directly linked to menstrual hygiene. According to the NAWG, 79% of water supply points and 75% of sanitation services were disrupted in the affected districts. Women and girls in Bandarban noted the impact of this on their own lives. Many said they must use shared toilets and were practising unhygienic

menstrual hygiene management. Adolescent girls said they preferred menstrual items, such as sanitary pads, over cash because cash support would be spent on other household priorities.

2.5 Safety and security of women and girls

It is important to note that gender norms among the tribes in the CHT and among Bengalis are different. The context and sociocultural norms must be understood prior to developing interventions.

After a field visit by the GBV Cluster and UNFPA, and supported by findings of the NAWG rapid assessment, the biggest challenges faced by women and girls affected by the floods are housing, livelihoods, and safe access to food, water, and sanitation. All these elements are crucial to safety and security too.

Loss of income and high reliance (over 50%) on humanitarian relief, along with loans that will be difficult to repay, is likely to force households to adopt negative coping mechanisms to make repayments and survive. According to NAWG, 73% of the affected population reported buying food on credit and 60% said they will reduce expenditure on non-food items, 43% will reduce health expenditure, and 20% said their children will stop attending school. In other humanitarian crises where this has occurred, including Bangladesh, women and girls have been impacted differently than men and boys when it comes to access to services and maintaining dignity.

Loss of housing is directly linked with a rise in insecurity for women and girls. The displacement of families will potentially trigger a rise in insecurity and decline in safety for women and girls can be assumed. The GBV Cluster reported that while women and girls in Bandarban feel relatively safe within

their para (village), their movement outside is not as safe.

In Bandarban, women and girls, especially those from ethnic minority groups, have minimal awareness and information about service desks at police stations, helpline numbers (109 or 1098), or nearby health facilities. This negatively impacts upon their ability to seek support or services in case of GBV or to access healthcare or other resources.

While the floods affected transport and communications, it also hindered access to essential services for 71.6% of the affected population, more so for the vulnerable. Consultations with local NGOs and other stakeholders indicated there are several other factors that influence mobility for women and girls, including traditional norms and practices.

2.6 General access and communication

The heavy rains and landslides uprooted trees and caused extensive road damage in all four districts. A total of 410 kilometres of roads were damaged, resulting in a major interruption of communication between and within districts and subdistricts. According to NAWG's Rapid Assessment, transport and communication was the third most disrupted. It is worth noting that due to historical and topographic contexts, the districts of Bandarban and Rangamati already suffered from a lack of infrastructure and reduced connectivity and some remote areas were difficult to access even prior to the disaster.

Another consequence of the flood was power outages and temporary disruption to mobile phone networks in some upazilas, leaving affected people without access to information about the disaster and available humanitarian and government relief.

III. RECOMENDATIONS

3.1. Emergency shelter provisions

Immediate

- Consult community members to ensure that shelter construction items are relevant to the sociocultural context, especially in the Chattogram Hill Tracts (CHT).
- Ensure that emergency shelters maintain the safety and dignity for its female and/or people from the hijra community, including secluded space to dry MHM materials.
- Prioritise vulnerable groups for the distribution of emergency shelter items, including women headed households, households with older people, households with a member with a disability, and households with pregnant and lactating women.
- Ensure accessible distribution of shelter items for people with disabilities and older people.
- Prioritise the mapping of evacuation centres and emergency shelters in the CHT, focusing on whether they have gender segregated facilities, locks on bathroom doors, safe spaces for women, girls, and people from the hijra community, and accessible facilities for older people and people with disabilities.

Long-term

- Engage. Support local organisations to engage women, girls, and other vulnerable groups on safe emergency evacuation.

- Develop mechanism for dissemination of early warning and evacuation information in local language.
- Strengthen the accessibility, quality and management of shelters.

3.2. Access to food and income

Immediate

- Prioritise pregnant and lactating women, children, widows, women headed households, older people, households with a person with a disability, and people from the hijra community when distributing food packages and multipurpose cash grants.
- Prioritise women for emergency livelihood support in the form of cash, interest free or low interest loans, agricultural inputs, and income generating activities where relevant, keeping in mind the principles of do no harm and intra-household dynamics.
- Engage with community members and local staff from respective organisations and clusters to ensure that distribution channels are appropriate to meet the needs of the aforementioned vulnerable groups.

Long-term

- Prioritise women and women-headed households for cash grants, interest-free, or low-interest loans to restore livelihoods.
- Provide support for the development of a women-friendly market distribution system, supply chain, and value chain system.

3.3. Access to Health Services (including reproductive health services)

Immediate

- Review health facilities and ensure that protection and gender considerations are incorporated in reconstruction.
- Prioritise sexual and reproductive healthcare when re-establishing functionality of health facilities.
- Ensure that temporary health camps in hard-to-reach areas are constructed, even temporarily, with sociocultural norms in mind and ensure the dignity and safety of women and girls receiving healthcare.
- Expand door-to-door health services and ensure community health teams have women medical staff as well as men.

Long term

- Adopt and promote strategies to encourage safe and dignified health-seeking behaviour, especially in the CHT.
- Include MHM awareness sessions in health facilities and in SRH services.

3.4. Access to WASH Services

Immediate

- Ensure that repair to damaged latrines or the construction of temporary latrines and bathing facilities is safe and accessible by ensuring adequate privacy and installing locks, lights, and dustbins for women, people with disabilities, and older people.
- Collaborate with the health sector to prioritise behavioural change messaging around hygiene and safe water practices in

healthcare facilities and para centres to ensure access to clean water and sanitation.

- Promote safe menstrual hygiene management practices and provide context relevant MHM products.

Long term

- Promote climate-resilient WASH technologies and infrastructure that are sensitive to gender, age, and disability, enhancing disaster resilience.
- Conduct awareness sessions on hygiene practices and sustainable behaviour change as part of water safety plans.

3.5. Safety and security of women and girls

Immediate

- Expand safe spaces for women and girls whose homes have not been repaired or rebuilt.
- Expand GBV response services, integrating them into health centres and safe spaces for women and girls, and retrain teams in referral mechanisms, especially in the Chattogram Hill Tracts.
- Consult with communities and local staff to ensure that information dissemination about crisis support is in the format and language appropriate for affected communities. This includes information about One Stop Crisis Centres/Cells, Service Desks in police stations, Helpline numbers (109, 1098), and NGOs providing support services. Ensure accessible communications are available for people with disabilities, poorer people, and people with low literacy.
- Assess the needs for people with disabilities and provide assistive devices for those

whose devices have been destroyed, damaged, or lost.

Long-term

- Advocate for the inclusion of vulnerable women, people with disabilities, older people, and people from the hijra community in the government's social safety net programme.
- Strengthen the capacity of local women-led organisations, healthcare providers, and other key service providers so they can extend their reach in rural and remote areas.
- Advocate for strengthened GBV response services in the Chattogram Hill Tracts.

3.6. General access and communication

Immediate

- Plan specific options to reach people that live in hard to reach and remote areas.
- Provide information in a variety of ways to ensure greater outreach, as women's access to mobile phones and/or radio is limited

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The Gender in Humanitarian Action (GiHA) working group Bangladesh, under the Humanitarian Coordination Task Team (HCTT), is comprised of focal points from thematic clusters, and a few gender experts from national and international NGOs and local CSOs.

The aim of the group is to support the realization of gender responsive programming by mainstreaming gender equality in the work of each of the thematic clusters, inter-cluster working groups and the overall joint response and preparedness efforts throughout the humanitarian action phase (emergency response preparedness, assessment, analysis, strategic planning, resource mobilization, implementation, monitoring, review, and lesson learning). The focus areas of the GiHA WG are: Coordination, Technical Advice and Guidance, Advocacy, Assessment, Analysis and Monitoring, Information Sharing and Management. The working group is chaired by the Department of Women Affairs of the Ministry of Women and Children Affairs and co-chaired by UN Women.

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