



GENDER
IN HUMANITARIAN ACTION
Bangladesh

RAPID GENDER ANALYSIS OF CYCLONE REMAL

Gender in Humanitarian Action Working Group
Bangladesh

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DRAFTING TEAM:

Animesh Biswas, SRH Working Group Coordinator, UNFPA

Dilruba Haider, Programme Specialist - DRR, CCA, HA, UN Women

Foyzun Nahar, Programme Officer-Gender Protection and Disability Inclusion, WFP

Humaira Aziz, Gender Programme Specialist, UNICEF

Marjina Masud, Programme Associate, Protection and Gender, WFP

Mashiur Rahman, Information Management Officer, UNFPA

Maud Aba'a, Project Officer - DRR, CCA, HA, UN Women

Mausumi Sharmin, Gender Coordinator, Concern Worldwide

Meherun Mili, GBV Cluster Information Management Officer, UNFPA

MST Saleha Khatun, National WASH Cluster Coordinator, UNICEF

Tahmina Huq, Programme Officer, Child Protection, UNICEF

Rumana Khan, GBV Cluster Coordinator, UNFPA

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EXECUTIVE SUMMARY

Cyclone Remal made landfall near the Bangladesh-India border, severely impacting the Sundarbans in Satkhira district on 26 May 2024, affecting 4.6 million people. GiHA Working Group initiated the Rapid Gender Analysis on 27 May, refined the data collection tools, and oriented members on 28 May. The data was collected on 29-30 May, with analysis and drafting completed between 31 May and 1 June, focusing on five of the most affected districts: Khulna, Satkhira, Barguna, Bagerhat, and Patuakhali.

The objectives of the RGA are:

- To analyse and understand the differential impacts of the flood on women, men, girls, boys, people with disabilities, and people from gender diverse groups in the most affected districts.
- To inform the HRP/cyclone response programming based on the differential needs of women, men, girls, boys, and people with disabilities, and people from gender diverse groups.
- To facilitate advocacy for a more gender responsive preparedness, response, and recovery plan.

This RGA focuses on seven key areas: 1) Emergency Shelter; 2) Cyclone-Induced Housing Disruptions; 3) Food and Income; 4) Safety and Security of Women and Girls; 5) Access to Reproductive Health Services; 6) Access to Water, Sanitation and Hygiene Facilities; and 7) Role of Women Led Organizations / Women Rights Organizations.

KEY FINDINGS AND RECOMMENDATIONS

The loss of housing, household assets, disruption of education, diminished income, and severe food insecurity have intensified the crisis for the most vulnerable women, children, and gender-diverse groups. Their top priorities include shelter, clean drinking water, sanitation, food, and reproductive health services. Long-term recovery should focus on reconstructing houses and infrastructure, revitalizing livelihoods, and reinforcing embankments and protective structures. Coordinated relief and recovery efforts are crucial.

Emergency Shelter: Approximately 800,000 people evacuated to 9,424 cyclone shelters across 19 districts. However, overcrowding, lack of gender segregation, inadequate sanitary facilities, and insufficient lighting made shelters uncomfortable for women. Pregnant women and people with disabilities faced additional barriers like lack of transportation, and poor road conditions.

Cyclone-Induced Housing Disruptions:

Cyclone Remal damaged or destroyed 173,866 houses, rendering 40,338 completely uninhabitable. Displacement rates are particularly high in Pirojpur (82%), Bhola (80%), and Khulna (79%). Housing shortages are especially challenging for women, adolescent girls, and female-headed households (FHHs).

- Immediate recommendations – Provide **lighting in shelters**, arrange **emergency shelter for female-headed households (FHHs)** and **single elderly women**, and offer **house repair support** to the **most poverty-stricken and FHHs** through Cash-for-Work programs.
- Long Term recommendations - Include **women in shelter management committees**, increase the **number of separate latrines** in shelters, build **access roads to shelters**, provide **housing grants** to **poverty-stricken FHHs**, offer **loans** to other affected people for **rebuilding homes** and connect them with the government's Asrayon project.

Food and Income: Most households are experiencing food shortages due to communication disruptions, market inaccessibility, and lack of cooking supplies. FHHs often have only one meal a day, with 85.2% of households skipping meals and 45.6% facing difficulties cooking and feeding young children. Approximately 93.2% of livelihood activities have been disrupted, forcing 42% of households to sell assets, often starting with women's possessions.

- Immediate recommendations - Distribute **food packages with essential utensils and fuel wood**, implement **Cash-for-Work programs**, provide **livelihood training** and **cash assistance**, lift the fishing ban in affected districts, and ensure accountability to those in need.
- Long Term recommendations – Offer **resilient livelihood skills training, interest-free or low-interest loans to women and FHHs**, explore alternative livelihoods, and support the development of **women-friendly market distribution, supply, and value chain system**.

Safety and Security of Women and Girls: Cyclone Remal has heightened the risk of gender-based violence (GBV) in affected areas. Partner violence rates in Barishal (44%) and Khulna (57%) are expected to rise due to income loss and increased caregiving burdens. Many women, particularly in FHHs, did not receive early warnings or evacuation messages in time.

- Immediate recommendations - Disseminate **information about GBV services**, safety measures, and anti-trafficking **targeting women, adolescent, and youth**; train first responders on GBV risks and safeguarding; distribute **dignity kits**; and establish **safe spaces for women, girls, and gender-diverse individuals**.
- Long Term recommendations: Install **solar streetlamps** protect women and girl's mobility ensuring their access to healthcare facilities and other essential services; **ensure Early Warnings are disseminated to the most vulnerable groups including FHHs, elderly, gender diverse groups on time**.

Access to Reproductive Health Services: The cyclone has made access to reproductive and antenatal care difficult for the 61,889 pregnant and lactating women in affected areas. Gender-diverse groups face additional challenges. Hygiene materials have been washed away or rendered unusable.

- Recommendation: Ensure **ante-natal care** services in affected areas, arrange transportation to nearby healthcare providers, deploy **trained birth attendants (TBAs)**, and distribute **sanitary pads and birth control** options to women and adolescent girls.

Access to WASH Facilities: In eight of the most affected districts, 20,260 water points were damaged, with 1,536 fully destroyed. Additionally, 134,269 latrines were damaged, including 24,407 that are completely unusable, leading to privacy and dignity concerns for women and girls.

- Immediate recommendations - Repair **latrines** and rehabilitate **tube wells**.
- Long Term recommendations - Desalinize **ponds**, install **solar-powered pumps with wells**, and rebuild **sanitary latrine**.

Role of WLO/WROs: Women-led organizations are providing crucial support to the most affected women and girls in remote areas, ensuring their needs are addressed in the recovery efforts.

- Recommendation: Engage and provide **financial support to women-led organizations and women's rights organizations** in relief and recovery initiatives to reach the most affected and poorest groups.

I. INTRODUCTION

1.1. Background

Cyclone Remal made landfall near the Bangladesh-India border, particularly impacting the western part of the Sundarbans in the Satkhira district on 26 May 2024. As the most severe cyclone to hit Bangladesh in recent years, it **affected approximately 4.6 million people**¹ across nineteen districts of Barishal, Khulna, and Chattogram divisions.² The cyclone resulted in sixteen (16) confirmed deaths, with twenty-two (22) people missing or injured. The affected regions include 119 upazilas and 934 unions, with the southwest coastal districts of Bangladesh, such as Pirojpur, Barguna, Bagerhat, Khulna, Patuakhali, Satkhira, Bhola, and Barishal being severely impacted by high tides reaching up to twelve feet at places, heavy rainfall, and winds of 90-120 km/h.³

Major rivers overflowed due to tidal surges, resulting in considerable damage to embankments causing extensive inundation and flooding. The cyclone's effects were devastating, leading to the evacuation of 800,000 people, and causing widespread infrastructure damage.⁴ The nine most affected districts comprise a total of **628,365 Female Headed Households**.⁵

1.2. Objectives

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

- To analyse and understand the differential impacts of cyclone Remal on women, men, girls, boys, people with disabilities, and the gender diverse groups in the most affected districts.
- To inform the HRP/cyclone response programming based on the differential needs of women, men, girls, boys, and people with disabilities, and the gender diverse groups.
- To facilitate advocacy for a more gender responsive preparedness, response, and recovery plan.

The RGA provides quick preliminary gender analysis to humanitarian practitioners, including the Humanitarian Coordination Task Team (HCTT) clusters designing humanitarian response programmes to Cyclone Remal.

This RGA focuses on seven key areas: 1) Emergency Shelter; 2) Cyclone-Induced Housing Disruptions; 3) Food and Income; 4) Safety and Security of Women and Girls; 5) Access to Reproductive Health Services; 6) Access to Water, Sanitation and Hygiene Facilities; and 7) Role of Women Led Organizations / Women Rights Organizations.

1.3. Methodology

GiHA Working group took the decision to undertake the RGA on 27 May right after the decision of HCTT to undertake the Rapid Assessment, to supplement that RA with a gender analysis to ensure that

¹ Rapid Assessment of Cyclone REMAL 2024, Needs Assessment Working Group (NAWG)

² Khulna, Satkhira, Bagerhat, Jhalakathi, Barishal, Patuakhali, Pirojpur, Barguna, Bhola, Feni, Cox's Bazar, Chattogram, Noakhali, Laxmipur, Chandpur, Narail, Gopalganj, Shariatpur and Jashore

³ Situation Report No. 03, Inter-cluster Coordination Group (ICCG) and Inter Sector Coordination Group (ISCG)

⁴ NAWG (1)

⁵ Population and Housing Census 2022, National Report Volume 1, Bangladesh Bureau of Statistics

the Humanitarian Response Plan that would be developed based on the RA adequately and appropriately addresses the gender differential needs of different affected groups including the most affected women, girls, people with disabilities and gender diverse groups.

Accordingly, the tools were refined to match the nature of cyclone Remal, and orientation was given to 20 GiHA members, who volunteered to support the development of the RGA, who then in turn gave the necessary orientation to their field staffs and local partner organisations. The tools used have been Focused Group Discussions (FGDs) and Key Informant Interviews and (KIIs).

The areas covered through FGD and KIIs were Khulna, Satkhira, Barguna, Bagerhat, and Patuakhali, and the data were collected between 29-30 May.

Apart from this primary data collection, the RGA has been drawing heavily on the data collected by the Rapid Assessment (RA) of the Need Assessment Working Group (NAWG), as well several Upazila level SOS forms collected directly, and through other clusters. Thus, several GiHA colleagues analysed the primary and secondary data on 31 May and 1 June and produced the Rapid Gender Analysis for Cyclone Remal 2024.

1.4. Demographic Analysis with sex, age, and disability disaggregated data

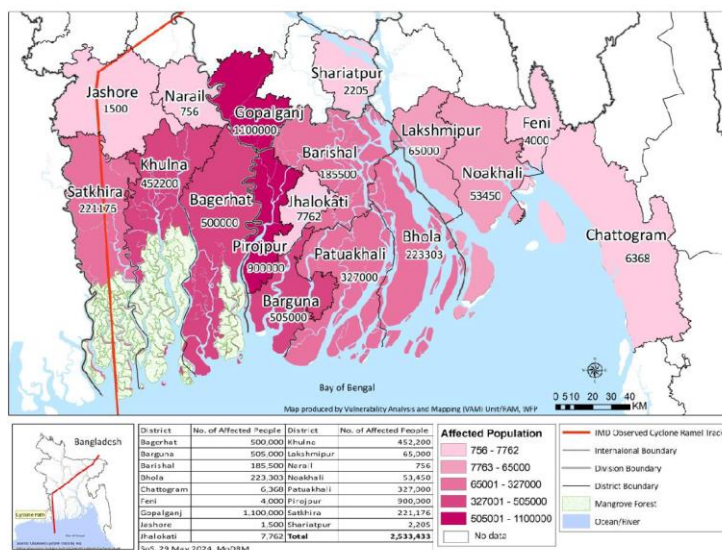


Figure 1: District-Wise Affected Population, Rapid Assessment, NAWG, 31 May 2024

Cyclone Remal has emerged as the most devastating cyclone to strike Bangladesh in recent years, affecting 4.6 million people across nineteen (19) districts. The nine hardest-hit districts — Gopalganj, Barguna, Bagerhat, Bhola, Barishal, Pirojpur, Khulna, Satkhira, and Patuakhali — experienced the most severe impacts. According to NAWG’s RA, Pirojpur recorded the highest number of affected individuals: 900,000, followed by Barguna with 505,000, Bagerhat with 500,000, Khulna with 452,200, and Patuakhali with 327,000.

In terms of vulnerability, there are approximately 981 transgenders; 132,082 women and girls with disabilities; and 628,365 female-headed households living in the 09 most affected districts (Satkhira 66852, Khulna 86546, Bagerhat 55440, Patuakhali 67931, Bhola 80440, Barishal 120532, Barguna 36876, Pirojpur 52315, Gopalganj 61433) who may be disproportionately impacted by the Cyclone Remal.

Number of women affected	2,340,000
Number of pregnant and lactating mothers affected	61,889
Number of persons with disabilities affected	65,422
Number of elderly (60+) people affected	444,861
Number of children affected	1,790,000

Figure 2: Demographic profile of the population affected from cyclone, Rapid Assessment, NAWG, 31 May 2024

II. FINDINGS AND ANALYSIS

2.1. Emergency Shelter

Before Cyclone Remal made landfall, approximately 0.8 million individuals were evacuated to 9,424 evacuation centres and shelters opened by the government across nineteen (19) districts. According to key informant interviews (KIIs) conducted as part of the Rapid Gender Analysis (RGA), families whose homes were severely damaged sought shelter in cyclone shelters, public buildings such as schools, abandoned buildings, religious structures, and neighbours' houses.

Findings from KIIs and focus group discussions (FGDs) during the RGA revealed significant gaps in the dissemination of early warnings and evacuation information, particularly affecting women, and girls. Many did not receive timely alerts, leaving them unprepared and unable to bring essential items while leaving for shelters. Moreover, going to shelters was challenging for women, girls as men often made evacuation decisions, resulting in delays in evacuation. Disruptions to transport and communication services exacerbated the difficulties in reaching evacuation shelters, particularly for pregnant women, persons with disabilities, those who were unwell, and the elderly. For instance, in Kolapara, Patuakhali District, some men reported during FGDs that while they managed to send their adolescent daughters to shelters, they could not transport their pregnant wives due to the distance (7-8 km) and poor road conditions. Overcrowding further compounded the issues, for example in Kolapara shelter designed for 500 people had to accommodate up to 2,000 during the cyclone.

Approximately 73% of surveyed households reported disruptions in communication and transport services, hindering their ability to reach shelters. During the cyclone, some shelters had locked toilets, rendering them inaccessible, as reported in Dhularswar union of Kolapara, and Ward No. 2 of Dholua union in Sadar Upazila of Barguna. This created significant challenges, particularly for women and adolescent girls. In some areas, electricity was unavailable for five days post-cyclone, making it uncomfortable for women, girls, and gender diverse groups at the shelters and to use latrines after dark. According to KIIs and FGDs, adolescent girls and women felt insecure in cyclone shelters due to the lack of alternative power supplies. The prolonged power outages left shelters at dark during the nights, making communal sleeping arrangements frightening, especially since there was no segregation of male and female occupants.

Women were often reluctant to leave their homes due to insecurity and privacy concerns. The lack of separate toilet facilities for men and women forced women and girls to bathe in open, broken spaces, increasing their fear of sexual violence and exploitation, which severely impacted their mental well-being.

For gender-diverse groups, finding safe refuge was even more challenging. Social stigma and negative perceptions deterred them from using common shelters. Some transgender individuals from Banishanta sought refuge in cyclone shelters but felt extremely uncomfortable and insecure due to the communal sleeping arrangements.

2.2. Cyclone Induced Housing Disruptions

Cyclone Remal has had a devastating impact on housing, with 173,866 houses damaged or destroyed, including 40,338 that are completely uninhabitable. Approximately 96% of these damaged houses are concentrated in the eight most severely affected districts. According to Rapid Assessment, displacement rates are particularly high in Pirojpur (82%), Bhola (80%), and Khulna (79%). Around 66% of surveyed households reported being forced to stay in places other than their homes due to the cyclone.

The displacement has significantly affected women and girls, who, while taking refuge in evacuation shelters, have lost their personal living spaces. This loss has created challenges in maintaining dignity, privacy, and protection. Some women have returned to their damaged homes, but female-headed households are enduring immense anxiety, lacking the protection of male family members and constantly worried about the safety of their children and themselves.

Houses near rivers and canals have been particularly vulnerable, suffering severe damage or complete destruction due to tidal surges and high waves. The kitchens, often the flimsiest part of these homes, have been destroyed. The loss of cooking utensils, and fuel wood or those being wet have made meal preparation extremely difficult. According to the RA, 90% of households are struggling to cook food, with Patuakhali, Khulna, Satkhira, Barguna, Bagerhat, and Bhola being the worst affected in this regard.

The widespread housing damage and the associated challenges underscore the urgent need for targeted support to rebuild homes and restore essential household functions for ensuring the safety, dignity, and well-being of the most affected, particularly women and children.

2.3. Safety and Security of Women and Girls

Cyclone Remal has significantly heightened the risk of gender-based violence (GBV) in affected areas. In Barishal and Khulna divisions, where partner violence rates are already 44% and 57% respectively, these rates are expected to rise due to income loss, property damage, and increased caregiving burdens. The Rapid Assessment indicates that 37% of households believe the disaster will exacerbate GBV risks.

Post-cyclone, 87% of households reported uncertainty about their future, with 27% expressing concerns about early marriages and uncertain futures for adolescent girls. Overall, 42% of households feared for the safety of children, women, and girls. Despite no reported GBV incidents during the disaster, findings from Patuakhali, Barguna, and Khulna suggest women and girls often feel unsafe disclosing such incidents, fearing further harm. They tend to stay together for protection due to the lack of community protection mechanisms and first responder awareness of GBV risks.

RAHIMA KHATUN'S STORY



Rahima Khatun has been raising her 18-year-old son and 6-year-old daughter alone in **Satkhira** since her husband abandoned them after their daughter's birth. She sustains her family as a **day labourer**. When Cyclone Remal struck, Rahima sought refuge in a mosque as her son was away and she was advised to evacuate. Her **house was destroyed** shortly after she left. After spending the night in the mosque, Rahima relocated to her mother's house.

Reflecting on the ordeal, Rahima stated, "**I did not receive any food or assistance, and my 6-year-old daughter was inconsolable with hunger. I urgently need a house so that I can secure my children and continue my day labour work to provide for them.**"

Many women compromised on dignity items, prioritizing household essentials over personal needs. Elderly women reported receiving little support, highlighting their unique vulnerabilities. Financial strains led 58% of households to consider reducing non-food item expenditures, including dignity items and menstrual health products. This may force households to adopt negative coping mechanisms, such as deprioritizing health expenditures, reducing food intake, and engaging in risky labour. About 84% reported selling household assets or buying food on credit, disproportionately affecting women as their assets, e.g., jewellery, utensils are first to be sold.

Pre-cyclone, 58.2% of women and girls in Barishal and 62% in Khulna felt safe walking alone after dark, but this is likely to be decreased, restricting their mobility and access to GBV and health services. Key informants noted a lack of safe shelters for women, girls, gender-diverse groups, and persons with disabilities. The cyclone also severely impacted education, with many schools closed, preventing children, especially adolescent girls, from attending and increasing exploitation risks for them. The adolescent girls during FGDs reported that there is no feedback mechanism established.

Cyclone Remal underscores the urgent need for improved early warning systems, gender-sensitive evacuation planning, and safer, more accessible shelters to protect vulnerable populations and ensure their safety and dignity during and after disasters.

DULALI RANI'S STORY



Dulali Rani, a **marginalized** resident near the Baleswar River in **Bagerhat**, has endured significant hardships due to Cyclone Remal. Having lost her husband during Cyclone Sidr, she now faces the **complete destruction of her home** and ongoing psychological and physical challenges. Relying on her neighbours for sustenance, Dulali expressed deep concern about her dependency: **"I am very worried about how many days I need to depend on my neighbours for my daily meals."** Despite her dire situation, she has found some relief through the provision of Humanitarian Emergency Boxes (HEBs), which have alleviated her immediate needs and provided a semblance of stability.

2.4. Food and income

Cyclone Remal has severely impacted food security, leaving many families facing acute food shortages. Data from the Rapid Gender Analysis (RGA) reveals that most households struggle to manage three meals a day, with female-headed households particularly struggling to provide even one meal daily. The destruction of 80,591 hectares of cultivable land and the flooding of 50,000 fish enclosures, 34,000 ponds, and 4,000 crab farms have severely disrupted food supply chains, exacerbating food insecurity.

Transport and communication disruptions have been significant, with 73% of surveyed households reporting difficulties. Women, who typically manage household food distribution, face substantial challenges in feeding their families. Many are going without food themselves to ensure their children are fed, with 85.2% of households skipping meals and 45.6% facing difficulties in cooking and feeding children under five. Vulnerable populations, including women and children, are at heightened risk of malnutrition and related health complications.⁶ The loss of household items can lead to long-term economic challenges and increased poverty rates among affected families.⁷ Approximately 93.2% of livelihood and income-

⁶ FAO, 2021

⁷ World Bank, 2021

generating activities have been disrupted, with 86.3% of agricultural activities, including cultivation, fisheries, poultry, and livestock, severely affected. Consequently, 84.1% of people are experiencing income loss.

Women farmers face additional barriers in accessing agricultural recovery assistance due to the lack of a 'farmer card.' During FGDs, women expressed hopelessness about accessing credit or funding to restart their livelihoods. Additionally, 42% of households have already resorted to negative coping strategies, such as selling household assets and livestock, often starting with women's assets.

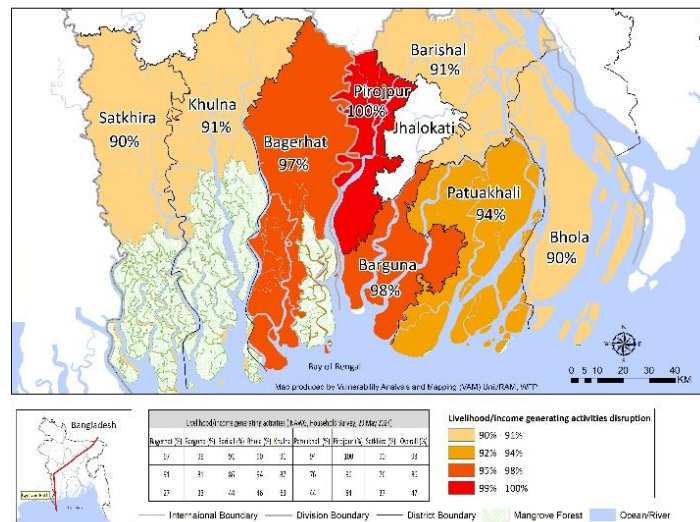


Figure 3 Income generating activities disruption per division, Rapid Assessment, NAWG, 31 May 2024

The fisherfolk community faces specific challenges due to ongoing fishing ban in the rivers, preventing income recovery from Cyclone Remal's damage. In areas like Dacope, breached embankments continue to threaten livelihoods, with many pond-based fisheries and shrimp farms completely washed out.

Both the Men's and Adolescent Boys' Group in Dacope and the Female-headed Household Group in Koyra highlighted in FGDs that men and women are primarily involved in day labour activities, such as working in shrimp farms and engaging in small-scale agricultural endeavours. The cyclone and the associated storm surge have severely impaired these work opportunities, negatively affecting their ability to support their families.

The breakdown of road communications has further complicated the recovery process, limiting access to markets and essential goods and services, including food. This disruption has profoundly impacted recovery efforts, making it difficult for affected communities to regain a sense of normalcy and stability.

2.5. Access to Reproductive Health Services

Cyclone Remal has severely disrupted health services in the affected districts, with varying degrees of impact. Areas with significant transportation and road disruptions, often the most remote locations, face exacerbated challenges in accessing healthcare. Vulnerable groups such as women, girls, individuals with diverse gender identities, sex workers, women with disabilities, and ethnic minorities are at increased risk. Approximately 2.34 million women are affected, including an estimated 61,889 pregnant and lactating women.

According to the Rapid Assessment, around 64% of surveyed households reported severe healthcare disruptions, including interruptions in antenatal, postnatal, and neonatal care services. The disruption is particularly severe in Bagerhat (74%), Khulna (73%), and Pirojpur (71%). While Upazila health complexes and union-level centres remain open and continue to provide services, 20% of surveyed households reported disruptions in these services.

The cyclone's impact on health services highlights the urgent need for targeted interventions to restore healthcare access, particularly for the most vulnerable populations, and ensuring continuity of care for pregnant and lactating women.

2.5.1. Cultural and Social Constraints

Women in the eight affected districts face significant mobility restrictions, limiting their access to healthcare facilities, pharmacies, and health camps. According to the RA, 73% of surveyed households reported disruptions in transport and communication services, making it particularly challenging for pregnant women, women with disabilities, and married adolescents. Delays in relaying information, particularly to female-headed households, further hinder timely preparations and transfers to shelter centres. Social stigma surrounding sexual and reproductive health (SRH) products, such as menstrual pads and contraceptives, complicates access and open discussion of needs. Additionally, gender-diverse groups experience heightened distress and deprivation of support services due to pervasive social stigma.

2.5.2. Financial and Decision-Making Challenges

Women and adolescents have limited decision-making power regarding expenditures for SRH needs, such as facility visits for deliveries, antenatal checkups, and the purchase of contraceptives and menstrual hygiene products. Their ability to choose protection and response services, such as at shelter centres and health camps, is also constrained.

2.5.3. Logistical and Technical Challenges

Health services for maternal and SRH care are severely disrupted as healthcare providers are overwhelmed with disaster-related injuries and challenges. According to the RA, Khulna (73%), Pirojpur (32%), and Bhola (26%) experienced severe disruptions in antenatal, postnatal, and neonatal care services during Cyclone Remal and in the aftermath. Remote geographical pockets face additional challenges, with health facilities being 2-4 kilometres away, making access difficult. Women often resort to home deliveries with untrained birth attendants. Furthermore, sex workers and ethnic minorities, who typically receive services from informal sectors, are particularly impacted by these disruptions.

2.6. Access to Water, Sanitation and Hygiene Facilities

Cyclone Remal has severely impacted Water, Sanitation, and Hygiene (WASH) conditions. According to the NAWG, WASH is a top priority, with 83% of affected people requiring immediate water and sanitation support. Initial data from the Department of Public Health Engineering (DPHE) indicates that 20,260 water points were damaged, including 1,536 fully destroyed. Additionally, 134,269 latrines were damaged, with 24,407 completely unusable, across the eight affected districts. Furthermore, 550 healthcare facilities and 1,175 shelters (including schools) experienced damage to their WASH facilities, disrupting 82% of drinking water services.

The damage to sanitation facilities has caused significant distress among women and girls. In Sonakata of Taltoli, Barguna district, adolescent girls reported their toilets were destroyed, forcing them to use neighbors' toilets, which is particularly unsafe at night. Damaged latrines have compromised privacy and dignity, with some lacking roofs and fences, forcing women and adolescents to travel long distances for sanitation. Temporary toilets made with bamboo and sacks are unhygienic, increasing

the risk of waterborne diseases. Additionally, women and adolescent girls face challenges managing menstruation hygienically, which could lead to long-term reproductive health issues.

Additionally, many women and girls have lost or had their menstrual hygiene materials washed away, soiled, or rendered unusable. In few cases people already made a temporary toilet arrangement with bamboo and sacks but those are neither hygienic nor able to protect women's dignity. During FGDs in Sadar Upazila, Barguna (Ward No. 2, Union No. 7 Dholua), women said that their menstrual hygiene needs are often deprioritized when food and shelter are at stake.

The lack of adequate drinking water due to the inundation of tube wells, which remain unrepaired, poses a particular challenge for women, who are primarily responsible for securing drinking water for the families. In the southwest coastal belt, many people rely on designated ponds for drinking water. The inundation of these ponds has rendered the previously sweet water, saline, which is also affecting pond sand filters that rely on sweet pond water. Additionally, many rainwater harvesting systems have been damaged, exacerbating the shortage of potable water.

As a result, women and children are particularly affected by the lack of drinking water and are at increased risk of waterborne diseases. The extensive damage to WASH infrastructure underscores the urgent need for targeted interventions to restore and improve water and sanitation services.

SARJINA BEGUM'S STORY



Sarjina Begum, a resident of Nalopara in **Khulna**, faces severe financial hardships. Living in a hut on the canal's banks, she supports her son on a monthly income of 1,700 BDT from domestic work. Her two daughters were married off out of financial necessity, and her son is in attending the local public primary school.

Cyclone Remal shattered Sarjina's dreams of a better future for her son. On the night of the cyclone, she and her son took refuge at his school, while the tidal surge **destroyed her home and washed away all her belongings**.

Now, Sarjina lives in a corner of her destroyed home with just a bed, having **received no relief**. She borrowed money and continues to work as a day labourer. She **urgently needs support to repair her house** and sustain herself and her son. Despite these challenges, Sarjina remains determined to rebuild her life.

2.7. Role of Women Led Organizations / Women Rights Organizations

Women-led organizations and women's rights groups, such as Jago Nari, Bindu Nari Shongothon, Association for Social Development & Distressed Welfare (ASDDW), Prerona Nari Unnoyon Shongothon, and many more have played a crucial role during the Remal crisis in supporting the most vulnerable population, including women, girls, and gender-diverse groups. Their efforts began with dissemination of early warnings and facilitating evacuations, followed by the provision of dry food support during the disaster, and distribution of dignity kits. These organizations have also been instrumental in conducting subsequent needs assessments, including the Rapid Gender Analysis (RGA), to ensure that the specific needs of the most vulnerable groups are identified and addressed effectively.

III. RECOMMENDATIONS

Data from Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) underscore the extensive and multifaceted impacts of Cyclone Remal on households in the affected regions. The loss of house, household assets, disruption of education, diminished income, and severe food insecurity have exacerbated the crisis in these communities. **Immediate, coordinated relief efforts are crucial to address these urgent needs and facilitate the recovery and rebuilding of affected households.**

In the immediate aftermath of Cyclone Remal, priorities include **restoring power and communication services**, ensuring **access to clean drinking water**, providing **food and emergency shelter**, and **delivering medical aid**, particularly to those with injuries or disrupted healthcare access, **especially pregnant women**. Long-term recovery strategies must focus on **reconstructing damaged homes** and infrastructure, **revitalizing livelihoods**, and **reinforcing embankments** and other protective structures to enhance disaster resilience.

3.1. Emergency Shelter / Cyclone-Induced Housing Disruptions

To protect the most vulnerable and affected populations, including women, girls, and gender-diverse groups, the provision of shelter is of paramount urgency. Although the RA ranks shelter third on the overall priority list, with 31.9% of respondents highlighting its importance, FGDs and KIIs conducted as part of the Rapid Gender Analysis indicate that for the most affected and vulnerable groups, shelter support is the foremost priority.

Immediate

- **Alternative Lighting Solutions:** Install solar panels on the rooftops of cyclone shelters to provide alternative lighting in the event of power outages.
- **Emergency Shelter Support:** Provide emergency shelter assistance to female-headed households and single elderly women whose homes have been destroyed, to ensure they have a safe and dignified living space until permanent housing can be secured.
- **Cash-for-Work Programs:** Implement cash-for-work programs to enable the poorest families to repair or rebuild their homes, fostering self-sufficiency and resilience.

Long Term

- **Inclusion in Shelter Management:** Integrate women into shelter management committees to ensure separate accommodations for men and women during disasters.
- **Construction of Gender-Specific Latrines:** Increase the number of latrines in cyclone shelters, clearly designating separate facilities for males and females, and ensuring they are located at an adequate distance from each other to maintain privacy and safety.
- **Development of Access Roads:** Construct access roads to cyclone shelters to ensure that vulnerable groups, such as pregnant women, can reach these shelters safely and promptly during emergencies.
- **Provision of Housing Grants and Loans:** Offer housing grants to the poorest female-headed households (FHHs) and provide loans to others for rebuilding their homes. Ensure these

households have access to information about disaster-resistant housing models developed by institutions like HBRI and BUET.

- **Integration into Government Housing Projects:** Integrate the most vulnerable and affected families into the government's 'Asrayon' project to provide long-term housing solutions and enhance their resilience against future disasters.

3.2. Safety and Security of Women and Girls

Immediate

- **Information Dissemination:** Ensure widespread dissemination of information on GBV services, safety measures, and anti-trafficking protection particularly targeting women, adolescent, and youth.
- **First Responder Training:** Train first responders on GBV risks and safeguarding to enhance protection for women and girls.
- **Provision of Dignity Kits:** Distribute dignity kits to women, adolescent girls, and gender-diverse groups to maintain hygiene and dignity.
- **Establishment/Use of Safe Spaces:** Create/Use temporary Safe Spaces and/or Multi-Purpose Women Centres for women, adolescent girls (potentially at risk of child marriage), and gender-diverse individuals.

Long Term

- **Enhancing Safety and Mobility for Women and Girls:** Install solar streetlamps to improve safety and facilitate the mobility of women and girls, ensuring their access to healthcare facilities and other essential services. This measure will help restore a sense of security and support their independence in accessing critical resources.
- **Early Warning dissemination to the most vulnerable:** Put in place mechanisms to ensure that the most vulnerable groups including FHHs, elderly, gender diverse groups have the access to early warning and evacuation information on time.
- **Integrate at-Risk Families into Government Social Protection Programs:** Connect affected families with adolescent girls at risk of child marriage to government social protection initiatives.

3.3. Food and Income

Immediate

- **Provision of Essential Supplies:** Distribute food packages, essential utensils, and fuel wood to households whose homes have been destroyed. Prioritise pregnant and lactating women, children, widows, women-headed households, older people, households with a person with a disability, and people from the transgender community during distributing food packages and multipurpose cash grants.
- **Cash for Work (CFW) Support:** Implement CFW programs for the most affected families, prioritising pregnant and lactating women, female-headed households, and gender-diverse people.
- **Livelihood Training and Cash Assistance:** Offer quick livelihood training and financial support to the most affected families and FHHs to help them restart livelihood activities. Prioritise

women and persons with disabilities for emergency livelihood support in cash, interest-free or low-interest loans, agricultural inputs, and income-generating activities where relevant, considering the principles of do no harm and intra-household dynamics.

- **Advocacy for Lifting Fishing Ban:** Engage with the Fisheries Department to lift the fishing ban in the most affected districts, enabling fisherfolk to resume their livelihoods.
- **Stakeholder engagement and Information Sharing:** Engage with community members and local staff from respective organizations and clusters to ensure that distribution channels are appropriate and well-informed to meet the needs of pregnant and lactating women, children, widows, women-headed households, older people, households with a person with a disability, and people from the transgender community.

Long Term

- **Livelihood Skills Training:** Provide resilient livelihood skills training to the most affected women and adolescent girls and facilitate their access to microfinance institutions – particularly to women farmers and entrepreneurs - to secure funding for resilient livelihood practices.
- **Financial Assistance:** Prioritize women and female-headed households (FHHs) for interest-free or low-interest loans to restore livelihoods.
- **Alternative Livelihood Analysis:** Evaluate alternative livelihoods, women's engagement opportunities, and food systems considering climate and salinity challenges in the affected area.
- **Market Support:** Develop women-friendly market distribution, supply, and value chain systems.

3.4. Access to Reproductive Health Services

Immediate

- **Ante-Natal Care Services:** Establish ante-natal healthcare services for pregnant women in affected areas to prevent risky deliveries. This includes arranging transportation to nearby healthcare providers or deploying trained birth attendants (TBAs) with necessary materials for safe deliveries for women with advanced pregnancies.
- **Distribution of Hygiene and Birth Control Supplies:** Provide sanitary pads to women and adolescent girls, and distribute birth control options to prevent unexpected pregnancies, which often increase after disasters.

3.5. Access to WASH facilities

Immediate

- **Latrine Repair Support:** Distribute materials to the poorest families, especially those with adolescent girls and female-headed households to repair their latrines.
- **Tube well Rehabilitation:** Partner with the Department of Public Health Engineering (DPHE) to repair and rehabilitate tube wells.

Long term

- **Rehabilitate Salinized Ponds:** Drain salinized ponds and allow them to refill with fresh monsoon rainwater to restore their usability.
- **Install Solar-Powered Pumps:** Implement solar-powered pumps with rainwater-recharged wells to ensure sustainable water access.
- **Rebuild Sanitary Latrines:** Construct sanitary latrines with elevated plinths above tidal flooding levels to ensure durability and usability during future floods.

3.6. Role of Women Led Organizations / Women Rights Organization

- **Engage women-led organisations (WLO)** and Women's Rights Organisations (WRO) in the response programmes to reach the most affected, marginalised and the poorest groups and women, providing them financial support.

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Coordinated efforts of



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 Bangladesh and co-chaired by UN Women.

UN WOMEN
House 39, Road 43, Gulshan 2
Dhaka-1212, Bangladesh

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