

Country Update

Bangladesh

(June 20, 2020)

Context and government response:

As of June 20, 2020, Bangladesh has registered 142,212 confirmed COVID-19 cases, including 3,204 deaths. The IMF claims that the heavy population density and poor health infrastructure of the country are major contributing factors for the spread, which is 55% higher than neighboring India. Many coastal communities in Bangladesh, notably in Satkhira district, are also dealing with the compounded impacts of COVID-19 and the damage caused by super cyclone Amphan, which ravaged the coasts of Bangladesh and India on May 20, 2020.

Summary of impact:

COVID-19 has a significant implication on livelihoods of women in Bangladesh as 91.8% of the total employment of women is in the informal sector. Even in the formal sector, such as the ready-made garment sector, 65% of its 4 million works are women, who have been disproportionately impacted by the COVID-19 pandemic.

Women face an exacerbated burden of unpaid care work in household and healthcare settings, as Bangladesh's health system is dominated by women, where more than 94% of nurses are female, and more than 90% of community health workers are female. Survey results depict that in households with elderly adults, women are spending more time on unpaid adult care work activities like providing emotional care and administrative support for adults in addition to cooking, cleaning and making repairs since the spread of COVID-19.

Meanwhile, on June 2, 2020, the first death of a Rohingya refugee was reported due to COVID-19. Cox's Bazar and it's the neighboring region, including the world's largest refugee camp, are on lockdown until at least June 20, 2020, as public officials fear the spread of the virus. All relief work has been suspended at the moment. In addition to exacerbated risks of contracting

the disease due to overcrowding in the camps, there is concern amongst health experts that Rohingya refugees are at increased risk due to underlying health conditions or not having received standard immunizations.

Ongoing restrictions on access to information make the situation even more precarious. UN Women co-led Gender in Humanitarian Action Working Group (GiHA WG) has stated that the situation has disproportionate impacts on Rohingya women and girls. Due to the restrictive gendered norms and roles placed on women in the Rohingya communities, women lack access to information, leadership and decision-making structures and mechanisms. They have called for concrete steps to increase community engagement with women and girls in the refugee camps, and for authorities to better address specific gendered needs.

There have also been increases in incidences of domestic violence across the country. In a survey by Manusher Jonno Foundation (MJF), a local human rights organization, women cited job loss and a lack of social interaction due to the lockdown as reasons for their partner's increased frustration and aggression. According to the survey, at least 4,249 women and 456 children were subjected to domestic violence in 27 out of 64 districts of Bangladesh in April, with 1,672 women and 424 children facing violence for the first time in their lives - and the situation is similar in areas that were not included in the survey. In Cox's Bazar, Rohingya women face further increased gender-based violence due to the heightened tension within households and within the camp.

With all citizens forced indoors and facing increased financial burdens, families have turned to early and forced marriage of their daughters to reduce the number of mouths they must feed. Activists claim that because authorities are extremely busy with public health measures and controls, there are fewer resources being diverted to address the issue.

Responses led by women peacebuilders:

UN Women with its partners BRAC and Action Aid Bangladesh started mask production in Cox's Bazar, by mobilizing women previously trained in tailoring. Various self-mobilised Rohingya women's groups, including the Rohingya Women Empowerment and Advocacy Network and the Rohingya Women for Justice and Peace Network have also mobilized to respond to the COVID-19 outbreak including mask production in their homes. Over 50,000 masks are being produced, representing an income-generating opportunity for many women, and the manufacturing is being managed by partners in UN Women's five multi-purpose Women's centers in the camps.



In addition, to counter the gendered risks for women and girls in Cox's Bazar, Rohingya women leaders self-mobilized, forming networks and raising awareness on COVID-19 across all camps by doing door-to-door visit, informing women on how to protect themselves in case of infection, and connecting women and girls to women-friendly spaces established in the camps.

In Satkhira district, Prerona Nari Unnayan Sanggathan, a community-led women's organization has mobilized 250 women, including widows, women with disabilities and women heads of households to make almost 42,500 masks and protective gear. The women were trained in batches of five, maintaining physical distancing, to learn new skills and earn some income from the sale of protective gear.

GNWP has conducted four webinars with the Young Women Leaders for Peace in Bangladesh, focused on the impact of the COVID-19 pandemic on peace, security, and gender equality in Cox's Bazar as well as online capacity building training on WPS, YPS, and advocacy skill.

