

Rapid Gender Assessment of SIDR Response



December 2007

CARE Bangladesh



Preface

CARE Bangladesh's Gender Equity and Diversity (GED) Unit undertook an early assessment and orientation of staff to promote gender equity in its SIDR response. Both CARE and Partner NGO staff involved in the SIDR emergency response were oriented on Gender Equity approaches as well as on Code of Conduct to prevent sexual harassment. A seven member team, divided into two groups, including field and GED unit members were involved in the process. The team visited the worse SIDR affected areas, namely Bagerhat, Pirojpur and Borguna districts from November 25-30, 2007. The team included: Ms. Kamrun Nahar, TO, SHOUHARDO, Kishoregonj, Ms. Lusy Khanam, IPLO, SHOUHARDO, Chittagong, Md. Abdullah Al Siddique Khan, RITSM, IT, Rangpur, Ms. Salma Begum, RTS, Tangail, Md. Shamsuzzaman Siddique, AR, SDU, Rangpur, Ms. Shamima Pervin, GED Advisor and Ms. Anna Minj- GED Coordinator.

This report reports on the findings of the gender assessment conducted during this period. It is hoped that this report will contribute to the promotion of gender equity and support to the most vulnerable SIDR affected groups.



The Gender Team would like to express their gratitude to the emergency response teams of Borguna , Bagherhat and Pathorghata for their full cooperation and support to carry out the gender equity mission.

1.1 Introduction

Cyclone SIDR hit the south-western region of Bangladesh on 15 November 2007. CARE Bangladesh mobilized human as well as material resources to provide emergency relief and rebuild the communities. CARE Bangladesh was very committed to incorporating gender equity approaches from the beginning of its SIDR approach. Accordingly, the Emergency Response Team prepared Terms of Reference for Gender Equity promotion in its SIDR response and deployed a group of people to carry out the process. The Gender Equity and Diversity unit of CARE Bangladesh led the process along with five other field level staff. The team visited the worst SIDR affected areas, namely Bagerhat, Borguna and Pirojpur districts from November 25-30, 2007 to carry out its mission. This report outlines the situation, constraints and recommendations to ensure both women and men are included and sharpen our focus to support affected and vulnerable communities effectively.

1.2 Overall objectives of the Gender Assessment

- a. Orientating staff including PNGOs involved in Emergency Responses on the gender equity approaches and on Code of Conduct to Prevent Sexual harassment and signing the agreement
- b. Doing a quick gender equity review of our Emergency Responses (SIDR)

1.3 Methodology

a. Develop gender checklist, Code of conduct prevent sexual harassment and Questionnaires

- A checklist on gender equity approaches in ER (adopted from CARE's flood response and CARE International)
- Code of conduct to prevent sexual harassment agreement sheet (adopted from CARE International)
- Questionnaires for information collection from beneficiaries and from staff (including PNGO staff)

b. Field visit in Bagerhat, Borguna, Pirojpur districts

- Visited food distribution centers, Medical centers, Water Treatment Plants, Communities and Children's Space managed by Save the Children UK
- Conducted focus group discussions and Individual Interviews
- Met with Emergency Response management and staff of partner NGOs (RIC, Prodipon, Sankalpa) and with staff of local NGOs (JJS, DSK, Dokkhin Bongo Somaj kolyan Sonsthat)
- Attended NGO Coordination meeting with UNO and District level ADC meeting
- Conducted dialogues with both beneficiaries of CARE support and others who did not receive our support
- Discussions with CARE staff
- Attended daily sharing and planning meetings of CARE staff in Bagerhat and Borguna (CARE's two program areas).

c. Districts and unions covered: Total 15 Unions under 5 Upazilas of 3 Districts.

- a. Bagerhat District: Shoronkhola - Rayenda, Khontakata, Southkhali
- b. Morelgonj - Nishanbari, Boloibunia, Khaulia, Baroikhali
- c. Pirojpur District : Upazila- Mothbaria – Sapleza (UP)
- d. Borguna: UP- Fuljhuri, Burirchar (Chonbunia), Bodorkhali, Hajarbigha
- e. Pathorghata UZ :UP- Chorduani (Khaliparhat), Raihanpur, Kathaltoli

2. The Situation

Cyclone Sidr hit the south-western region of Bangladesh on 15 November at the speed of 220-240 km/hr leaving a trail of destruction in its wake. The United Nations estimates that the cyclone has affected 6.7 million people in 30 of the country's 64 districts, causing severe economic losses. Serious damage has also been observed in the fisheries and shrimp aquaculture sectors. The severely affected districts are: Bagerhat, Borguna, Patuakhali, Pirojpur, Barisal and Jhalakathi. The death toll reported by the media exceeded 3500. The storm also left many people injured. Thousands of people are still out under the open sky with no food, drinking water and medicine to live on. Countless trawlers and fishing boats remain missing with hope diminishing fast for the survivors, if any. The cyclone also destroyed houses, crops, vegetables and trees alike along its trail of devastation over an area of thousands of square kilometers. Village after village has been shattered.

Although there is a lack of sex disaggregated data, as elsewhere in the world women and children are the worst victims of this disaster. The livelihood pattern of the coastal zone, where men migrate temporarily or seasonally, further worsened SIDR's effect on women and children as mainly women and children were at home when the cyclone hit. Some of the women interviewed said they did not receive any warning about the cyclone. Others did not take the danger signal seriously and did not move. In some cases women's perceptions of social appropriateness, mobility and domestic responsibility restricted them from moving to the cyclone shelters. As household managers, women recognize that they are responsible for its assets in the absence of the male head of household. One woman, mother of four children died as she was reluctant to leave because of seclusion norms.

Waiting for her Husband

Hasina, from Shoronkhola is nine months pregnant and has two young children. One month ago her fisherman husband went to sea and didn't return.. She is neither in a position to search for her husband nor is able to collect relief goods at this advanced stage of pregnancy. Money sent by her husband for the family 3 days before the cyclone hit has already been spent. She is entirely dependent on her neighbor's favours who have received relief. She doesn't know what will happen to her or how she will feed her children.

Women and children were found to be suffering from injury sores, skin diseases and scabies. Pregnant women, lactating mothers and differently abled women suffered the most as they found it difficult to move before and after the cyclone hit. Gender specific situation has been described below in details to address their immediate and long term priorities:

2.1 Women are in dire need of some basic requirements

Men, women and children of the SIDR hit areas are living under open sky as everything was washed away. Female Headed Households (FHH) without adult male are suffering as there is nobody to support them in rebuilding houses. Also, some women only have the clothes they were wearing when cyclone hit and for some even the clothes they are wearing are torn. Consequently, they are unable to go out even for collecting relief materials.

2.2 Women's workload increased enormously

In the SIDR affected areas, seasonal/temporary migration among men is high, leaving women responsible for managing the household. Even during the SIDR night, in many cases men were absent in the household. So, after the storm hit the burden of rebuilding new life fell on women. Household utensils were washed away with other belongings.. Women are collecting scattered household items and drying clothes, beds and other items that were water damaged. Looking after children who are sick and suffering from cold is an extra burden for women. Women's work load has increased significantly following the cyclone.

2.3 Women's specific health, sanitation and water needs are yet to be addressed

Traditionally women are responsible for meeting family health needs. So, they are facing the burden of looking after children, elderly men and women and others who are suffering from injuries, sores, skin disease and scabies. Lactating mothers, pregnant and differently abled women are suffering as their health needs cannot be met in the post-SIDR situation. Women and adolescent girls are suffering as sanitation system destroyed and in most cases they are using toilets at night.

2.4 Violence against women during disaster setting

There were some reported cases of abuse against women. In one incident a woman was abused because of her inability to manage relief goods while other women were. It was also found that during relief distribution women were pushed by men or rebuked as predominantly men were responsible for disciplining the queue. On some occasions men used sticks in order to manage the crowd. Gender role specific forms of violence against women were found in the communities. For instance, husband of Monoara has migrated leaving them in the village leaving them vulnerable. Although there is a threat of abduction/trafficking in disaster setting, during the rapid assessment nobody had heard of any incident of trafficking or abduction.

2.5 Children lost both parents are traumatized, under distress situation

Especially at Borguna, Southkhali and Patharghata many children lost either both parents or single parent. They are traumatized and under threat of abuse and trafficking. Some of them are roaming around searching for food. Some children are being looked after by relatives and others by Save the Children UK's 'My Place' centres in different communities. Long time support is required for orphaned children.

Anxiety for an unborn Child

Begum, from Kolubari village of Sapleza union, Mothbaria Upazila, tied herself to a tree trunk to survive on the cyclone night. She is pregnant and suffering from malnutrition. Now she is unable to stand for a long time due to pain in her lower abdomen. The child in her womb is not moving. She does not have any money to go to a doctor. She is highly anxious thinking whether her unborn child will see the light of the world even if she survives.

Siuty Requires Support

Siuty is about 12 years old. She lost her mother Saleha on the cyclone night. Her father also died two years back. On the cyclone night her mother asked her to hold a tree strongly to save herself but unfortunately her mother suddenly washed away and died. Now, Siuty is staying with one of her relatives (cousin) near by their house. She is traumatized, silent and does not know what is good for her and what will happen to her. She received our food package.

2.6 Socially Excluded women are excluded from emergency response

It was found that at Morelgonj, Raenda and Khantakata - women of Hindu religion, those who lost husband, children and relatives were excluded from relief. Sex workers living in Banishanta brothel are also excluded. Among these groups Hindu women were trying repeatedly and desperately to obtain relief, however they failed as they have less contact with the existing UP members and Chairmen. Some women who lost family members did not seek relief because they were traumatized. Men and women living at the edge of a village or union are also excluded as the relief workers have tendency to move to a central area of a village or



community. Widows were also excluded as according to the Chairman and Member they hold VGF card or receive pension. It is unclear if immediately after the cyclone widows receive those benefits. Similarly, women of comparatively well-off families were not targeted due to their socio-economic status even though they had also lost everything in this disaster. Local UP members were influential in selecting beneficiaries, which excluded people who did not vote for them.

3. CARE Bangladesh's gender initiatives in SIDR response

CARE's emergency response in Bagherhat and Borguna districts is highly appreciated both by the communities and local authorities. People are generally happy about the response packages received as well as about the process and management of distribution. Similarly CARE is putting extra efforts to reach out to women, children and other vulnerable communities as they often overlooked in such situations. Gender considerations will be included in all stages (from planning to evaluation) of the SIDR response process. The team found that CARE Bangladesh tried to follow gender responsive approach in selecting beneficiaries and undertook affirmative actions to reach out to women in most of our working areas. However, local government and PNGOs were found in some cases to favour different groups (eg. voters and members) in beneficiary selection. The following gender initiatives were undertaken during the SIDR response.

3.1 Women's representation in the SIDR response team

Since the beginning of the SIDR response the planning team included gender expertise at the central decision making process. However, at the field level ensuring women's representation was difficult. Later gradually women were incorporated as Humanitarian Response Manager, workers, counselors and volunteers. Female representation as of 30th Nov'07 in different ER teams is as follows:

SLNo.	Team	Male	Female	Total
1	Bagherhat team	48	12	60
2	Borguna Team	40	2	42
3	Monitoring team under Bagherhat	5	2	7
4	Counselors		5	5
5	Gender Assessment Team	2	5	7
6	Procurement Team at CBHQ	10	1	11
7	Emergency Response Team (ERT)	23	9	32
	Total	128	36(22%)	164

Female representation among PNGOs staff (Pradipon and RIC) was also low, although there was more female involvement at the local level. It was reported that female UP members' list/recommendations were over looked and voices were not heard. The assessment team found women were excluded from beneficiary selection, area selection and the distribution process.

3.2 Establishing sex disaggregated data system

There is lack of sex disaggregated data in the formats used by the SIDR response team including the partners. However, CARE and Pradipon, both have developed formats and are making efforts to incorporate gender aspects in their reports. The assessment report provided by RIC did not include sex disaggregated data of the affected population.

3.3 Selection of pregnant women and lactating mothers as beneficiaries

Key beneficiary selection criteria of CARE Bangladesh from gender consideration were: families headed by separated, divorced or widowed women and children-headed families, poor families having pregnant/lactating mothers and children under 5 years age. A total of 8886 (52% of the total) women received CAREB's relief goods out of 17000 recipients. Women recipient dominated areas were Khuntakata, Boromasua and Sapleza union of Shoronkhola & Mathbaria upazila and women were less targeted in Morelgonj area. In Bougunana, women were about 50% of those sighted in relief queues.

It was reported that in some areas both men and women included as beneficiaries were either members of PNGOs or relatives and known to the UP members. While the available data indicated that these PNGOs beneficiaries were one sixth of the total recipients (ref: adjacent table), but interviews in the relief distribution line or in the community revealed most of them were identified as members of that PNGO. In Morelgonj, the local government did not include many female heads of households as they did not consider them as female headed according to their official definition of FHH. Although the distribution master rolls have sex disaggregated data these are not reflected in final face sheets/records and need to be.

Lonely Johura in her struggle
 Johura lives at the adjacent area of Baleshori River of Pathorghata Upazila, Burguna district. Most of the people of this place are extremely poor and male members/husbands move to different places for work like fishing and collecting wood in Sundarban. She has two sons and two daughters. Her husband left them few days before the cyclone hit and he has not returned. Her children are already affected by skin diseases; she has only one sharee which she is wearing. Till now she received 10 kg rice and 100 taka from Uinon parishad. She said that her name is enlisted on CARE's master roll.

Union wise Number and types of Beneficiary in Bagerhat district up to 29.12.2007

Unions of Morelgonj	Total recipients	Male	Female	Unions of Shoronkhola & Mathbaria	Total recipients	Male	Female
Baroikhali	1000	866	134	Rayenda	3486	1938	1547
Nishanbaria	1000	858	142	Khuntakata	3014	1328	1661
Jeodhara	1000	816	184		0	0	0
Khaulia	1000	768	232	Boromasua	2000	298	1702
Boloibunia	1000	348	652	Sapleza	2000	429	1571
Hoglabunia	1500	439	1061		0	0	0
Total	6500	4095	2405	Total	10500	3993	6481

Source: Responsible Manager for Morelgonj, Shoronkhola & Mathbaria

3.4 Affirmative actions for women at Distribution points

In distribution points women were given relief first. Lactating mothers, pregnant and elderly women were given priority among women. During the second round of distribution female volunteers were deployed to discipline the queue. Venue selection for relief distribution was good. The assessment team found women did not face any problems.

3.5 Types of distributed items (food and non-food) of CARE

Recipients were very happy with both food and non food items distributed by CARE Bangladesh. They also reported to be satisfied with the SIDR response management team. The types of relief are as follows:

Relief Item	Bagherhat	Borguna
Food Item	Flattened Rice, pulses, oil, salt	Wheat flour, pulses, oil
Non Food item	Plastic sheets, plastic mug, bowl, rope, candle, match, cloth for sanitary napkin	Hygiene kit, Plastic sheets, Children's wear etc (limited form)

3.6 Attempt to include socially excluded category

The Gender team along with the field operation team undertook specific measures to include socially excluded people in the list. The management involved in the relief distribution asked the people with disabilities to stay in one place and later they took relief materials to them. They did not need to follow the queue during second round distribution. Also, women were given higher priority during distribution. Eg Five women were given relief to one man to distribute relief to women faster in Bagerhat. The team provided relief to 700-1000 people per day and during the day time, a more appropriate time for women. In Borguna and Pathorghata some excluded women and widows who were not in the list have been enlisted and distributed food package at distribution centers, while the issue was raised by beneficiaries to Assessment Team. Doctors preferred prescribing women patients first, though in one area doctor were challenged by men for not treating them first.

3.7 Meeting Health, Sanitation and Water requirements

A total of 28 medical workers were mobilized to provide essential medical services to the men, women and children of the affected community who are suffering from diarrhea, injury, skin diseases, cold fevers.

In Borguna and Pathorghata distributed hygiene kit was highly appreciated by women and adolescent girls. Hygienic kit box included tissues, napkin, brush, toothpaste, soap, soap case, comb, shampoo, razor, folding hurricane lamp. Largely, the packet did not consider the needs of the pregnant women and lactating mothers. In non food items, the one meter clothe, which was provided to use as sanitary napkin was perceived as blouse piece.



In medical teams, female representation is still inadequate to address the needs of the female patients as women in the community are hesitant to talk about their gynecological issues such as pregnancy related complications. Information on medical services is also not being communicated to the community adequately. The most affected patients are not coming to centres as they are not aware of their existence. Data on pregnant, adolescent girls, children and elderly is not available, which is required to design the program to provide them long term services. On the other hand there are some severe cases who can't travel to centres and for which door step services are required.

Referral linkages are weak and due to limited financial resources the patients are not in a position to avail those. Also, coordination between Food Distribution & Medical Team remains a challenge.

CARE Bangladesh has established a number of water treatment plants. Specific arrangements were made to reach out to women. In Bagerhat as women are busy during daytime with relief or observe purdah they prefer to collect water after dark. Women reported to be happy with these facilities and women of all classes are collecting water from these water treatment plants. As

Aklima Suffering from Uterine Bleeding

Aklima from Dokhin Chorduani, Pathorghata gave birth to a child on the cyclone night and suffered from uterine bleeding. Her mother in-law came to the food distribution centre. She doesn't know where to go and whom to talk to. When she saw one of the women visiting member, she talked about the issue. Then, the visiting CARE woman took her to the doctor of the medical team and gave address of the patient with a request to visit her.

women prefer darkness at water plants CARE turns off the lights when women are around and also keep an eye so that women do not face any problems.

3.8 Gender sensitivity of PNGOs involved in the operation:

PRODIPON and RIC both have a Gender Policy and both have had gender orientation. In PRODIPON, more than 40 % of the total staff are women, although there is no women in top management. The CARE gender team facilitated orientation of the PNGOs to consider gender perspective in management of SIDR response operation. During the orientation on code of conduct on sexual harassment they shared that they completely agree with the code of conduct and are willing to sign the document. However, in RIC team there was no women in the planning, relief distribution and assessment team. PRODIPON involved women in planning stage of relief distribution, but women were absent at the field level during relief operation. An assessment team meeting held at Nisanbaria, Khawlia, Braikhali office did not include a single female NGO worker.

3.9 CAREB's initiative to promote Gender Equity in SIDR Response: From planning to evaluation of the SIDR response process, CARE incorporated gender equity approaches. The deployed Gender Team orientated all staff of CARE as well as PNGOs involved in disaster response on Gender Equity approaches in disaster setting as well as code of conduct to prevent sexual harassment of program participants. The team also facilitated a process to ensure signing the agreement to prevent sexual harassment against participants.

3.10 Monitoring and Evaluation:

CARE Bangladesh has established separate monitoring team to monitor communities effectively, which included gender specific questions for assessment. Also, Prodipon included specific indicators to understand men and women's situation and our response in emergency.

4. Recommendations:

Rebuilding community life is a major challenge for everybody. Here are some recommendations to address those needs:

- 1. Increase women's representation in the teams:** Involve more women as volunteers, manager, and nurse in the distribution team, medical team, monitoring team and advocate for including female UP members in the distribution centres. Ensure at least three members team in one distribution centre and out of three involve at least one woman who may be available to listen to women's complaints and issues, and to discipline the queue.
- 2. Meeting essential requirements of women:** In food item package, add some baby food item in next round distributions like suji and sugar. Under non food item sharee, lungi, blanket and children's clothes, dress material for the adolescent girls, cooking utensils, soap, blanket, winter cloths for babies and elderly women, mosquito net, ladies sweater are required. In each packet two sharees may be included so that the old one could be used for women's sanitary purpose.
- 3. Including the excluded vulnerable:** As CARE has completed the life saving first / second round distribution, now it is essential to revisit the existing beneficiaries lists and include the left out vulnerable who were not enlisted due to various reasons. This is needed to ensure that the most vulnerable are not left out.
- 4. Shelter and Livelihood support:** Livelihood provision at post-emergency and early recovery stages is important to enable affected people to return to normal life. Building tools and house construction materials including safer house promotion are needed to support shelter rehabilitation. Female headed households require specific support. Cash for work for repairing/rebuilding their home could also be provided. Vegetable/

homestead seed, small cash for petty trade, livestock, fodder, boat and net, chicken/ducks for women, diversity seed packet are also required.

5. **Prevent abuse during relief distribution:** Use mikes /flutes to discipline the line instead of using sticks. CARE could conduct a survey to identify children who lost both parents to provide them with long time support and to prevent abuse. At the same time, CARE may link children with others who have specific support mechanisms.
6. **Psycho-social care to the children and women lost children and husband:** The children who lost one or both parents or men and women who lost family member require psycho-social support to return to normal life. In that case, collaboration could be established with those who have already established this process. This support could be extended to the areas like Dublarchar, Southkhali, where many people including children are suffering from psycho-social complications.
7. **Ensure sex disaggregated data:** Sex disaggregated data is essential to be able to reach out to both men and women and understand the support mechanisms for severally affected population. This issue needs to be highlighted in the coordination meetings for necessary decision making.
8. **Medical, Water and Sanitation:** The existing health, sanitation and water support needs to be continued and expanded. Requirements are: wider dissemination of information on medical services, door step services for severely injured people, privacy, screen/separate arrangements for women in the medical camp, dressing/bandage facility, supply of adequate medicine, restore safe water and sanitation facilities, including hygiene promotion, union base water treatment plant, strengthening referral linkage, coordination between Food Distribution & Medical Team, setting deep tube well where ever possible, pond cleaning and low cost latrine.
9. **Overall Management:** Undertake strategy to minimize conflict and strengthen coordination between NGOs operating in the disaster zone,; Gender orientation of PNGO staff & brief orientation of the volunteers.
10. **Ensuring safety of female staff:** The team manager has to take specific measures to ensure safety of the female staff those who are involved in operation and also women need minimum sanitation facilities.

Conclusion

Rebuilding communities in the SIDR devastated south-western region of Bangladesh is a key challenge for Bangladesh. Incorporating a gender perspective to ensure needs of men, women and children are met is a priority task.

As regularly happens, women and children are the worst affected in disasters. The women are central to rebuilding and rehabilitation. Women play a critical role not only in family life but also in key livelihood activities. Hence, considering men and women's concerns and needs with equal importance is the key to rebuilding lives and communities.

The initiative to orient staff on gender equity approaches and the rapid gender assessment undertaken was timely and appreciated by field staff and others. Some of the gender equity steps are already being implemented, which is really encouraging. We hope the other recommendations are implemented by CARE, PNGOs and others to ensure a more inclusive and effective response to SIDR.
