ROHINGYA RESPONSE

Impact of COVID-19 on gender programming

acaps NPM
ANALYSIS HUB
Cox's Bazar, Bangladesh

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On 14 May UNHCR confirmed one Rohingya refugee living in the Kutupalong-Balukhali expansion site had tested positive for COVID-19. As of the date of publication, there are 27 confirmed cases (22% female/78% male) in 9 camps, and a total of 637 (27% female/73% male) cases in Cox's Bazar district (WHO Bangladesh, 30/05/2020).

As the number of confirmed cases rise among the estimated 860,000 Rohingya refugees residing in 34 overcrowded, makeshift camps, humanitarian agencies are likely to face increasing challenges in responding to critical needs. Strict measures have been introduced in an attempt to break the chain of transmission and slow the spread of COVID-19, including a drastic decrease in humanitarian presence in the camps, the suspension of programmes not considered lifesaving, and changes to the ways in which programmes are being delivered in order to maintain physical distancing and adhere to strict hygiene protocols.

This analysis will examine how these changes are impacting humanitarian's ability to deliver gender responsive and gender sensitive programming in order to inform humanitarian responders and enable them to consider strategies to mitigate any risks arising.

Key Considerations:

1. **Gender considerations must remain an essential** component of the response within all sectors and throughout the humanitarian programme cycle, from the design phase, through implementation, monitoring and evaluation.
2. **Programming on GBV, SRH, women's leadership, women's economic empowerment and other gender programmes should be integrated into COVID-19 response** efforts as central components, to protect gains of recent years.
3. **Balance between female and male staff and volunteers is essential** to ensure programmes adequately consider different demographics groups' needs and are delivered appropriately.
4. **Responders must consider**, and take concrete measures to address, the likely reduction in women's voices as the reliance on remote data collection increases, due to **women's limited access to phones.**
5. **Ensure sex, age and disability disaggregated data is included** in all planning and strategy documents and SitReps to ensure the needs of different demographic groups are analysed and addressed. This includes, for example, the number of isolation beds available, to ensure gender segregated facilities are available.

Limitations

This report is designed to provide a contextual overview of key challenges and constraints to gender-responsive humanitarian programming, as a result of COVID-19. It is not a comprehensive analysis of all challenges and issues resulting from changes to programmes overall. It focuses on programmes targeting the Rohingya refugees in the camps. More research is required to understand challenges for programme delivery targeting the host community. To use this analysis for detailed, project level planning, additional research should be conducted to further examine the key themes and issues presented. As the information relies on secondary data and the expertise of humanitarians currently operating within the context, limitations around humanitarian access to the affected population and constraints facing data collection must be noted.

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Any questions? Please contact us at info@acaps.org

Executive summary

The COVID-19 crisis and consequent containment measures have seriously impacted the lives of the Rohingya in Cox's Bazar. The impact, especially in relation to gender has been examined in the recent Rapid Gender Analysis report by the ISCG Gender Hub in collaboration with UN Women, CARE and Oxfam.

There has also been a significant impact on the gender responsive nature of the current, adapted response, which carry the risk of longer-term negative effects. Humanitarian operations have been affected in the following ways:

- reduced direct contact between humanitarian staff and affected population;
- altered the profile of staff with direct contact with the affected population;
- changed humanitarian aid delivery mechanisms.

While some changes appear to be having a beneficial effect, many have caused major disruption to the way in which the humanitarian system delivers gender-responsive interventions. **This report examines how access constraints and changes to programmes are impacting the ability of humanitarian actors to prioritise and deliver gender responsive humanitarian programming and identify the risks the affected population, especially women and girls, may face if these priorities are not maintained in the coming months.**

This analysis focuses on the challenges faced by humanitarians in responding to the needs of Rohingya refugees in camps. However, given the national lockdown and the standard measures put in place to prevent the spread of COVID-19, many of the changes and challenges also apply to the programme implementation in the host community.

Methodology

This thematic report combines publicly available secondary data with data collected through ten key informant interviews with gender and protection experts working across the humanitarian sectors, in the Rohingya refugee response, including the co-chairs of the Gender in Humanitarian Action (GiHA) Working Group. The interviews took place between 14th and 27th of May. Most of these experts were identified through their roles as gender focal points for each of the humanitarian sectors and sub-sectors currently operating in the response (WASH, Protection, Site Management, CWC, Food Security, Health, Child protection, GBV, Nutrition, Emergency Preparedness working group). Gender experts consulted are part of the UN, INGOs and RCRC Movement and many currently work in protection programming therefore, impact on protection programmes is also mentioned quite heavily throughout the report.

Rohingya perceptions included in the report were collected by IOM's CwC team, which includes Rohingya field researchers, through a weekly awareness and data collection exercise. The report is guided by ACAPS' global COVID-19 analytical framework, focusing on the impact of COVID-19 on humanitarian and development operations, particularly gender responsive humanitarian programming.

Key findings

- To comply with government measures, protection and gender specific programmes (GSP) have not only had to be adapted; given the rapid pace of the response, GSP may not be prioritised because it is not considered lifesaving, and for protection programmes the risk is that protection issues will be overlooked during a critical time where protection needs are only increasing creating further discrimination, exploitation and unequal access to services.

- While gender-based violence (GBV) cases are reported to be increasing, support to survivors by GBV actors is negatively affected by the current situation, with movement and access restrictions limiting the ability of case managers to operate in the camps and interview survivors privately and confidentially.

- Volunteers are taking on new roles and greater responsibilities to fill the gaps left by local teams unable to go to the field. However, further research is required to fully understand the different challenges female and male volunteers of different age groups face while undertaking their various roles and responsibilities.

- Providing essential information and ensuring continuous engagement and consultation with the affected population is challenging in the COVID-19 context, especially for women, girls and other vulnerable populations with less access to public space.

- Essential awareness messages not specific to COVID-19, such as on GBV, Sexual and Reproductive Health (SRH) and gender, often disseminated through distributions sites and service centres may not be prioritised over public health messages. Moreover, public health messages are not always gender-responsive, resulting in information being either inaccessible to women and girls (in format and content) or not relevant to them.

- Major changes in distributions, particularly door-to-door modalities, have some positive impacts on gender sensitive programming and mitigate some risks, especially for women.

- Funding for gender programming has not been negatively impacted in the short term by the COVID-19 pandemic.

The diagram below summarises the potential risks and benefits of the new programming context for gender mainstreaming and gender responsive programing:

PREVENTION MEASURES

- Physical distancing
- Essential programmes only
- Reduced staff access
- Nationwide lockdown including curfew
- Movement restriction within the camps
- Increased hygiene measures

NEW PROGRAMMING CONTEXT

- Reduced direct contact between humanitarian staff and the affected population
- Changes in personnel conducting last mile delivery
- Changed humanitarian aid delivery mechanism

POTENTIAL IMPACTS ON GENDER PROGRAMMING

POTENTIAL RISKS

- Decreased possibility to quickly identify and respond to protection risks and to inform the development of tailored strategies and interventions.
- Decreased quality of GBV case management.
- Underrepresentation of women's voices.
- Diminished ability of humanitarians to equally serve women and men.
- Increased risks faced by female frontline national staff, female Rohingya volunteers and women-led CBOs.
- Any gaps in the porter system could negatively impact female headed households, who will heavy rely on it.
- Exclusions of key considerations and topics such as GBV, if gender actors are not included in decision-making forums, and gender is not an agenda item

POTENTIAL BENEFITS

- Increased role of volunteers: opportunity to build on the work done on community-based protection and the empowerment of refugee volunteers.
- Increased equitable access to services when delivered to the door of those most vulnerable.
- Increased focus on gender mainstreaming efforts.
- Global and response level push for essential gender components across to be included in COVID-19 response.

Introduction

Since 25 March, when the Office of the Refugee Relief and Repatriation Commissioner (RRRC) published guidelines to reduce the risk of COVID-19 transmission in the camps in Cox's Bazar, the humanitarian footprint has been significantly reduced; humanitarian actors have adapted their programmes with limited staff field presence and important changes have been made to programme delivery (RRRC 25/03/2020).

Under current guidance, updated as of 8 April, gender specific and protection programmes are not included in the list of essential services, but critical services such as gender-based violence services and sexual and reproductive health programmes are continuing, albeit at a reduced speed and coverage, and with a cap on case workers at 50% of pre-COVID-19 numbers (RRRC 08/04/2020).

While gender and protection experts are reporting concerns over an increase in GBV cases, child marriage, and trafficking, gender responsive and gender targeted programmes are struggling to fulfill their critical role in the rapidly evolving context.

The Government of Bangladesh through the RRRC has suspended all but essential activities in all 34 Rohingya refugee camps in Cox's Bazar (RRRC 08/04/2020). The critical services and assistance are permitted to remain open and staffed, include:

- All health and nutrition facilities
- WASH activities and facilities
- LPG distributions,
- Information hubs related to COVID-19 awareness
- Distribution of food
- Reception of new arrivals and family tracing
- Site management staff are to be reduced to 20%

Non-essential programmes and services suspended until further notice:

- Most shelter/NFI activities
- All livelihoods activities excl. those repurposed for COVID-19
- Majority of protection activities
- Education and learning centres
- Friendly spaces and community centres, and training facilities.
- All shops and markets, excluding specific kitchen markets

Gender- responsive design, implementation and monitoring of humanitarian programmes rely heavily on consultations, community-based approaches and face-to-face interactions with women and men, which are severely impacted by COVID-19 containment measures. While gender components have been integrated into the

design of COVID-19 programmes through the application of the IASC Gender with Age Marker, limited field access and sudden changes to programme delivery have made it more difficult to assess whether this is impacting field level response.

Since 2017, gender actors, through the Gender in Humanitarian Action Working Group, and with strong technical support from the ISCG Gender Hub, have been pushing to bring a focus in the response to the specific needs of the most vulnerable and marginalized groups. Progress has been made in the promotion of gender equality through gender mainstreaming, and the empowerment of women and girls through targeted assistance and advocacy efforts within the wider community. Rohingya women are playing an important role in the operation as volunteers, and as elected and self-mobilised community leaders (JRP, 03/2020). Gender experts agree that the 2020 JRP represented a step forward in terms of livelihoods, education, and gender mainstreaming, with all sectors having specific gender mainstreaming strategies and indicators being increasingly gender-sensitive.

With community engagement been adapted to COVID-19 containment measures and some key initiatives such as capacity building around women's leadership being largely placed on hold, one concern is that gains achieved in the past years could be reversed. The reduction in GSP could also result in increased unaddressed protection needs which are expected to be exacerbated due to COVID-19 response and mitigation measures. Some gender focal points expressed concern that the risk of reduced presence of female staff and volunteers could have long-term implications on the ability of the response to maintain and prioritise gender perspectives.

Despite these challenges, gender experts believe it is essential, especially considering the challenges pre-COVID in terms of gender in the Rohingya refugee crisis, to ensure the COVID-19 response adopts and maintains a gender lens. This must be prioritized by each sector and programme, as it cannot be retroactivity rectified.

Reduced direct contact between humanitarian staff and affected population

Limits on humanitarian staff

Under new restrictions, 80% of all humanitarian staff are no longer allowed to access the camps and a limited number of vehicles and workers are permitted to enter the camps on any given day (RRRC 08/04/2020). This access is strictly controlled, causing congestion and long wait times on surrounding roads (Logistics Sector CXB, 27/04/2020). This is compounded by requirements for all trucks entering the camps to be sanitized, as well as physical distancing rules applied to vehicle passengers (Logistics Sector CXB, 11/05/2020). Challenges in finding vehicles and drivers that meet this standard are complicating humanitarian operations for those organisations still permitted to work in the camps.

According to gender focal points working in Cox's Bazar, these restrictions are impacting the access of those staff who used to work on gender specific programmes but also some protection staff, including child protection and GBV, to the camps, as they are not considered essential. Despite their role in supporting other essential programmes, they have reported being stopped and questioned by Camp in Charge (CiCs) and at checkpoints. It is also **difficult to ensure that gender and protection staff are prioritised for vehicle space and camp access, with increased limitations on both.**

> Potential risk*:* with limited access of gender and protection staff to the field there is a risk the response will be unable to quickly identify and respond to urgent gender and protection needs going forward.

Increased insecurity for humanitarian staff

Initial resentment towards humanitarians, being blamed for bringing the virus to the camps, has dissipated due to increase awareness raising and collaboration between humanitarians, host community and government (ACAPS KIIs with gender focal points).

Nevertheless, the reduction in income and presence of humanitarian actors in the camps has reportedly led to a spike in criminal activities and concerns over safety. Rohingya involved in consultations gave examples of recent security-related incidents concerning crime and theft and expressed increasing feelings of insecurity (ACAPS, IOM 27/04/2020). Additionally, the protection sector is raising concerns over emerging protection issues such as increasing tensions within and between communities, increased reports of domestic violence; harmful practices towards children including early marriage and child labour; dangerous onward movements, smuggling and trafficking (Protection Sector, Meeting Minutes, 21/04/2020). These protection issues are thought to be increasing due to feelings of physical and economic insecurity deepened by the suspension of livelihood programmes many Rohingya families relied on to meet their basic needs, and the reduction in humanitarian staff who would normally be perceived to have a watchful eye over security issues in the camps. This is further amplified by the lack of standard protection programmes due to COVID-19 restrictions (ISCG Gender Hub, UN Women, CARE, OXFAM, 04/20).

These challenges are impacting the ability of Rohingya volunteers to deliver their work inside the camps and thus compromise the effectiveness of the response to COVID-19. This trend seems to impact female volunteers more severely than male volunteers – as they face greater social constraints within Rohingya culture. According to some gender experts, Rohingya female volunteers report being stigmatized and harassed due to their association with Bangladeshi and international humanitarian workers who are perceived as vectors of the disease. Gender experts surmise that this impacts female volunteers more than men due to socially restrictive norms that limit women and girls access to public spheres and women who do not strictly adhere to these norms often experience backlash. Women's 'dishonourable' activities and failure to conform to strict adherence to of purdah, and to other religious and traditions norms have been cited by women and men as a reason for the COVID-19 (ACAPS, IOM 04/2020). In addition, a recent study 'Honour in transition - changing gender norms among Rohingya' explains in detail how women's participation in humanitarian activities can put them at risk of social backlash (Coyle, Sandberg-Petterson, & Jainul 04/2020). Due to the current climate of

tension and fear, volunteers and humanitarian staff are reportedly having difficulty to access areas of the camp, where vehicles cannot reach, much less frequently, if at all (ACAPS KIIs with gender focal points).

Potential risk: If the security situation deteriorates further and humanitarian staff's access is decreased it is likely that protection issues in the camps impacting those who are the most vulnerable such as single female head household, survivors of GBV and victims of trafficking and it is also likely that child marriage and child labour will increase.

Disrupted face-to-face interactions

COVID-19 has **disrupted face-to-face interactions in safe spaces** such as women friendly spaces (WFS), which have been heavily relied upon to reach those in need of safe GBV and child protection case management and referrals to legal, health, or other services. Agencies have reviewed and updated their guidelines for remote case management and referral pathways (Child Protection SS, 04/2020, UN Women, 04/2020, Protection Sector, 04/2020). A viable solution has not yet been reached, the GBV sub-sector has recommended the use of tele case management; however, this is an inadequate solution due to the restricted network and limited mobile phone access, among women in particular. (ACAPS KIIs with gender focal points). Additionally, experts report that women do not trust or feel comfortable using phones for such sensitive issues. **The suspension of face to face services in women and girls' safe spaces has limited survivors' access to much needed services.**

While referral services are reported to be functioning, it is at a lower capacity and with delays. Experts fear that only critical and urgent cases will currently be supported, such as those requiring immediate medical attention.

Rohingya volunteers who, pre-COVID-19 would act as support staff to NGO case workers, are having to take on greater responsibilities, such as conducting interviews, handling disclosed information, and referring cases directly to service providers, with case workers often acting as their advisors remotely.

Potential risk: Experts fear that as COVID-19 cases rise, external staff access will further decrease, and volunteers will be less willing and able to move around the camps to fill the gap. this could particularly impact quality GBV case management.

Unbalanced access to telecommunications

Though the internet blackout and ban on SIM cards in the Rohingya camps, in place since September 2019, has been lifted by the Government, the quality of the network is poor, with weak signal strength, and intermittent disruptions (ACAPS KII with gender focal points). For some locations across the camps there remains no access at all. In light of the reduced physical access to camps, limited access to mobile phones, poor mobile and internet connections further limit humanitarians' access to affected communities. While online forms of communication have replaced in-person service delivery across many parts of the world, this is not currently a viable option for comprehensive humanitarian service delivery in the Rohingya refugee camps.

The restricted network access has made it extremely difficult to inform the population of changes to services, urgent COVID-19 developments, ensure they have access to humanitarian services and guarantee effective case referral. This is particularly the case for women. Among 25,077 users of a recently implemented 'COVID-19 INFO LINE', only 5,147 are female (IOM, 05/2020). Only 9% of Rohingya households and 25% of host community were found to own 'extended assets', a classification that includes mobile phones (REVA 3 04/2020). If a household has a phone it is likely controlled by the head of household, who is most likely to be male. According to gender focal points, women, children and elderly are substantially less likely to have access to mobile communication than men, and less time for mobile communication given their increased care burdens. This makes it increasingly difficult to provide information to, and communicate with, women in the delivery of humanitarian services.

Potential risk: Any changes in information or programme delivery that rely on mobile phones or other technology are likely to systematically exclude women.

Reduced ability to inform gender programmes

Ongoing and planned data collection efforts, particularly those requiring external enumerators, face-to-face contact and travel throughout the camps, such as household and individual interviews, focus group discussions, key informant interviews and direct observation, are not currently viable on a large scale. Small scale qualitative data collection activities are still occurring, and agencies are still able to collect specific programming data through staff that are accessing the camps. However, large scale, gender-disaggregated data collection that provides an overview of the situation beyond a specific programme is being challenged, making it difficult for the response as a whole to identify needs and gaps for the overall population, as well as specific demographic groups. Therefore, monitoring how programmes are meeting different gendered needs and that no harm is being done in order to inform programme adaptations and adjustments, is difficult given the current context.

Response actors are accordingly shifting to remote data collection or temporarily pausing less critical or time-sensitive data collection exercises to comply with ethical and safety considerations. Mobile phones, generally required to conduct remote data collection, are not equally accessible to men and women, with male household members usually controlling access to a family's mobile phone. This can result in poor representation and further marginalization of the most vulnerable, as well as inaccurate findings and inappropriate recommendations (UN Women, 04/2020).

Gender focal points also raised concerns over increased difficulties in continuing protection monitoring activities, including challenges in identifying violations of human rights and protection risks to inform the development of tailored strategies and interventions to meet the needs of different demographic groups (UNHCR, Danish Refugee Council, 04/2020).

Potential risk: The use of remote data collection together with posing serious protection risks to those involved, as ensuring privacy and guaranteeing confidentiality is extremely challenging, may also lead to gender issues. The voices of women and other marginalized groups are likely to be underrepresented when relying solely on remote data collection methods.

Changes in personnel

National staff and volunteers as frontline workers

The vast majority of humanitarian staff still accessing the field are Bangladeshi staff. According to interviews conducted with humanitarians operating in Cox's Bazar, these staff face challenges in continuing their work in the camps. As the cases rise in the host community and in the refugee camps, many of their families are afraid they will bring COVID-19 back from the camps, and gender focal points report there have been accounts of landlords threatening to evict staff if they continue to work in the camps, as they believe they pose as a risk to other tenants. Humanitarian staff residing in large apartment buildings are also at risk of being 'locked in' if anyone in the building (including apartment staff) tests positive to COVID-19, which has become common practice by landlords and authorities (ACAPS KII with gender focal point). Some focal points report that this fear, combined with social pressure and a desire to protect their families, have pushed some female staff to opt for remote working arrangements. Though this has not been widely reported, and many female staff still operate in the camps, many are concerned that this may increase as the situation deteriorates, leading to a gender imbalance in staff in the camps in the coming months.

This potential gendered imbalance is also a concern for Rohingya volunteers. Conservative Rohingya society places significant social and cultural limitations on women's participation in life outside the household, which has made adequate involvement of female Rohingya volunteers in the implementation of activities a challenge from the outset of the response. Some gender focal points fear COVID-19 context could further exacerbate those challenges. With learning centres, madrasas and child friendly spaces closed, female volunteers are facing increased domestic burdens, challenging their ability to be involved in programming. One gender focal point highlighted the increased difficulty of identifying and recruiting female volunteers, as social norms and security issues mean that female volunteers need to identify a male relative to accompany them while traveling around the camps (ACAPS KII with gender focal point).

The transfer of greater responsibility to national staff and Rohingya volunteers as frontline workers also puts them at greater risk of exposure to the virus. As female volunteers and staff may face increasing challenges operating in the camps, males, on the other hand, may find themselves facing greater exposure to infection. Already men are facing a disproportionate physical susceptibility to the virus, with 76% of confirmed cases in Cox's Bazar district and 73% in the refugee camps among men as of publication (WHO Bangladesh, 27/05/2020). The reasons behind this difference are not clear. One possible contributing factor is the role men have in society which involves increased movement and social interactions outside the family. Globally, gender differences in prevalence and severity of symptoms between men and women remain unexplained. Emerging academic research investigating this discrepancy suggests that while men and women have equal prevalence, men are more at risk of severe outcomes and death, independent of age (Jin J-M, Bai P, He W, Wu F, Liu X-F, Han D-M, Liu S and Yang J-K, 04/2020). Humanitarian agencies must carefully consider the implications of this transfer of risk to national staff and frontline workers, including how to ensure staff and volunteer safety and, in the worst case, ensure the continuity of lifesaving operations if many essential staff and volunteers fall ill simultaneously.

Potential risk: The potential changes in staffing could diminish humanitarians' ability to equally serve women and men. In the strict social-religious context of Rohingya society, it is not acceptable for women to substantially interact with men outside of their households, making the presence of female staff and volunteers essential to delivering humanitarian assistance and services to women. With fewer women staff and volunteers, there is likely to be a significantly reduced ability to equally serve women and men across all sectors.

Increased reliance on volunteers

Volunteers are playing an increasingly central role to the response, and their responsibilities are likely to increase as cases of COVID-19 rise. More than 2,000 volunteers across all 34 camps and adjacent Bangladeshi communities are conducting targeted awareness sessions and targeted outreach to the most vulnerable to disseminate lifesaving messages (ISCG, 05/2020).

Despite social and cultural challenges, Rohingya women in particular have been playing a crucial role as volunteers in their community by self-mobilizing, forming networks and raising awareness on COVID-19 across all camps (UN Women, 03/2020).

One informant explained that they had managed to include essential gender, protection, PSEA sessions during COVID-19 awareness and prevention trainings, in small groups in the camps to outreach volunteers while maintaining physical distancing. Moreover, some protection and gender teams have been able to focus more attention and staff in capacity building, advising and mentoring of Rohingya volunteers and staff from other sectors than ever before.

However, some gender focal points are concerned that training and capacity building for frontline responders has been reduced to online training and awareness sessions,

combined with other trainings such as COVID-19 transmission, awareness, etc., significantly reducing their effectiveness in building understanding of how to conduct gender-sensitive programming.

Experts agree that volunteers of different demographic groups will be faced with different challenges under the current situation. However, the specific impacts, and their severity requires further investigation and analysis (ACAPS KII with gender focal point)..

Potential benefit: The current increased role of volunteers in the response presents an opportunity to build on the work done by protection actors on community-based protection and the empowerment of refugee volunteers, especially women, to work within their own communities to identify problems, and solutions (UNHCR, 2019).

Potential risk: It is difficult for humanitarian agencies to ensure training and implementation of gender sensitive and gender specific programmes adequately as the situation is changing too rapidly. (ACAPS KIIs with gender focal points).

Changed humanitarian aid delivery mechanisms

Changes to distributions' modalities

Distributions, among other activities, have been dramatically adapted in response to the COVID-19 crisis, with house-to-house distribution modalities preferred over distributions at collective sites with a view to reducing crowding and enabling adherence to physical distancing guidelines (Multiple Sectors, 03/2020). Gender focal points highlighted that these changes, though reducing the pace of distributions, have had some positive impacts on gender sensitive programming, including:

- Reduces the need for vulnerable households, particularly female headed households, to travel to distribution points and carry heavy items.
- Ensures that distributed goods make it to households. For example, a KI reported that pre-COVID menstrual hygiene management kit distributions would sometimes be collected by male household members and sold before reaching the household.
- Helps deliver essential messages door-to-door to those with less access to public spaces who would not normally receive such messages.

While food distributions are still occurring through distribution centres, WFP[1] has modified its food delivery systems, with distributions now occurring less frequently, and in greater volumes. Only one household member is permitted onsite to collect food and there are strict measures in place to ensure adequate physical distancing. However, these changes may make it more difficult for vulnerable households, including those headed by women, children, elderly or persons with disability/chronic illness, whose challenges in transporting heavy food distributions is a well-documented contributor to their vulnerability. According to the recently published REVA III, the main challenges reported in receiving humanitarian assistance before COVID-19 were connected to carrying the assistance, mainly due to the weight of the items and the distance from the distribution point to the home. Female headed households appeared to face the most substantial challenges with this (WFP 04/2020).

In response to this risk, WFP has increased the availability of porter services for vulnerable households (WFP 03/2020). Although this service was available at some distribution points pre-COVID-19 to support extremely vulnerable households, there have been gaps in how this service is implemented, with reports of porters demanding a fee or running away with assistance (WFP 04/2020, ACAPS 12/19). Such issues arose in the pre-COVID-19 environment of scarcity within the camps, which widespread loss of earnings has reportedly significantly exacerbated.

Potential benefit: The increase delivery of essentials assistance and services at the household level increases the assurance that the most vulnerable have equitable access to those services.

Potential risk: The heavy reliance on the porter system by vulnerable households to transport larger food distributions to their homes means that gaps in the service, as recorded pre-COVID-19, will disproportionately hurt the most vulnerable households, especially single female headed households.

Rapid reprogramming decisions

The pace of the pandemic is forcing response actors to make programming decisions extremely rapidly. In order to meet this challenge, humanitarian agencies are turning to delivery modalities that enable them to reach the greatest number of people in the least amount of time, and meet their basic needs through standardised 'one-size fits all'[2] distribution packages. While potentially necessary, such approaches are likely to result in the needs of vulnerable people and households being overlooked.

Gender focal points stressed the difficultly in retroactively adding essential gender sensitive elements to ongoing programmes, and that the negative outcomes that result from overlooking gendered needs cannot be undone. Lessons learnt from the initial response to the August 2017 influx must be applied to the current context. Due to the overwhelming requirements to meet the essential needs of roughly 700,000 new arrivals, gender considerations were often overlooked in the early days of the response (ACF, Save the Children, Oxfam, 08/18). One example is of the establishment of non-gender segregated WASH facilities which, to date, limit women and girls' access to latrines and bathing facilities, increase their security and protection risks, and cannot be easily rectified due to the lack of physical space within camp boundaries (ISCG, 03/19, ACAPS KIIs with gender focal points). Today that mistake risks being repeated, with the establishment of non-gender segregated isolation facilities. Consultations with Rohingya (both men

1 WFP is the largest continual provider of food assistance reaching every refugee household.

2 'One-size' usually based on average household with an able-bodied male

and women) indicate that men will not allow female family members to use non-gender-segregated isolation facilities, and women report that they would not feel safe in such a facility. , Therefore, inadequately gender segregated health facilities could potentially lead to a reluctance to disclose COVID-19 symptoms to authorities' and increase women and girls risk of SGBV while in those facilities (ACAPS, IOM 04/2020, ACAPS KII with gender focal point). **Ignoring gendered needs in the interest of time can do long-term harm to overall humanitarian efforts.**

Many gender focal points have expressed concern over the potential impact that the re-prioritization of **essential health services** could have on the morbidity and mortality of pregnant women as a result of declining access to skilled care due to diversion of resources (UNFPA 4/05/2020). This decline is already being observed as humanitarian run health clinics reported a 50% drop in overall consultation rates across the camps over the past 2 months as result of 9 re-prioritisations of service, the shift in public health messages away from SRH, combined with the overall movement constraints, the fear of transmission, negative perceptions of health care facilities and miscommunication as to whether facilities are open and receiving non-COVID-19 patients which is impacting women and girls' health seeking behaviour including their access to SRH (WHO EWARS 03/05/2020, UNFPA 4/05/2020, ACAPS 04/2020)

Yet, some gender experts, highlighted that as their normal protection programmes have been put on hold due to the restrictions, they have now been able to shift their attention to increasing the capacity of the wider response and specific sectors to strengthen gender and protection mainstreaming in **essential assistance and services** such as isolation and treatment centres.

Potential benefit: The increased focus on gender mainstreaming efforts targeting standardisation and implementation of best practice across major sectors such as health, food, and WASH reported by some protections actors may have long term benefit post COVID-19.

Potential risk: Ignoring gendered needs at the outset of response activities, in the interest of time, could do long-term harm to overall humanitarian efforts, considering the challenges in retroactively adding gender-responsive elements.

Funding & response-wide strategy to COVID-19

The majority of gender focal points interviewed report that, in the short term, funding for gender programming has not been negatively impacted by the COVID-19 pandemic. On paper, essential gender components have been included into all new COVID-19 programmes, as all programmes that submitted funding application through the ISCG as part of the joint appeal were required to complete the IASC Gender with Age Marker (GAM), and 83% of those programmes received a score of 4 out of 4 based on responses to which means that the project aims to significantly contribute to gender equality across age groups (IASC, 08/2018, ISCG, 06/2020) At the global level, various calls for gender action and for women and girls to be put at the heart of the response have been made (UN News, 04/2020).The majority of gender focal points report that gender remains an area of focus for most organisations and that global attention has helped mobilise specific funding.

However, the GAM is a self-assessment and the capacity between actors varies. A gender focal point explained that when the GAM scores were reviewed for the JRP 2020 many programmes with high GAM scores lack in evidence to support how the projects are actually going to mainstream gender and age considerations. This combined with access constraints, difficulties in gathering information from the affected population, rapid implementation of programmes and new modalities of programme implementation have meant that there is a lack of visibility on whether this is translating into greater gender mainstreaming and gendered needs being met at the field level.

Some gender focal points report that it is increasingly difficult for them to ensure gender experts are involved in the development of key guidance documents and SOPs. The 'Urgent call for gender actions' by the GiHA working group highlighted that gender is not being prioritised in meetings and key decisions as it is seen as an additional, rather than core, requirement (GiHA, 04/2020).

In the post- COVID-19 environment, it was flagged by some gender focal points that their inability to deliver on current protection and gender programmes due to restrictions may result in potential loss of gender specific funding. If restrictions remain for a substantial period of time allocated funds may be reassigned in order to ensure spending.

Potential benefit: The global and response level push for essential gender components across all programmes continues to set a precedent for all future programmes and response wide strategy development.

Potential risk: Without gender experts and focal points in key discussions, important considerations, and topics such as gender or GBV, are not included. To overcome this challenge, gender and protection actors are working to intercorporate gender action plans into COVID-19 guidance documents that are being developed for each sector to ensure that sectors are not overwhelmed by additional, gender specific documentation and that overall strategies are gender responsive.