

## GENDER TIP SHEET FOR HEALTH SECTOR

**Purpose:** Identify entry points for humanitarian actors working in the Health Sector in Cox's Bazar to accelerate gender equality

Following a meeting between the Health Sector (HS) and the GiHA Working Group, it was agreed to conduct a survey on barriers to Gender Inclusion (GI) in HS to inform an update of the sector plan. Accordingly, HS developed a questionnaire to identify current GI-related obstacles and practical measures to address them, with the aim of strengthening participation and joint planning.

### Survey and data collection

The survey targeted health-facility staff across all positions in the field, as well as Community Health Workers (CHWs) and their supervisors. It included modules on female-to-male staffing ratios, barriers to achieving GI goals, technical capacity, equal opportunity, acceptability, and appropriateness.

The survey link was disseminated to the target groups via the social-media channels used for field-team communications. Data collection ran for one full week.

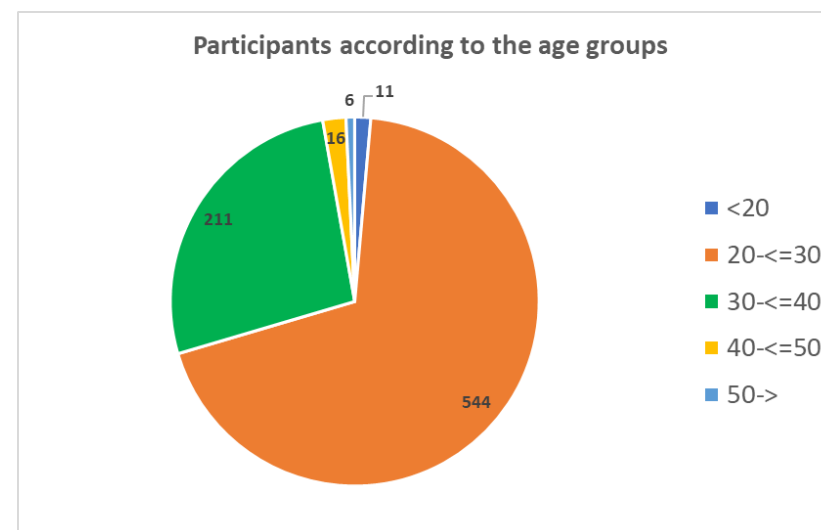
### Results

#### Participant profile

A total of 788 respondents completed the survey: 396 female and 392 male (≈50:50). Respondents from Ukhia Upazila (n=690) far outnumbered those from Teknaf Upazila (n=92), representing 88% and 12% respectively; six participants did not specify their camp. Most respondents were 20–40 years old (Figure 1).

#### Participant roles and organizations

Respondents represented 34 distinct job roles; most were medical assistants, CHWs, nurses, midwives, and GPs. They came from 32 HS partners, predominantly local organizations. Roughly 15% were from Camp 03, followed by Camps 16 and 08E (10% and 8%, respectively).



### **Perceptions of gender inclusion (GI) in HS**

Overall, 43% (n=342) reported no substantive GI problems; 51% of this subgroup were female, and most were aged 20–30. Within this subgroup, 41% were from Ukhia and 59% from Teknaf. No statistically significant differences were observed between age, sex, upazila, camp, or role and the respondents' answers regarding GI problems.

### **Factors limiting female staffing and decision-making roles**

Among those who identified GI problems (n=446; ~50% female), the top reasons for difficulties in maintaining adequate female representation in the workforce and in decision-making were ranked as:

- Family/community disapproval (n=167)
- Lack of childcare facilities (n=147)
- Low salaries or limited career progression (n=135)
- Lack of secure accommodation for female staff (n=115)
- Poor workplace safety and harassment (n=82)

In addition, 500 respondents reported receiving no training on gender or GI in the past 12 months.

### **Women's access to health services**

Regarding access barriers for women, 402 respondents reported no issues, 257 reported some issues, and 100 reported major barriers. A total of 256 indicated that community and religious leaders often play a hindering or unsupportive role in women's autonomy to make health decisions and access services, while 102 described their role as generally neutral. Concerning referral services for women, most respondents (n=644) considered these services acceptable and appropriate.

## Recommendations

- Review and update the HS strategy for GI, prioritizing addressing the issues revealed through this assessment.
- Assign a Gender Focal Point at each facility/organization, and revise the ToR to support achieving the HS objectives regarding GI.
- Pilot childcare solutions (on-site creches or stipends) in high-volume facilities to address a top barrier to female staff retention and inclusion.
- Further assess the issues related to secure accommodation and safe transportation with female staff through group or one-to-one discussions.
- Deliver training on GI to the field health staff using WHO's "Gender mainstreaming for health managers" as the core module.
- Assess the HF's status and measures for PwD and elderly people's physical access, and develop an action plan.
- Systematically engage community and religious leaders, women's committees, and male champions to address family/community disapproval of women's work and care-seeking and co-design messages and feedback loops using AGD principles.

## Action Plan

Timeline: from November 2025 to December 2026.

| Activity   | Timeline (months) | Indicators                     |
|--|-------------------|--------------------------------|
| Assign a Gender Focal Point (GFP) in each facility.  | 11 – 12.2025      | A contact list of GFPs         |
| Revise the GFP ToR.  | 12.2025           | A revised and endorsed GFP ToR |
| Collect information on the available childcare solutions at each facility through the CHFPs. | 01.2026           | A one-page report              |

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| Conduct group and individual discussions with female staff regarding transportation and accommodation in the HFs.  | 01.2026       | A report on the main findings of the discussion            |
| Roll out Gender Inclusion training to the field workers (online)   | 01 – 02.2026  | Training certificate for at least 500 field staff.         |
| Conduct a practical test on Gender Inclusion after mainstreaming the Gender training to the field workers.   | 03.2026       | Score matrix and follow-up action plan.                    |
| Complete the health facilities assessment of status and measures for PwD and elderly people's access, identify gaps, and equip the facilities with the minimum requirements. | 02 – 03.2025  | An assessment report.                                      |
| Identify the community and religious leaders and key persons, and set a field meeting schedule.  | 12.2025       | A list of key leaders per camp.<br>Field meeting schedule. |
| Hold meetings with key stakeholders to discuss the main challenges and solutions, as well as the community awareness messages related to them.                               | 01 to 12.2026 | Baseline KAP assessment.<br>Endline KAP assessment.        |