INTER-SECTOR NEEDS ASSESSMENT 2025

GENDER FACTSHEET

July 2026

Purpose: This Gender Factsheet, prepared by the Gender in Humanitarian Action (GiHA) Chapter in Cox's Bazar, presents a snapshot of key gender-related findings from the 2025 Inter-Sector Needs Assessment (ISNA). Drawing on data collected across the Rohingya refugee response, the Factsheet highlights gendered dimensions of needs, risks, access to services, participation, and coping capacities among Rohingya refugees.

49.8 % female respondents (1,727)
50.2 % male respondents (1,738)

ISNA respondents by sex: Covering all 33 camps, the ISNA included 3,465 respondents, with near equal distribution between males and females.

A total of 57.8 per cent of respondents were heads of households (HHHs), the majority of whom were male-HHHs (88.3 percent male-HHHs versus 11.5 percent female-HHHs).

Overview: This Gender Factsheet complements the 2025 ISNA report[1] by highlighting how gender shapes participation and voice, access to information, risks and concerns, coping strategies, and vulnerabilities among women, men, girls and boys within the Rohingya response. Organized around these themes, the Factsheet highlights gender differences in experiences and opportunities.

Population data: Gender dimensions of needs and vulnerabilities: Joint Government of Bangladesh and United Nations High Commissioner for Refugees (UNHCR) registration data provides important context for understanding vulnerability among the Rohingya refugees in Cox's Bazar. As of September 2025, at least 12 per cent of refugees were identified as having one or more specific needs.

Women and girls are disproportionately represented across vulnerability categories, accounting for 96 per cent of single parents/caregivers, 97 per cent of children at risk and 91 per cent of older persons at risk. They also comprise the majority of refugees with serious medical conditions (57 per cent) and disabilities (52 per cent), while boys account for a slight majority of unaccompanied or separated children (53 per cent), and men and boys account for the majority of persons with legal and physical protection needs (55 per cent).[2]

1. SUMMARY

The ISNA 2025 findings indicate that the protracted nature of the Rohingya crisis is deepening gender related vulnerabilities and compounding risks for women and girls. While life-saving services remain broadly accessible, amid economic hardship, living conditions are reported to have worsened and negative coping strategies, including child marriage, have increased.

- Women, girls, youth, and persons with disabilities continue to be face barriers to participation and influence in community decisions. Three-quarters of households reported that no adult woman participates in community decision-making, while women reported lower consultation and influence in site planning and management.
- Women reported lower awareness of complaint mechanisms and reliance on different information channels than men, highlighting the need for gender-responsive communication on accountability mechanisms.
- Girls and young women face intersecting barriers to education and empowerment. While participation in education has improved, child marriage, restrictive gender norms, and household and care responsibilities continue to limit opportunities.
- Women continue to face constraints in accessing income-generating opportunities and were significantly more likely than men to report increased unpaid care and domestic responsibilities.
- Women were more likely than men to resort to negative coping strategies to meet basic household needs.

[1] Rohingya Coordination Platform. Inter-Sector Needs Assessment (ISNA) 2025. Published March 2026.
[2] UNHCR (2025, September). Government of Bangladesh - UNHCR Population Factsheet, September 2025. Joint Government of Bangladesh - UNHCR Population Dashboard as of September 2025

2. PARTICIPATION, VOICE, AND LEADERSHIP

2A. Decisions on humanitarian assistance: Roughly two-thirds of respondents (67.5 per cent) reported that decisions on humanitarian assistance are made jointly by women and men.[3] Men (71.0 per cent) were more likely than women 64.2 per cent) to report joint decision-making.

67.5 %
Decisions are made jointly
(F: 64.2%; M: 71%)

27.7 %
Decisions are made solely by men
(F: 22.8%; M: 32.6%)

20.55 %
Decisions are made solely by women
(F: 30.9%; M: 10.2%)

Decisions made solely by men (23 per cent) were reported more frequently than decisions made solely by women (17%). However, perceptions differed by gender: men were more likely to report that they make decisions alone, whereas women were about three times more likely to report that they make decisions alone, possibly in part reflecting differences in how women and men define day-to-day decisions.

Figure 1: Involvement of HH women in community

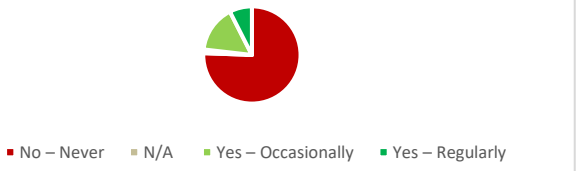
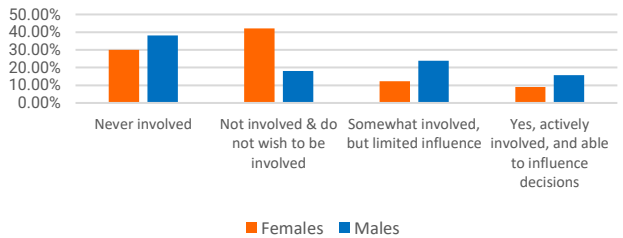


Figure 2: Whether women feel heard in community decisions (female respondents)

Figure 3: Involvement in site decisions



Many respondents who were not currently involved nevertheless expressed an interest in participating (38.15 per cent of men and 29.99 per cent of women), suggesting opportunities to increase community participation.

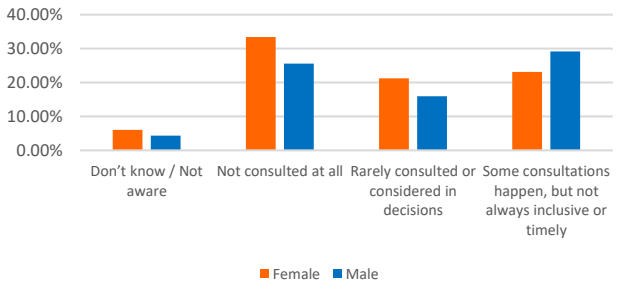
2D. Consultation on site planning: Experiences of consultation on site planning and infrastructure development differed by gender. Women were more likely than men to report not being consulted at all (33.4 compared with 25.6 per cent), whereas men more frequently reported that consultations were not always inclusive or timely (29.2 compared with 23.2 per cent).[4]

2B. Women's participation and voice in community-based decision-making: Three-quarters of respondents (75.6 per cent) reported that no adult woman in their household participates in community-based decision-making forums or groups, including camp committees, women's or youth groups, religious groups and dispute resolution groups. Women reported this more frequently than men (80.3 per cent compared with 70.9 per cent).[5] Youth and persons with disabilities also reported limited opportunities to participate in community decisions.[6]

Respondents also reported mixed experiences of whether women's views are considered in decisions on services and assistance.[7] Around one-quarter (24.7 per cent of women and 23.4 per cent of men) reported that women's views are never heard, while around one-third reported (34.0 per cent and 35.7 per cent, respectively) that they are sometimes heard, with little differences between women and men respondents.

2C. Involvement in site management decisions: Women reported substantially lower participation in site decision-making than men and were less likely to report being actively involved and able to influence decisions.[8] Overall, only around 12 per cent of respondents reported active involvement in site decision-making, with women around 40 per cent less likely than men to report active participation (8.98 per cent compared with 15.77 per cent). Among respondents not involved in site decision-making, women were more likely than men to report that they did not wish to participate (42.15 per cent compared with 18.01 per cent).

Figure 4: Consultation on site planning



[3] ISNA question: In your household, who usually makes the final decision about how to spend humanitarian assistance (cash or in-kind)?
[4] ISNA question: Are there sufficient consultations and considerations in the site plan, shelters, and other infrastructure development process?
[5] ISNA question: Are there any adult women (18+) in your household involved in any community-based decision-making forums or groups (e.g. camp committees, women's groups, youth groups, religious or dispute resolution groups)?
[6] Among youth surveyed, 72% reported having no opportunities to contribute to their community or take leadership roles (ISNA 2025 report, page 29). Altogether 61% of persons with disabilities reported requiring support to participate in community life (ibid., page 15).
[7] ISNA question: Do women in the HH feel that your/their views and opinions are heard and considered in decisions about services or assistance in your community?
[8] ISNA question: Are you involved or feel able to influence site decisions?

2E. Participation in site management work, and service priorities: Engagement in site management work was low overall, particularly among women.[9]

Only 5.2 per cent of women reported engaging in site management work, compared with 13.2 per cent of men, who were thus more than twice as likely to be involved in this work.

5.2 % of women report engaging in site management work

13.2 % of men report engaging in site management work

52.2 % of women identify community need for information and help desk support (most common)

59.3 % of men identify community need for care & maintenance support (most common)

The site management services identified as community needs differed by gender. Women most frequently identified information and help desks as a priority community need (52.1 per cent compared with 47.9 per cent), whereas men identified care and maintenance services most frequently (59.3 per cent compared with 40.7 per cent).[10]

3. INFORMATION ACCESS, ACCOUNTABILITY AND TRUSTED SOURCES

3A. Awareness of Community Feedback Mechanisms:

Awareness of formal complaint and feedback mechanisms was high overall, although women were less likely than men to report knowing how to formally submit a complaint (73.8 per cent compared with 83.2 per cent).

Figure 5A: Awareness of community feedback mechanisms (females)

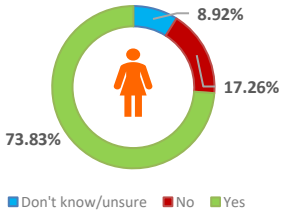
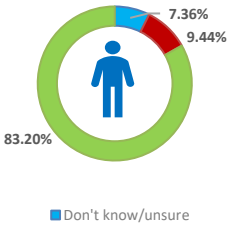


Figure 5B: Awareness of community feedback mechanisms (male)



3B. Awareness of safe and confidential PSEA reporting mechanisms: Awareness of safe and confidential reporting mechanisms for complaints or concerns about humanitarian workers was lower among women than men.[11]

While 68.0 per cent of men reported that there is a safe and confidential way to report complaints or concerns about humanitarian workers in their camp, the corresponding figure among women was 56.3 per cent.

56.3 % of women report knowing safe and confidential ways to report complaints or concerns about humanitarian workers.

68.0 % of men report knowing safe and confidential ways to report complaints or concerns about humanitarian workers.

3C. Most trusted sources of information: Community leaders, humanitarian volunteers and government authorities were the most trusted and preferred sources of information on important topics.[12]

Women accounted for a larger share of responses identifying family members, relatives, neighbours and friends (71.1 compared with 28.9 per cent), humanitarian activities, such as awareness sessions (56.2 compared with 43.8 per cent), volunteers (54.3 compared with 45.7 per cent) and community leaders (51.2 compared with 48.8 per cent) as preferred or most trusted sources and channels of information.

71.1 % of women (vs. **28.89 %** of men) identify family members, relatives, neighbors and friends as most trusted information source

78.11 % of men report digital platforms (vs. **21.89 %** of women) as most trusted information source

Men accounted for a larger share of responses identifying digital platforms such as social media, the internet and messaging applications (78.11 compared with 21.9 per cent), information desks and centers (55.56 compared with 44.44 per cent), government authorities (55.4 compared with 44.6 per cent), religious leaders (54.4 compared with 45.6 per cent), and non-Rohingya aid workers (53.49 compared with 46.51 per cent) as trusted information sources.

3D. Preferred Channels for Reporting Sensitive Issues: The Camp-in-Charge (CiC) was the most commonly preferred channel for reporting sensitive issues among both women (64.9 per cent) and men (74.5 per cent), followed by Majhis/community leaders (37.2 per cent and 39.1 per cent, respectively) and complaint boxes (30.2 per cent and 29.5 per

[9] ISNA question: Are you involved in any kind of site management work?
[10] ISNA question: What site management services do refugees in this location need?
[11] ISNA question: Is there a safe and confidential way in your camp to report complaints or concerns about humanitarian workers?
[12] ISNA question: What are your or your household's preferred or most trusted source of information for important topics?

cent).[13] Altogether 15.8 per cent of women identified women's centres – including Women-Led Community Centres (WLCCs), Women Friendly Spaces and Women-Girl Safe Spaces (Shanti Khana) – as their preferred reporting channel. Notably, women were more likely than men to report not knowing where they would prefer to report (7.5 per cent compared with 4.5 per cent).

4. GENDERED RISKS, COPING, AND RESILIENCE

4A. Youth concerns[14]: Uncertainty about the future was the most commonly reported concern by both girls and young women (67.1 per cent) and boys and young men (62.2 per cent).[15]

Girls and young women identified overcrowded living conditions, the risk of child marriage, psychological distress and gender-based violence more frequently among the top risks facing them and their peers. By contrast, boys and young men more frequently reported limited economic prospects, limited access to education, statelessness, lack of legal protection and insecurity at night due to inadequate lighting as top risks.

More than one-third of youth participants in the survey 36 per cent) reported lacking consistent access to safe spaces for social interaction.[16] Girls and young women accounted for the majority at 57 per cent of respondents reporting this challenge. Compared with boys and young men, girls and young women more frequently reported household chores, gender restrictions, childcare responsibilities and safety concerns as barriers to accessing safe spaces.[17]

BARRIERS IN ACCESSING SAFE SPACES (YOUTH)

GIRLS & YOUNG WOMEN	BOYS & YOUNG MEN
22.5 % report **household chores** as a barrier to accessing safe spaces	**7.2 %** report **household chores** as a barrier

TOP RISKS / CHALLENGES (YOUTH)

GIRLS & YOUNG WOMEN		BOYS & YOUNG MEN
67.1 %	UNCERTAINTY ABOUT THE FUTURE	**62.2 %**
47.1 %	OVERCROWDED LIVING CONDITIONS	**31.4 %**
31.4 %	RISK OF CHILD MARRIAGE	**21.6 %**
27.5 %	LIMITED ECONOMIC PROSPECTS	**38.2 %**
14.5 %	STATELESSNESS	**28.6 %**
19.6 %	LIMITED ACCESS TO EDUCATION	**30.8 %**
27.5 %	INSECURITY AT NIGHT DUE TO INADEQUATE LIGHTING	**29.6 %**
8.2 %	LACK OF LEGAL PROTECTION	**19.8 %**
17.1 %	PSYCHOLOGICAL DISTRESS	**12.2 %**
10.1 %	GBV	**5.4 %**

While improved, access to education among refugee youth aged 15–24 years remained low at 26 per cent, compared to 10 per cent in 2024.[18] Among youth enrolled in education, girls accounted for less than a third at 27 per cent of participants, compared with 73 per cent for boys. Economic constraints (53 per cent) were the most commonly cited barrier to education for youth, while child marriage (27 per cent) and other gender-related barriers (19 per cent) underscore gender-specific barriers affecting girls' participation in education.[19]

Taken together, these findings highlight the intersecting challenges facing Rohingya refugee youth, while also pointing to gender differences in the risks they identify and the extent to which opportunities are available to them for education and empowerment.

4B. Women's participation income-generating activities: Just 7.13 per cent of respondents reported that women in their household have actively participated in livelihood or income-generating activities in the past three months.[20] When asked, women and men reported somewhat different perceptions what prevented women in their households from participating in livelihood and training opportunities.[21]

[13] ISNA question: If you wanted to report a sensitive issue, such as inappropriate behavior by a humanitarian worker, where would you prefer to report?
[14] The ISNA included direct responses from 914 adolescents and young people aged 15–24 years to capture youth perspectives directly, alongside those of household representatives. 23.6 per cent of youth respondents were aged 15–17 years, 40.1 per cent were aged 18–20 years, and 36.3 per cent were aged 21–24 years. 54.38 per cent of youth respondents comprised adolescent girls and young women, and 45.62 per cent comprised adolescent boys and young men.
[15] ISNA question: What are the top 5 risks and challenges that you and your peers are currently facing?
[16] ISNA question: Do you always have access to safe places where you can meet and socialize with your friends?
[17] ISNA question: What are the barriers? (Follow-up question to above).
[18] ISNA question: Are you enrolled in education now?
[19] ISNA question: What are the reasons for the youth to drop out of school/ education?
[20] ISNA question: In the past 3 months, are there any women in your household who have actively participated in any livelihood or income-generating activities (e.g., cash-for-work, small business, home-based work for small income)?
[21] ISNA question: What are the main reasons preventing the women in your household from joining livelihood or training opportunities?

Women accounted for a significantly larger share of responses identifying lack of information (14.4 compared with 8.6 per cent) as preventing them from joining livelihood and training opportunities. Women also more frequently cited cultural norms (12.9 compared with 10.5 per cent) and educational qualifications (10.1 compared with 9.0 per cent), while men more frequently cited religious norms (22.3 compared with 20.6 per cent), lack of permission from male family members (21.1 compared with 20.0 per cent), and the absence of safe spaces (5.8 compared with 5.0 per cent), although these differences were relatively small.

4C. Gender and unpaid care work and domestic responsibilities: Compared with men, women were more likely to report having to spend increased time on household chores and caregiving compared to one year ago.[22] Four in ten women (40.0 per cent) reported spending more time on unpaid care and domestic work, compared with just over one in five men (22.0 per cent). Women were also much less likely than men to report a decrease in care responsibilities (5.7 per cent compared with 11.5 per cent), suggesting that unpaid care responsibilities continue to fall disproportionately on women.

UNPAID CARE AND DOMESTIC WORK

40.0% WOMEN **22.0% MEN**

reported spending more time on unpaid care and domestic work than one year ago.

In similar vein, respondents more frequently reported increases in daughters' than sons' unpaid care responsibilities (40.6 per cent of women and 37.6 per cent of men reported an increase for daughters, compared with 24.3 per cent and 32.8 per cent, respectively, for sons).[23]

4D. Coping strategies: The majority of respondents (around four in five) reported resorting to one or more coping strategies to meet basic household needs. Women were more likely than men using at least one coping strategy, with fewer women than men reporting that they had not resorted to any of the listed strategies (18.70 per cent compared with 20.58 per cent).[24]

Reported coping strategies showed gender differences: women were more likely than men to report buying food on credit or borrowing from relatives and friends. By contrast, men more frequently reported selling household assets and selling food or non-food items to support their family to cope.

COPING STRATEGY	WOMEN	MEN
Buying food on credit/borrowing	16.99%	13.71%
Selling food or NFIs	8.34%	9.06%
Selling household assets	3.37%	4.89%
Reducing expenditure on NFIs (health, education, female hygiene kits)	1.66%	0.55%
Did not resort to any coping strategy	18.70%	20.58%

4E. Perceived drivers of vulnerability during hazards: Respondents most frequently identified mobility constraints as the main factor impacting them during hazards, reported by 41.6 per cent of women and 46.7 per cent of men.[25]

Compared with men, women more frequently identified limited understanding of risks and preparedness messages (21.3 per cent compared with 17.3 per cent among men) and lack of access to training, orientation and awareness activities (13.1 per cent compared with 11.2 per cent among men) as impacting their vulnerability during hazards. Men more frequently identified insecurity and fear of losing their place of residence during temporary relocation as a cause of vulnerability during hazards (14.3 per cent compared with 9.6 per cent among women).

VULNERABILITY DURING HAZARDS

WOMEN MORE FREQUENTLY IDENTIFIED:

21.3% Limited understanding of risks and preparedness messages

13.1% Lack of access to training and awareness activities

MEN MORE FREQUENTLY IDENTIFIED:

14.3% Insecurity and fear of losing their place of residence during temporary relocation

Confidence in safe evacuation during an emergency was generally high, with 71.7 per cent of women and 78.0 per cent of men reporting confidence that all household members could evacuate safely.[26]

Both women and men identified older persons (24.2 per cent of women and 27.3 per cent of men) and pregnant women (23.6 per cent and 21.1 per cent, respectively) among the three groups most affected by hazards and emergencies.[27] Women more frequently identified persons with disabilities (24.4 per cent), while men more frequently identified children

[22] ISNA question: Compared to one year ago, has **your own** time spent on domestic or care work: Decreased; Increased; Remained the same?
[23] It is important to note that the survey did not measure the amount of time spent on these activities, a limitation in this round of the ISNA survey.
[24] ISNA question: In the past 3 months, have you or any member of your household resorted to the following actions in order to meet basic needs of the family?
[25] ISNA question: In your experience, what made you affected-impacted by these hazards?
[26] ISNA question: In the event of an emergency, do you feel confident that you (and your dependents) could evacuate safely?
[27] ISNA question: According to priority ranking who are the top 3 members of your community are mostly affected (by hazards)?

(22.4 per cent) as most affected and vulnerable during hazards. Women were almost twice as likely at 9.3 per cent to report cultural or religious restrictions imposed on women during emergencies as a specific challenge compared to 5.1 per cent among men.[28]

RECOMMENDATIONS

1. Strengthen women's leadership and participation: Strengthen representative community decision-making mechanisms to ensure the meaningful participation, leadership and influence of women, girls, youth and persons with disabilities in decisions affecting their communities.

2. Invest in adolescent girls: Expand intentional, girl-centred outreach through home visits, working with parents to secure their buy-in for girls to complete their learning and to participate in social activities in dedicated, female-only facilities.

3. Reduce barriers to women's income-generating activities: Expand access to flexible, market-relevant livelihood and skills opportunities in accessible locations, supported by childcare, targeted information outreach and measures to address mobility constraints and restrictive gender norms.

4. Improve gender-responsive accountability and communication channels: Increase women's awareness of complaint and feedback mechanisms, including PSEA reporting channels, through women and girls' safe spaces, and female community volunteers.

5. Mainstream gender in disaster preparedness and resilience: Strengthen gender-responsive risk communication, preparedness training and inclusive evacuation planning, ensuring the meaningful participation of women, girls, older persons and persons with disabilities.

[28] ISNA question: Are there specific challenges that you or members of your household face during evacuation?