RAPID GENDER ANALYSIS (RGA)

SOUTHEASTERN FLASH FLOODS, CHATTOGRAM

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OXFAM

CONDUCTED BY

OXFAM IN BANGLADESH AND COMMUNITY DEVELOPMENT CENTRE (CODEC)

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ASSESSMENT PERIOD AND LOCATIONS

July 14–15, 2026 & Satkania and Banshkhali, Chattogram

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Finally, we thank all individuals and teams who contributed, directly or indirectly, to this assessment. Their collaboration and support made this work possible.

Study Limitations

This Rapid Gender Assessment (RGA) was conducted in the immediate aftermath of the floods using qualitative methods in selected communities of Satkania and Banshkhali. As a rapid, context-specific assessment, the findings are not statistically representative of all flood-affected areas in Chattogram District; however, they provide timely evidence to inform gender-responsive, disability-inclusive, and protection-sensitive humanitarian response and early recovery.

ROWSHON AKHTER URMEE AND RAPID GENDER ANALYSIS (RGA) TEAM

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1. EXECUTIVE SUMMARY

From 5 July 2026 onwards, heavy monsoon rainfall, runoff from the Chattogram Hill Tracts, overflow of the Sangu and Dolu rivers, and tidal backflow triggered severe flash flooding across Chattogram Division. Satkania and Banshkhali were among the hardest-hit upazilas, where widespread inundation damaged homes, agricultural land, livelihoods, and critical public infrastructure. The floods rapidly evolved into a humanitarian crisis, with prolonged waterlogging disrupting access to food, safe water, healthcare, education, and other essential services.

Oxfam's Rapid Gender Analysis (RGA) found that the impacts of the floods were not gender neutral. Existing inequalities related to gender, age, disability, poverty, caregiving responsibilities, and social norms compounded vulnerabilities, disproportionately affecting women, adolescent girls, female-headed households, older persons, persons with disabilities (PWDs), pregnant and lactating women, and low-income farming households.

Women and girls experienced a sharp increase in unpaid care and domestic responsibilities while managing damaged homes and caring for children, older family members, and persons with disabilities. They also faced significant menstrual hygiene management (MHM) challenges due to inadequate sanitation facilities, limited privacy, and insufficient hygiene materials. Older persons and persons with disabilities encountered barriers to accessing humanitarian assistance because of mobility constraints and inaccessible relief distribution mechanisms.

Flooding disrupted food security, livelihoods, health, WASH, education, and protection services, with disproportionate consequences for those already facing multiple forms of vulnerability. Female-headed households experienced heightened food insecurity and economic hardship, increasing reliance on negative coping strategies. Adolescent girls faced greater risks of school dropout and early marriage due to prolonged school disruption and financial stress, while pregnant and lactating women experienced increased health and nutrition risks because of reduced access to healthcare, safe water, and nutritious food. Public health concerns, including diarrhoeal diseases, skin infections, and psychosocial distress, were also widely reported.

The findings underscore the need for gender-responsive, disability-inclusive, and climate-resilient humanitarian action that addresses intersecting vulnerabilities through inclusive targeting, accessible service delivery, and meaningful participation. Immediate priorities include multipurpose cash assistance, staple food and nutrition support, gender-responsive and disability-accessible WASH services, shelter repair, livelihood recovery, education continuity, protection services, and inclusive humanitarian assistance, with particular attention to those facing the greatest barriers to recovery.

Key Priority Areas

- Prioritise women, adolescent girls, female-headed households, older persons, persons with disabilities, pregnant and lactating women, and low-income farming households through intersectional targeting.
- Restore access to shelter, food security, livelihoods, healthcare, WASH, education, and protection services using gender-responsive and disability-inclusive approaches.
- Recognise and reduce women's increased unpaid care and domestic work by integrating care considerations into humanitarian programming.
- Address the specific protection risks faced by adolescent girls, including barriers to menstrual hygiene management, school dropout, and early marriage.
- Ensure humanitarian response and recovery efforts embed gender equality, disability inclusion, protection, climate resilience, and localisation from the outset.

2. INTRODUCTION, HUMANITARIAN CONTEXT AND ASSESSMENT OBJECTIVES

Since 5 July 2026, persistent monsoon rainfall, upstream river flows, runoff from surrounding hill catchments, and tidal backflow triggered severe flash floods across Chattogram District, with Satkania and Banshkhali among the worst-affected upazilas. The floods caused extensive damage to homes, livelihoods, agricultural land, and public infrastructure, while prolonged waterlogging disrupted access to safe water, sanitation, healthcare, education, and other essential services. The impacts were not experienced equally, with women, men, girls, boys, older persons, persons with disabilities, and other marginalized groups facing distinct risks, needs, and barriers to accessing assistance.

To better understand these differentiated impacts and inform an inclusive humanitarian response, Oxfam in Bangladesh conducted a Rapid Gender Analysis (RGA). The assessment generated evidence on how gender, age, disability, and other intersecting vulnerabilities influenced people's experiences, priorities, capacities, and access to humanitarian assistance, with the aim of strengthening gender-responsive, disability-inclusive, and protection-sensitive response and early recovery interventions.

Assessment Objectives

The assessment aimed to:

- Analyse the differentiated impacts of the floods on women, men, adolescent girls and boys, older persons, persons with disabilities, and other marginalized groups.
- Identify gender-, age-, and disability-related barriers to accessing humanitarian assistance, essential services, and early recovery support.
- Examine changes in gender roles, unpaid care responsibilities, livelihoods, participation in decision-making, and protection risks following the floods.
- Identify the priority needs, capacities, and coping strategies of affected communities to inform inclusive humanitarian programming.
- Generate actionable recommendations to strengthen gender-responsive, disability-inclusive, and protection-sensitive humanitarian response and early recovery efforts.

3. GEOGRAPHIC COVERAGE, METHODOLOGY

The Rapid Gender Analysis (RGA) adopted a qualitative research approach to examine the differentiated impacts of the July 2026 flash floods across gender, age, disability, and other intersecting vulnerabilities. Primary and secondary data were collected and triangulated to strengthen the analysis and inform gender-responsive, disability-inclusive, and protection-sensitive humanitarian response and recovery

ASSESSMENT AT A GLANCE

Component	Details
Assessment Type	Rapid Gender Analysis (RGA) used a qualitative research approach
Assessment Period	14–15 July 2026
Assessment Area	Satkania Upazila: North & South Dhemsha, Nalua and Barmapara unions Banshkhali Upazila: Ilsha & Baharchhara Union.
Primary Data Collection	Focus Group Discussions (FGDs) (n=2); In-Depth Interviews (IDIs) (n=11); Key Informant Interviews (KIIs) (n=05); direct observation, transect walks and case studies
Participants	Women, men, adolescent girls, female-headed households, pregnant and lactating women, women caregivers of children with disabilities, older persons, persons with disabilities, low-income farming households, community leaders, local government representatives, volunteers, and other flood-affected community members representing diverse socio-economic backgrounds and intersecting vulnerabilities.
Sampling	Qualitative Purposive Sampling.
Data Collection Tools	IDI, FGD and KII guides, observation checklist, and case study template
Secondary Data	Government reports, humanitarian situation updates, cluster assessments, and relevant published literature.
Data Analysis	Qualitative data analysis through thematic analysis using NotebookLM and manual review
Purpose	To examine the differentiated impacts of the floods across gender, age, disability, and other intersecting vulnerabilities, and to inform gender-responsive, disability-inclusive, and protection-sensitive humanitarian response and recovery programming.

4. KEY GENDER AND INTERSECTIONAL FINDINGS

4.1 Shelter

Flooding caused extensive damage to mud-built houses, leaving many families without safe shelter and increasing their reliance on relatives and temporary evacuation centres. Female-headed households, older persons, persons with disabilities, and low-income households faced greater challenges repairing damaged homes due to limited financial resources, reduced labour capacity, and caregiving responsibilities, prolonging their recovery.

Photo: IDI with a Female-Headed Household Caring for a Child with a Disability, Nolua Union, Satkania, Chattogram
Photo Credit : Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh

The absence of nearby emergency shelters compelled many households to seek refuge with relatives or neighbours rather than in designated evacuation centres. Pregnant and lactating women faced additional challenges in maintaining dignity, breastfeeding, and personal hygiene because of insufficient sanitation facilities, limited private spaces, and inadequate facilities to meet their specific needs.

> *I haven't been able to sleep since the floods began. As the head of my household, with my husband working abroad, I had to protect what little we had by wrapping our mattresses while also caring for my child with a disability and my elderly mother-in-law. Now, I don't know how I'll repair our damaged home.*
>
> ***Sadia, Nolua Union, Satkania, Chattogram***

4.2 Food Security and Livelihoods

Flooding severely disrupted livelihoods through crop losses, livestock deaths, damaged seed stocks, and restricted market access, undermining household food security and income. Smallholder farmers experienced substantial livelihood losses, while female-headed households, older persons, caregivers, and households caring for persons with disabilities faced greater difficulty recovering because of limited income and increased care responsibilities.

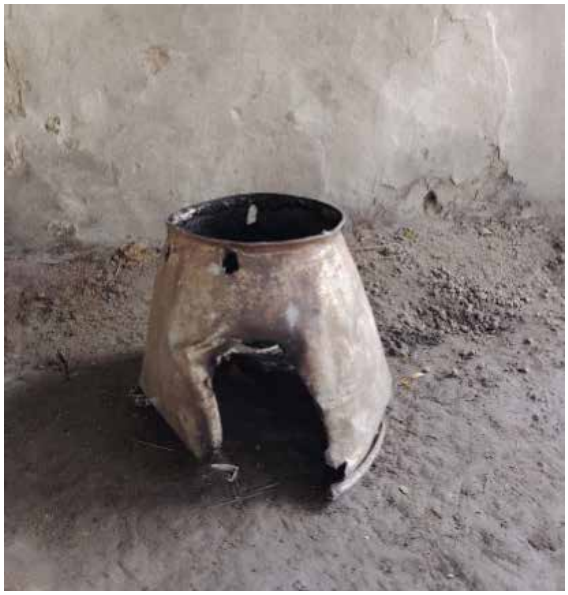

Photo: Temporary cooking stove used by a flood-affected household during the floods in Banshkhali Upazila, Chattogram.
Photo Credit : Md. Yousuf, Oxfam in Bangladesh

Women consistently reported reducing their own food intake to prioritize children, older family members, and sick relatives. Pregnant and lactating women expressed concern about the lack of nutritious food required for maternal and child health. While emergency assistance largely consisted of dry foods such as puffed rice, flattened rice respondents indicated that, as floodwaters receded, their priority shifted to staple foods and cooking essentials—including rice, edible oil, and protein sources—to resume normal household meals. However, disrupted supply chains, rising food prices, and reduced purchasing power left many households unable to afford available food items.

Older people and persons with disabilities faced additional barriers to accessing relief assistance due to mobility limitations and inaccessible distribution mechanisms, increasing their risk of exclusion from humanitarian support. These barriers were particularly acute for older women living alone and female caregivers of persons with disabilities, whose intersecting vulnerabilities further constrained access to assistance and recovery opportunities.

4.3 Water, Sanitation and Hygiene (WASH)

Damage to household latrines and water sources severely limited access to safe water and sanitation. During the flooding, women and adolescent girls were often forced to use submerged or unsafe sanitation facilities, or practice open sanitation with little privacy or dignity. Prolonged exposure to contaminated floodwater contributed to skin diseases and other health concerns. Many women and adolescent girls also delayed using toilets until nightfall due to the lack of private sanitation facilities, increasing risks to their health, dignity, and protection.

Menstrual hygiene management emerged as one of the most critical gender issues identified during the assessment. Women and adolescent girls lacked menstrual hygiene materials and safe, private spaces to change, wash, dry, or dispose of menstrual materials, resulting in discomfort, skin irritation, compromised dignity, and emotional distress. Older persons and persons with disabilities faced additional barriers due to the absence of accessible sanitation facilities, further limiting their ability to maintain hygiene safely and independently.

Photo: Flood-damaged tube well affecting access to safe drinking water in Satkania Upazila, Chattogram
Photo Credit : Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh

4.4 Health and Sexual and Reproductive Health (SRH)

Flooding disrupted access to healthcare and increased the incidence of waterborne diseases, particularly diarrhoea and skin infections, due to prolonged exposure to contaminated floodwater and limited access to safe water and sanitation. Pregnant and lactating women faced additional health risks because of inadequate access to nutritious food, maternal healthcare, and gender-responsive sanitation facilities.

Women reported heightened psychosocial stress as they balanced caregiving responsibilities with household recovery, often caring simultaneously for children, older family members, sick relatives, and persons with disabilities. Damaged water and sanitation facilities further increased women's unpaid care workload, requiring additional time to collect water, maintain hygiene, and support dependents. These intersecting caregiving responsibilities reduced women's capacity to recover livelihoods and exacerbated physical and emotional exhaustion.

Photo: (FGD) with adolescent girls in Satkania Upazila, Chattogram
Photo Credit : Md. Yousuf, Oxfam in Bangladesh

4.5 Protection

Although no incidents of gender-based violence were disclosed during the assessment, women and adolescent girls consistently described conditions that heighten protection risks, including inadequate lighting at night, lack of private sanitation facilities, mobility restrictions, and limited awareness of referral pathways.

Female-headed households, older women living alone, and caregivers of persons with disabilities faced multiple protection risks because of reduced mobility, social isolation, and economic insecurity.

4.6 Education

Flooding disrupted education through damaged learning materials, school closures, and impassable roads, preventing many children from attending school. Adolescent girls expressed concern about interrupted learning, missed examinations, and falling behind academically.

Economic hardship following the floods heightened the risk of school dropout, particularly among adolescent girls from low-income and female-headed households. Rising household expenses, loss of livelihoods, and reduced purchasing power limited families' ability to replace school materials and continue supporting girls' education, placing their long-term educational opportunities at greater risk.

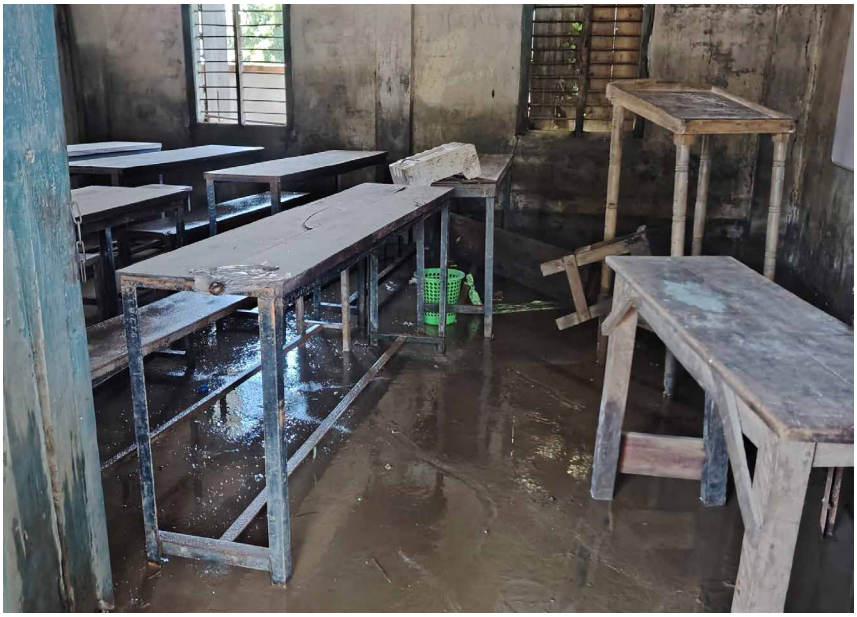

Photo: Floodwater disrupted education at Demsha High School, Satkania Upazila, Chattogram.
Photo Credit : Md. Yousuf, Oxfam in Bangladesh

> *Ever since my schoolbooks were buried beneath the flood mud my father has been telling me that I don't need to sit for the SSC examination. But I refuse to give up on my dream. I still want to continue my education and become an Army officer.*
>
> ***Shifa, 14, Ilsha Union, Banshkhali, Chattogram***

4.7 Humanitarian Access and Inclusion

Humanitarian access was constrained by damaged roads, prolonged waterlogging, and limited transportation, delaying relief and restricting access to markets, health services, and humanitarian assistance. These barriers disproportionately affected women, female-headed households, older persons, persons with disabilities, pregnant and lactating women, and caregivers of children with disabilities due to mobility limitations, caregiving responsibilities, and reduced access to information. Several participants reported that people with disabilities and older persons were unable to reach relief distribution points, while community volunteers and neighbours played a critical role in supporting affected households during the initial response. Findings underscore the need for inclusive humanitarian assistance through accessible distribution mechanisms, targeted outreach to the most vulnerable groups, and disability-, age-, and gender-responsive response approaches.

Photo: Flood-Damaged House in Ilsha Union, Banshkhali, Chattogram
Photo Credit : Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh

4.8 Care Work, Gender Roles and Community Resilience

The assessment found that women played a central role in household survival and recovery. In addition to their routine domestic responsibilities, they assumed increased unpaid care and recovery work, including collecting water, preparing food under damaged conditions, cleaning mud-filled homes, caring for children, older persons, sick family members, and persons with disabilities, and supporting household rehabilitation. These intersecting responsibilities substantially increased women's workload while limiting their opportunities to restore livelihoods.

Community solidarity was a key source of resilience, with neighbors sharing food, assisting vulnerable households, and supporting evacuations before external assistance arrived. However, despite their significant contributions to household and community response, women remained largely absent from formal disaster preparedness and decision-making processes, limiting their influence over emergency response and recovery planning.

Floodwater surrounding a household increased women's unpaid care and domestic responsibilities in Banshkhali Upazila, Chattogram
Photo Credit : Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh

TABLE 5. CROSS-CUTTING GENDER AND INTERSECTIONAL ANALYSIS MATRIX

Population Group	Intersectional Vulnerabilities	Key Gendered Impacts	Barriers to Access	Existing Capacities & Coping	Priority Response Actions
Women	Gender, poverty, caregiving responsibilities	Increased unpaid care work, reduced food intake, WASH burden, psychosocial stress	Limited mobility, domestic responsibilities, inadequate sanitation facilities	Community support, household management, informal support networks	Multipurpose cash assistance, staple food support, labour-saving interventions, MHPSS, women's participation in decision-making
Adolescent Girls	Gender, age, education	MHM challenges, education disruption, dignity concerns, increased risk of school dropout and child marriage	Lack of safe sanitation, damaged roads,limited access to hygiene materials	Peer support, strong motivation to continue education	Dignity kits, MHM support, education continuity, adolescent-friendly spaces, protection monitoring
Female-headed Households	Gender, poverty, sole income responsibility	Livelihood loss, food insecurity, increased protection risks	Limited labour capacity, financial constraints, exclusion from assistance	Strong resilience, community support	Targeted cash assistance, staple food support, livelihood recovery, shelter repair, priority access to relief
Pregnant & Lactating Women	Gender, reproductive status	Increased nutrition and health risks, disrupted maternal care, sanitation challenges	Mobility constraints, limited access to maternal and SRH services	Family and community support	Maternal health and nutrition services, SRH support, accessible WASH, targeted food assistance
Older Persons	Age, dependency, reduced mobility	Isolation, inability to evacuate independently, deteriorating health	Physical mobility limitations, inaccessible distribution points	Family and neighbour support	Home-based assistance, cash support, accessible distributions, age-friendly services
Persons with Disabilities (PWDs)	Disability, poverty, dependency	Limited access to relief, healthcare, sanitation, and information	Inaccessible infrastructure, communication barriers, inaccessible distribution systems	Family support, community volunteers	Disability-inclusive programming, accessible shelters and WASH, assistive devices, inclusive communication
Women Caring for Persons with Disabilities	Gender, disability, caregiving responsibilities	Triple care burden, economic hardship, psychosocial distress	Time poverty, limited mobility, exclusion from services	Household resilience, informal family support	Caregiver support, multipurpose cash assistance, MHPSS, respite/community care, inclusive case management
Low-income Farming Households	Poverty, livelihood dependency	Crop loss, livestock deaths, income loss, food insecurity	Damaged roads, market disruption, limited agricultural inputs	Community food sharing, mutual support	Agricultural recovery support, seed and livestock replacement, cash-for-work, livelihood restoration

6. STRATEGIC RECOMMENDATIONS

6.1 Cross-cutting Recommendations

All humanitarian response, recovery and resilience interventions should adopt a gender-responsive, disability-inclusive and protection-sensitive approach, ensuring that assistance reaches populations facing intersecting vulnerabilities, including women, adolescent girls, female-headed households, older persons, persons with disabilities, pregnant and lactating women, caregivers, and low-income farming households.

Across all sectors, partners should:

- Apply sex-, age- and disability-disaggregated data (SADDD) to guide targeting, implementation and monitoring.
- Ensure the meaningful participation and leadership of women, adolescent girls and persons with disabilities in community decision-making, disaster preparedness and recovery planning.
- Integrate GBV risk mitigation, protection mainstreaming, safeguarding and Accountability to Affected Populations (AAP) across all humanitarian interventions.
- Recognize, reduce and redistribute unpaid care and domestic work through labour-saving interventions, cash assistance and community support mechanisms.
- Prioritize accessible, equitable and dignified humanitarian assistance, including home-based outreach and disability-accessible services for those unable to access distribution points.
- Strengthen localisation by investing in local government, women-led organisations, organisations of persons with disabilities (OPDs), youth groups and community volunteers.
- Strengthen community-based disaster preparedness and response systems by establishing and capacitating inclusive local volunteer networks—comprising women, youth, and persons with disabilities—to support risk mapping, early warning dissemination, needs identification, evacuation, relief distribution, and post-disaster recovery.

6.2 Immediate Humanitarian Response (0–3 Months)

All humanitarian response, recovery and resilience interventions should adopt a gender-responsive, disability-inclusive and protection-sensitive approach, ensuring that assistance reaches populations facing intersecting vulnerabilities, including women, adolescent girls, female-headed households, older persons, persons with disabilities, pregnant and lactating women, caregivers, and low-income farming households.

Life-saving assistance

- Apply sex-, age- and disability-disaggregated data (SADDD) to guide targeting, implementation and monitoring.
- Ensure the meaningful participation and leadership of women, adolescent girls and persons with disabilities in community decision-making, disaster preparedness and recovery planning.

- Integrate GBV risk mitigation, protection mainstreaming, safeguarding and Accountability to Affected Populations (AAP) across all humanitarian interventions.
- Recognize, reduce and redistribute unpaid care and domestic work through labour-saving interventions, cash assistance and community support mechanisms.
- Prioritize accessible, equitable and dignified humanitarian assistance, including home-based outreach and disability-accessible services for those unable to access distribution points.
- Strengthen localisation by investing in local government, women-led organisations, organisations of persons with disabilities (OPDs), youth groups and community volunteers.
- Strengthen community-based disaster preparedness and response systems by establishing and capacitating inclusive local volunteer networks—comprising women, youth, and persons with disabilities—to support risk mapping, early warning dissemination, needs identification, evacuation, relief distribution, and post-disaster recovery.

6.3 Early Recovery (3–12 Months)

Restoring livelihoods and essential services

- Expand livelihood recovery through agricultural inputs, seed replacement, livestock support, small business recovery grants and cash-for-work programmes.
- Rehabilitate flood-resilient housing, community infrastructure, roads, drainage systems and WASH facilities using inclusive design standards.
- Strengthen community-based protection, psychosocial support and GBV referral mechanisms, with targeted support for women, adolescent girls and caregivers.
- Support girls' school retention through education grants, replacement of school supplies and community awareness to reduce child marriage risks.
- Introduce labour-saving technologies and community care support to reduce women's unpaid care burden and improve economic participation.
- Strengthen local disaster management committees through gender-responsive and disability-inclusive preparedness planning.

6.4 Long-term Resilience (1–5 Years)

Building inclusive and climate-resilient communities

- Integrate gender equality, disability inclusion and protection into national and local disaster risk reduction (DRR), climate adaptation and recovery planning.
- Invest in climate-resilient housing, accessible evacuation shelters, resilient WASH infrastructure and inclusive early warning systems.
- Expand adaptive social protection and shock-responsive safety nets for female-headed households, older persons, persons with disabilities and vulnerable farming households.

- Institutionalise the leadership of women, adolescent girls, organisations of persons with disabilities (OPDs) and women's rights organisations in disaster governance and humanitarian coordination.
- Strengthen localization by increasing direct investment in local NGOs, women-led organisations and community-based responders.
- Promote resilient livelihoods through climate-smart agriculture, financial inclusion and women's economic empowerment initiatives.

6.5 STAKEHOLDER ACTION MATRIX FOR GENDER-RESPONSIVE AND DISABILITY-INCLUSIVE RESPONSE AND RECOVERY

Stakeholder	Immediate Prioritie (0–3 months)	Early Recovery (3–12 months)	Resilience & Systems Strengthening (1–5 years)
Government (MoDMR, DDM & Local Government)	Coordinate inclusive relief using sex-, age- and disability-disaggregated data (SADDD); expand emergency social protection; strengthen GBV referral pathways; restore essential services; ensure accessible assistance for the most vulnerable populations.	Rehabilitate roads, schools, health facilities, shelters and WASH infrastructure; restore essential public services; strengthen local disaster coordination and preparedness.	Rehabilitate roads, schools, health facilities, shelters and WASH infrastructure; restore essential public services; strengthen local disaster coordination and preparedness.
UN Agencies, INGOs & NGOs	Deliver needs-based, gender-responsive and disability-inclusive multisectoral assistance (cash, food, shelter, WASH, health, nutrition and protection) using accessible, accountable and community-led approaches.	Support livelihood recovery, education continuity, psychosocial support, protection services and community resilience through localisation and partnership with local actors.	Strengthen institutional capacity, climate adaptation, localisation and inclusive disaster preparedness through long-term partnerships with government and civil society.
Donors & Development Partners	Provide timely, flexible and multi-sector funding for life-saving assistance, prioritising local and women-led organisations.	Finance integrated recovery programmes that bridge humanitarian response, early recovery and development.	Invest in locally led, gender-transformative, disability-inclusive and climate-resilient recovery, preparedness and adaptive social protection through predictable multi-year funding.
Local Government Institutions & Disaster Management Committees	Identify and prioritise vulnerable households; coordinate local response; ensure equitable access to humanitarian assistance; establish community feedback and Accountability to Affected Populations (AAP) mechanisms.	Strengthen local preparedness, referral systems, inclusive coordination and community accountability.	Institutionalise inclusive disaster governance by promoting women's leadership, disability inclusion, community participation and evidence-based local disaster planning.
Community Volunteers & Community-Based Organisations (CBOs)	Support early warning dissemination, evacuation, rapid needs identification, community outreach, protection messaging and equitable relief distribution.	Facilitate community recovery, awareness raising, referrals, feedback collection and preparedness activities.	Strengthen community-based disaster preparedness, volunteer networks, risk mapping and local resilience through continuous capacity development.

Women's Rights Organisations (WROs), Organisations of Persons with Disabilities (OPDs) & Civil Society	Lead community outreach, inclusive needs identification, protection monitoring, awareness raising and safe referral pathways for women, girls and persons with disabilities.	Promote women's leadership, psychosocial support, advocacy, social cohesion and community accountability.	Strengthen gender equality, disability inclusion, policy advocacy and community resilience through sustained local leadership and engagement in disaster governance.
Private Sector	Restore markets, critical supply chains and access to essential goods and services.	Support livelihood recovery, local enterprises, agricultural value chains and decent employment opportunities.	Invest in resilient infrastructure, inclusive financing, climate-smart agriculture and public-private partnerships that strengthen local economic resilience.
Affected Communities	Participate in needs identification, community decision-making, feedback mechanisms and equitable relief distribution.	Engage in community recovery planning, social cohesion initiatives and local preparedness activities.	Strengthen community leadership, inclusive disaster preparedness and resilience through active participation in local governance and disaster risk reduction.

7. CONCLUSION

The July 2026 flash floods demonstrated that disasters are not gender neutral. Pre-existing inequalities related to gender, age, disability, poverty, caregiving responsibilities and social norms compounded humanitarian needs and limited the ability of the most vulnerable groups to cope with and recover from the crisis. Addressing these intersecting vulnerabilities requires a gender-responsive, disability-inclusive and locally led approach that integrates protection, meaningful participation and climate resilience across humanitarian response, early recovery and long-term disaster risk reduction to reduce future risks and strengthen community resilience.

CASE STORY 1: LEFT BEHIND IN THE FLOOD: THE STORY OF SENUARA BEGUM

Senuara Begum, 65, Choroti Union, Satkania, Photo taken by Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh.

Senuara Begum, 65, is an older woman living with a physical disability affecting her right leg. Having no immediate family members or caregivers to support her, she relies on begging as her only source of income and survival. Before the recent floods, she lived in a small makeshift shelter on another person's land under extremely precarious conditions. The flood completely washed away her only home, leaving her homeless and further exposing her to risk and uncertainty.

Currently, Senuara is taking temporary shelter in a neighbour's house, where she lives without electricity, a bed, and uncertainty about daily meals or other necessities. Due to her mobility limitations, she was unable to reach relief distribution points and missed the emergency assistance provided during the crisis. Access to food, safe sanitation facilities, and secure shelter remains a daily challenge. Her experience illustrates how disasters disproportionately affect older women with disabilities who lack family support, highlighting the urgent need for accessible and targeted humanitarian assistance.

CASE STORY 2: EDUCATION AT RISK: SHIFA'S JOURNEY THROUGH FLOOD RECOVERY

At just 14 years old, Shifa dreams of becoming an Army officer. But after the flash flood swept through her village, that dream seemed to drift further out of reach. Living with four sisters and a father undergoing cancer treatment, her family lost much of what they owned. After taking shelter with relatives, they returned home to find their mud house badly damaged, and Shifa's schoolbooks buried beneath layers of mud. As if that were not enough, the flood coincided with her menstruation, leaving her without a safe and dignified way to manage menstrual hygiene. With mounting financial hardship, her father fears he can no longer afford her education, placing her at increased risk of dropping out before sitting for her SSC examination.

Shifa's story shows how disasters disproportionately affect adolescent girls, where gender, poverty, caregiving responsibilities, and disrupted education intersect to threaten their future. Yet despite these hardships, she remains determined to continue her education and pursue her dream.

Shifa, Age 14, Ilsha Union, Banshkhali, Photo taken by Khondaker Mohammod Shamerul Huda, Oxfam in Bangladesh.

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