

Gender Profile No.2 For Rohingya Refugee Response Cox's Bazar, Bangladesh (as of March 2019)



Prepared by the Inter-Sector Gender in Humanitarian Action Working Group (GiHA WG) under the Inter-Sector Coordination Group (ISCG). GiHA WG is Co-Chaired by UN Women and UNHCR with Technical Support from Inter-Agency GENCAP.

Introduction

Since the major influx which started on 25 August 2017, an estimated 745,000 Rohingya people¹ (as of January 2019) have taken refuge in Cox's Bazar, creating the world's fastest growing refugee crisis and the largest refugee settlement (911,000²). Refugees have described a litany of violations including severe beatings, stabbings, abuses and sexual violence, with men and boys subsequently taken away or executed in front of their families³, which fueled their displacement from Rakhine state in Myanmar. From the onset, the Rohingya refugee crisis has had a particularly gendered nature. 52% of the total refugee population are women and girls⁴, while 85% are women and children and 16% of households are female headed⁵. Girls, who represent a larger proportion (57%) of the vulnerable group, are particularly at risk of child marriage, sexual exploitation, abuse and neglect⁶. The facts on the ground present unique challenges as well as opportunities for saving lives, protecting the basic human rights of the affected populations and for gender transformative programming.

Although the response to the refugee crisis from the Government of Bangladesh (GoB) and the humanitarian community was swift and is significant, enormous gaps remain. Basic services such as food aid, water, sanitation, health and shelter are overstretched in refugee camps and new settlements in Cox's Bazar. The scale of the refugee influx has put great strain on natural resources and services. Whereas humanitarian actors are working to address gender and women protection and empowerment issues, it is not yet sufficiently mainstreamed into every sector's activities, including in relation to the principle of "do no harm", empowerment and accountability. There are gaps and challenges for which efforts need to continue. This Gender Profile No.2 provides an analysis of issues/needs and recommended actions across the sectors.

Key Commitments on Gender Equality and Empowerment of Women and Girls

The 2018 Joint Response Plan (JRP) key commitments and Strategic Executive Group (SEG) key actions on Gender Equality and Empowerment of Women and Girls (GEEWG) require humanitarian actors in Rohingya humanitarian crisis response to ensure:

- All assessments collect, analyze and use data disaggregated by gender, age and diversity, as well as consult equally with women, girls and marginalized groups.
- All sectors mainstream gender aspects into overall response including by applying the ISCG gender profile of the Rohingya crisis (both No1 and this version, No 2), ISCG sector gender guidance notes/tip-sheets, IASC Gender and Age Marker (GAM) and other IASC GiHA guidance.
- Inclusion in leadership and meaningful equal representation of women and marginalised groups, as well as CSOs representing these population groups, in the overall response.
- Gender balance and adequate numbers of trained female staff in the overall response and ensure they are provided with necessary safety and security measures.

¹ 2019 Joint Response Plan (JRP) for Rohingya Humanitarian Crisis (January – December).

² ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar, January 2019; RRRC-UNHCR Family Counting exercise & Needs and Population Monitoring (NPM).

³ Report of Special RepportureA-HRC-37-70.

⁴ RRRC-UNHCR Family Counting.

⁵ ISCG Population data (September 2018) and Needs and Population Monitoring (NPM) Round 11 (July 2018).

⁶ 2019 Joint Response Plan (JRP) for Rohingya Humanitarian Crisis (January – December).



• All humanitarian staff complete the IASC Gender in Humanitarian Action e-training "Different Needs, Equal Opportunities".

Learning from gender analyses⁸, protection sector reporting and review of gender mainstreaming in Rohingya Refugee Response⁹ has underscored the need for:

• Inclusion and training of men and adolescent boys to promote positive masculinities and gender equality as a strategy to end gender-based violence (GBV).

Progress Made in Key Commitments on Gender Equality and Empowerment of Women and Girls

Some progress has been made in fulfilling key commitments on gender equality and empowerment of women and girls¹⁰. Sectors and partners collecting and using sex and age disaggregated data (SADD) are able to identify and estimate how many women, girls, boys and men are affected by specific needs/problems. Those identified are then targeted with appropriate support. For example, remedies were developed in response to the needs of older women and men among refugees who were identified to be facing challenges in accessing humanitarian services. In the WASH sector, collection and use of SADD in household and knowledge, attitude and practices (KAP) surveys and in post distribution monitoring has informed decisions to engage women and girls in siting and designing of WASH facilities. Assessments to better understand barriers to latrine access and menstrual hygiene management (MHM) have also collected and used SADD. Likewise, the use of SADD has facilitated the identification and prioritization of the most vulnerable members of the refugee community for nutrition preventive and treatment services.

To promote leadership and meaningful equal representation, women's groups as well as youth and men's groups are being formed in refugee camps and humanitarian actors are helping in developing their leadership skills, making their voices heard on protection issues. Men and adolescent boys are being trained to promote positive masculinities and gender equality as a strategy to end GBV. Women are included in the:

- Health sector as assistants in health facilities; health workers in health message dissemination and psychosocial support, and as assistants to mid wives and doctors;
- WASH sector as hygiene promoters encouraging communities to have safe drinking water from tube-wells, proper use of aqua-tabs, and promotion of latrine use; and
- Protection Sector as team members in the protection emergency response units (PERU) providing basic first aid and search and rescue. Women are also are among trained refugee volunteers, including Community Outreach Members, Safety Unit Volunteers, and Community Health Workers to provided support in monsoon and cyclone emergency response.

Cash for Work (CfW) schemes have been designed around some of the basic services and works that are going on in the camps and Women friendly spaces (WFS) offer livelihood and skills development opportunities.

Prevention, mitigation and response to GBV and Sexual exploitation and abuse (SEA) is being undertaken through:

- Provision of services to survivors of GBV and ensuring access to sex and age appropriate medical, psychosocial and legal support/services.
- Safe and accessible entry points for GBV case management services (78 by end of 2018) and safe spaces for women and girls across the camps (52 by close of 2018) offering psychosocial support, legal aid and clinical case management.
- Installation of lighting in/around WASH facilities and dark/lonely areas across the camps; and
- Protection from Sexual Exploitation (PSEA) Network and Strategy has been set up to provide guidance to humanitarian actors for (i) Capacity building; (ii) Awareness raising; (iii) Response; and (iv) Leadership and coordination.

⁷ The IASC e-training on "Different Needs, Equal Opportunities is available at: https://www.surveymonkey.com/r/iasc-gender-elearningsurvey

⁸ Joint (Oxfam Et Al) Rohingya Refugee Response Gender Analysis

⁹ Protection sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (October 2018).

¹⁰ Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (October 2018).



Summary of Key Needs, Issues, Gaps, Response and Recommended Actions

Although Sectors and humanitarian partners have acknowledged the need for SADD, some still capture and report total figures without disaggregation¹¹. For instance, while sexual and reproductive health (SRH) interventions are noted as key and critical in the response, the inadequacy of SADD on SRH limits understanding of the needs and challenges of Rohingya adolescent girls and boys. On the other hand, available SADD on SRH shows that services involving physical examination of private areas are taboo if performed by a health professional considered "younger" than the client/patient. Anecdotal field reports of some older pregnant women choosing to deliver from home with the help of the traditional birth attendants (TBA) so as not to be perceived as cowards¹². Some older Rohingya women reportedly consider it "cowardly" to deliver a baby under the care and supervision of mainstream health professionals.

Although CfW schemes have been designed to help improve incomes of refugees and WFS offer livelihood and skills development opportunities, sufficient income opportunities have not yet been created for many refugees and members of the host communities. Rohingya women and girls are experiencing gender-based barriers including limited movement and access to humanitarian services and markets. This restrains their livelihood opportunities. Livelihoods coping mechanisms used by both refugees and host communities such as borrowing money to buy food, selling of jewelry, etc. are not sustainable. Unequal gender relations/roles affect participation of women and decisions on income earned – 51% of respondents to Oxfam Gender Analysis¹³ said men solely decided on how to spend family income.

There are still challenges to the **representation and inclusion of women and marginalized groups in leadership roles**. Low levels of Rohingya literacy, particularly among women, and gender norms that restrict many women from public spaces or from taking a public role. It is crucial to work with informal leaders and key persons within the community, such as schoolteachers and midwives; and to include both male and female leaders in order to promote gender equality. There is a need to integrate gender transformative approaches across the response balancing with the principle of "do no harm". Gender awareness and gender sensitivity training should be included in capacity-building efforts for camp and religious leaders.

Sexual and gender-based violence (SGBV) was one of the security challenges that fueled the mass displacement of Rohingya people into Cox's Bazar, Bangladesh; Even in the camps SGBV is prevalent. Whereas there is sector-wide action to prevent and respond to SGBV and SEA, more needs to be done to strengthen systems and structures of response and to replicate successful interventions in other locations in refugee camps and settlements not covered yet. There is a felt need among refugees for access to state led justice mechanisms for refugees. Overcrowding in the camps exacerbates sexual violence risks for women and girls, and limits humanitarian efforts to provide comprehensive protection services. Emergency shelter remains extremely limited and inadequate.

Sector gender focal points are the main vehicle for extension of GiHA WG¹⁴ technical advice and support on gender mainstreaming to sectors and agencies. Thus, at least, all sectors should ensure they are represented in GiHA WG meetings and other organized activities. The lack of or inconsistency in sector representation limits how much they benefit from the various guidance tools and other resources specifically developed for the Rohingya refugee response. Therefore, to strengthen gender mainstreaming across the response, sectors should continue to be represented in the GiHA WG. Likewise, GiHA WG should reach out to sectors through Sector coordination meetings and other coordination forums with specific gender.

The inclusion and training of men and adolescent boys in the promotion of gender equality and positive masculinities is a practical strategy to end SGBV. This should equip men and adolescent boys to be actively involved in addressing harmful norms and cultural practices. A continuous engagement process with men and women, boys and girls should address knowledge, attitudes and practices on themes such as gender, masculinities and SGBV and family planning (FP).

In line with the principle of "do no harm", interventions promoting gender equality and women and girls' empowerment should be undertaken with sensitivity to the parameters/context of the Rohingya refugees' culture and practice of the Islamic faith.

Below are some of the examples of gender related needs *Needs/Issues/Gaps* and ongoing *Response* activities along with *Recommended Actions* by sector. Although the examples cited are not exhaustive, they are compelling representation of the gender needs of the affected population.

¹¹ Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (October 2018).

¹² Field testimony by UNFPA International Midwifery Specialist.

¹³ Joint (Oxfam Ét Al) Rohingya Refugee Response Gender Analysis.

¹⁴ GiHA WG is abbreviation for the Intersector Gender in Humanitarian Action Working Group for Rohingya Refugee response in Cox's Bazar.



Protection (Including GBV and Child Protection Sub-sectors)

Needs/Issues/Gaps

The Rohingya refugee crisis is at its core a

abuse, GBV, human rights violations, family

protection crisis. Having experienced extreme

The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Protection sector¹⁸:

Response

Humanitarian actors in the Protection sector are working to ensure access of survivors of sexual violence to sex and age appropriate medical, psychosocial and legal services.

Protection, GBV and Child Protection referral pathways have been developed in all refugee camps Women and girls, including those that are GBV and trafficking survivors, are accessing peer support and recreation, case management, and GBV emergency referral services in safe spaces for women and girls. Men, women, boys, and girls are receiving GBV service information through outreach and awareness raising sessions.

By end of 2018, 78 Safe and accessible entry points for GBV case management services, including 52 safe spaces for women and girls had been set up.

WFS are entry points for sexual and reproductive health information and services, and for comprehensive GBV services.

Interventions targeting men and boys both as survivors and agents of change of/for SGBV have been started.

Inter-agency network for Protection (of refugees and host communities) from PSEA has been set up.

PSEA Strategy has been approved by the Heads of Sub-Offices Group (HoSOG) and SEG and disseminated to Sector Coordinators and relevant parties requiring action to ensure protection of refugees and host communities.

Sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors¹⁹.

Recommended Actions

Address the pyscho-social needs of refugees – ensuring gender and age sentivity to the needs of women, giels, boys and men.

Monitor and advocate for respect of Rohingya human rights, and provision of protection services to persons identified to be at heightened risk.

Strengthen community-based protection response through access to information and services, increased awareness and enhancement of individual and community resilience.

Strengthen capacity of communities to identify factors that increase risk to GBV and ensure survivors of GBV have safe access to basic, quality case management services.

Engage men and boys positively in addressing GBV, especially domestic violence, sexual harassment against women and girls.

Diversify/strengthen WFS to be multi-purpose support centres for women and girls which address their protection, psychosocial and livelihood needs and promote awareness services in WASH, nutrition, health etc.

Women and girls should enjoy free mobility in the camps and access to education, personal development, and volunteer opportunities.

Make WFS age and disability friendly to accommodate older and disabled women. And maintain the exclusivity of WFS as private and safe spacews for women and girls which are also respected by humanitarian staff.

Support children at risk including unaccompanied and separated, child survivors, trafficked children, children with disabilities through effective case management system and child protection community networks.

Prioritise and safeguard the safety and security of women volunteers and their families²⁰.

Psychosocial needs;

Domestic violence, forced marriage, survival sex;

members killed or separated; many refugees arrived

with critical psychosocial needs. Current protection

risks and concerns¹⁵ for Rohingya Refugees include:

- Children at risk of psychosocial distress, neglect, abuse, separation, child marriage, child labour and trafficking;
- Exploitation and trafficking including sex trafficking, forced labor, debt bondage¹⁶.
- Restriction of movement for women and girls due to fear of harassment, abduction, or sexual violence.
- Potentially harmful coping mechanisms resulting from stressors in the household and community.
- Identity documentation;
- Lack of legal status;
- Inadequate dispute resolution mechanisms;
- Lack of/limited access to Bangladeshi Legal Justice system.

Adolescents are increasingly marginalized and at risk of significant protection threats. Addressing the needs of adolescents remain high priority.

Existing WFS do not provide for all age groups of women. And lack of Youth Friendly Spaces (YFS) excludes boys (often seen loitering looking for what to do while girls remain confined at home.

Minimum service coverage has been achieved for urgently required GBV case management and psychosocial support for children and adults. Additional GBV case management service entry points are required to achieve essential coverage for life-saving care for the total population in need¹⁷.

¹⁵ Protection sector (including GBV and Child Protection sub sectors) presentations to the JRP Midterm review and CiC Refreshment workshops, September 2018

¹⁶ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh; and The Joint Gender Analysis, June 2018 (by Oxfam, ACF and Save the Children with inputs from UN Women and ISCG).

¹⁷ GBV Sub sector input into 2018 JRP Midterm Review (September 2018).

¹⁸ Protection sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (October 2018).

¹⁹ Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project

²⁰ Strategy to Address Women's Security in Rohingya Refugee Camps and Key Considerations_February 2019.



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Shelter & Non-Food Items (NFI)	Slow progress of relocations has not eased overcrowding, which along with inadequate lighting and lack of locks on doors ²¹ , aggravate sexual violence risks for women and girls. Emergency shelter is overstretched and remains extremely limited and inadequate to properly accommodate refugees. The need for alternative fuel and improved cooking stoves ²² remains a key practical and strategic gender issue for Rohingya women and girls' empowerment and well-being, as well as for those who are physically unable to reach sites for firewood collection. In both existing and newly developed camps there a need for durable shelter that meets minimum standards of covered living space as well as being resistant to heavy winds and rains. Shelter and NFI materials are often too heavy to carry for women, older persons and persons with disabilities, and they need the support of others to carry their loads. Female head of households rely on the kindness of male relatives or neighbors to build/upgrade shelters for them ²³ .	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Shelter/NFI sector ²⁴ : Gender aspects are being considered and integrated into shelter improvement assessments. Some examples include 100 pilot gender appropriate midterm shelters (MTS) under construction by CARE/IOM in Block H of Camp 16 — each MTS has a partition which allows for privacy of women and girls and/ or couple — with 52 completed and will be inhabited after the WASH infrastructure is completed. 12 women were involved in the construction of the 52 MTS — a total of 196 labour-days. Gender appropriate latrines and bathing cubicles are included in come of the shelters being constructed. Water distribution network will be provided at for the 100 gender appropriate midterm shelters. Shelter/NFI sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors ²⁵	Ensure shelters have locks and privacy partitions that consider women and girls' need to change clothes; and have appropriately located windows and doors that ensure privacy and protection while also providing ventilation to mitigate women's health risks from staying indoors. Support and encourage more women to participate in cash for work schemes/activities in the Shelter/NFI sector at the same time minimize backlash by applying an age, gender and diversity lens and the principle of "do no harm" in the selection of beneficiaries, delivery cash support, and selection of service providers.

²¹ Shelter/NFI Sector input to 2018 JRP midterm Review and (i) Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

²² FAO/IOM Woodfuel & deforestation (July 2017); FAO/IOM rapid assessment after influx (October 2017); WFP Rapid Safe Access to Fuel and Energy assessment (October 2017); IOM, Save the children and UNHCR Assessment of Shelter Upgrade Needs (October 2017) ²³ Care Rapid Gender Analysis (September 2017).

Shelter/NFI sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).
 Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Water, Sanitation & Hygiene (WASH) ²⁶	Lack of/inadequate usable space for replacement / construction of new water and sanitation facilities including fecal sludge sites. Not all latrines in refugee camps are gender segregated and/or lack proper signage. Inadequate provision for menstrual hygiene management (MHM) kits in female latrines/bathing spaces; and for girls in education facilities. MHM Kit is not harmonized, with different partners distributing different items. Inconsistent and limited programming on MHM, limited, localized IEC materials. Participation and leadership of women and girls in design and siting of WASH facilities currently inconsistent, very limited in early stages of emergency. Although a lot has been done to address the problem, some WASH facilities still lack the basic protection measures including gender segregation and are in locations not easily accessible for women given gendered mobility restrictions ^{27.} The risk and fear of SGBV for women when accessing latrines by night has been reported ²⁸ . Waste management (liquid / Solid) and drainage is inadequate and is challenge by lack of space. This poses severe hygiene and health risks.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the WASH sector ²⁹ : Gender checklist available for bathing facilities and latrines to ensure minimum standards around privacy, safety and hygiene are met. i.e. ACF recently installed lighting in all their latrine facilities. SADD routinely collected and analyzed in household and knowledge, attitude and practices (KAP) surveys, qualitative surveys and post distribution monitoring. Women and girls are participating in siting and designing of WASH facilities. Initiatives to engage women and girls in siting and design of WASH facilities i.e. Oxfam Social Architecture project, CARE's qualitative research with women to better understand barriers to latrine access. There are initiatives to better understand socio-cultural practices and barriers to MHM and culturally acceptable materials for MHM i.e. IFRC, Oxfam/UN Women, UNICEF. WASH Sector services are coordinated with GBV subsector, gender, health, shelter and steps are being taken to meet SPHERE standards related to quality and gender and other cross cutting issues considered in construction of WASH facilities. Some women-only bathing and toilet facilities have been installed. WASH sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors ³⁰	Monitor existing water supply systems (tubewells, water networks) regularly to ensure proper operation and maintenance to minimize expose of women and girls/children to SGBV when travel long distances to collect waters. Improve/ensure proper operation and maintenance of sanitation facilities (latrines, bathing shelters and fecal sludge sites). Improve inter-sectoral coordination with Education Sector, gender, protection, shelter sectors. Sustain and expand initiatives engaging women and girls in siting and designing of WASH facilities. Improve access of women and adolescent to menstrual hygiene related discussions and IEC materials, in addition to provision of appropriate MHM materials including safe and dignified washing and drying spaces. Ensure Sphere core humanitarian standards are being met, especially Sphere WASH standard 1 which involves consultation with users WASH facilities on design and implementation. Consult women, girls, men and boys before constructing ANY WASH facility to ensure appropriate design and siting of facilities to reduce risk and optimize access and ownership. Improve/promote participation of women and girls in management of community WASH facilities. Improve coordination between WASH and Protection/GBV sub sector at camp level to ensure WASH partners are equipped with the information they need for referral process.

 ²⁶ Input of WASH sector into (i) 2018 JRP midterm review and (ii) Review of Gender Mainstreaming in Rohingya Refugee Response.
 ²⁷ ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 29 October 2017.
 ²⁸ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh.

WASH Sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).
 Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Food Security	Monsoon season (May to September) brought a higher-level vulnerability and challenges in access to camps, transportation of food stocks and overall restricted mobility of the population. Due to funding limitation, dietary diversification interventions are currently reaching only a very small percentage of the population in need. Continued inflow of new arrivals (1-2 thousand per month) who are vulnerable, dehydrated, starved and weak from the long journey and in urgent of food security support. Funding gap limiting expansion of livelihood activities that could foster self reliance. Restrictions on livelihoods interventions have slowed many potential innovations, and E-voucher and general food distribution points expansion is slow due to lack of land and high rental costs. Rohingya women's access to IGAs is more restricted than in the host community; this is due specifically to conservative views but also to a lack of opportunities and capacity building around existing skills in both communities. Rising prices (since March 2018) of cooking fuel (firewood, charcoal, kerosene and LPG) directly puts the burden on women and girl who are regular users of these commodities.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Food security sector ³¹ : The General food distribution (GFD) program is aiming to improve overall food security of refugee population. Complementary activities to the GFD such as evouchers, fresh food vouchers, and hot meal provision are helping address diet diversity needs of the affected population. Cash for work (CfW) programs for Disaster Risk Reduction (DRR) and community infrastructures are operated in all camps. More food distribution points have been installed, from 15 to 19 points. Scale up of school feeding at midterm of 2018 JRP implementation covers 144,000 children in the host community and 135,000 in the refugee camps. Porter system has been set up to support transportation of food and in absence of road network is operational and potentially support women and weak persons. Emergency Cash Assistance for food reached 27,500 households (123,750 individuals) Hot meals are being provided to 35,000 individuals with special needs (pregnant & lactating mothers, malnourished children, elderly, disabled persons, newly arrivals, etc. The Livelihoods Working Group oversees programming covering over 72,000 households and provides regular data sharing and analysis of challenges and best practices. Food security sector-specific Gender and Protection Mainstreaming Guidance notes are available humanitarian actors ³²	Ensure the transition of GFD to e-voucher system — market-based programming for basic food needs — is responsive to the needs of women including female heads of households. Include women in social cohesion livelihoods support to Host communities and empowerment activities for the refugee population Increase DRR programming through CfW in environmental restoration (watershed rehabilitation, reforestation/ greening in and around camps, alternative fuel distribution). Encourage more women to participate in CfW activities to improve their livelihoods and economic empowerment at the same time minimizing backlash by applying an age, gender and diversity lens and the principle of "do no harm" in the selection of beneficiaries, delivery cash support, and selection of service providers. Empower women and girls through activities that will give them opportunities to access and control resources and ensure that childcare support is provided for women who are engaged in IGAs. Also undertake awareness raising with men on the benefits of women's economic empowerment, especially in the refugee community. Invest in community kitchens, kitchen utensils and firewood substitutes to reduce the burden of household work related to cooking.

³¹ Food security sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).

³² Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Nutrition	There are concerns about undernutrition/mulnutrition among children up to five years of age, with particular difficulties for breastfeeding children under six months of age, as well as concerns about undernutrition among women and girls, as men and boys are prioritized for food intake ³³ . Partners are mostly using suggestion boxes for collecting feedback but most of the Rohingya cannot read and write.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Nutrition sector ³⁴ : Use of SADD helping identification and prioritization of most vulnerable children (boys and girls), pregnant and lactating women (PLWs) and adolescent boys and girls to access to nutrition preventive and treatment services. Nutrition sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors ³⁵	Take into account gender, age and disability – with priority for children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups in – identifying and prioritizing persons to be provided with life saving interventions to treat Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM). Strengthen and expand coverage of malnutrition prevention interventions through provision of comprehensive IYCF interventions (e.g. counselling) to PLWs to sustain breast feeding and appropriate complimentary feeding for infants. Ensure that both men and women are provided with information on women's and children's health and nutrition to create an enabling environment for positive nutrition practices. Review existing feedback mechanisms in the sector to ensure feedback from refugees is received and addressed.
Health	Lack of/inadequate SADD limits understanding of Sexual and reproductive health (SRH) needs and challenges of adolescent girls and boys. Sexual and reproductive health services are limited and there is a lack of knowledge and socio-cultural acceptance of sexual and reproductive health and family planning. There are many health faciltieis constructed in only one block of camp which means many services are not distributed evenly and the refugees who live in the edge of the camp will have dificulty in accessing the health services. Likewise, there are many big health facilities constructed in one area such Malaysian hospital, Hope international hospital and MSF hosptial in Ukhia are in same area which also raised the question of rationalization of health services Miss use of health facilities as some refugees reportedly visit health facilities multiple times as a strategy to get extra medicine.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Health sector: Health system strengthening especially through support to Government Secondary and primary health care facilities Diphtheria and oral cholera vaccination campaigns among host community. Diphtheria case investigation among host community including laboratory investigations Provisions made for acute watery diarrhea outbreak among host community. Monsoon and cyclone preparedness and response plan developed and implemented; MMT teams deployed and sufficient supplies prepositioned to ensure continuity of services. Major disease outbreak averted (minimal loss of life) Routine immunization established alongside several mass vaccination campaigns.	Improve collection, analysis and use of SADD and identify the needs and challenges of adolescent girls and boys adolescent girls and boys in accessing SRH. Target health promotion activities at women/mothers/female caregivers and design specific strategies to engage men/fathers/male caregivers, especially on the importance of early healthcare-seeking behaviour. There is a need for female assistants to support professional physio therapists, rehabilitation officers and volunteers to provide services (e.g. electro therapy) to female beneficiaries and to conduct home based outreaches and psycho-social support. Target traditional healthcare providers within the community for communication on behaviour change to reduce harmful practices, as well as to develop the capacity of influential community members. In coordination with GBV and WASH sectors, improve access to menstrual hygiene related discussions and IEC materials, in addition to provision of appropriate MHM materials including safe and dignified washing and drying spaces. The

Oxfam Et El, Rohingya Refugee Response Gender Analysis, Joint Inter-Agency Report (August 2018).
 Nutrition sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).
 Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project



Inadequate specialized services for mental health illness, physio therapy and P&O services, eye and dental facilities

Acute Watery Diarrhea Plan implemented; sufficient isolation facilities established.

Working collaboration with WASH sector, with regular data sharing and joint response to alerts

Health sector-specific Gender and Protection Mainstreaming Guidance notes prepared and available to humanitarian actors³⁶.

IEC materials should be context specific and approaches to be followed should "do no harm".

There is enormous need for SRH services and information for both adult women and adolescent girls which are not only women friendly but also age and culturally appropriate.

Sectors

Needs/Issues/Gaps

Response

Recommended Actions



The lack of community led camp governance system does not ensure ownership, proper representation of gender demographics, accountability, empowerment and transparency.

Because of high level of congestion in camps there is not enough land space and therefore is limited possibility to construct community structure that allows for recreation activity.

Limited/lack of access roads to the camps constrains the overall service and assistance provision – hence many men and women has to work miles to receive the food/NFI and relevant assistance.

Though there has been improvement in the living conditions of refugees through site management and risk mitigation work, many sites lack public lighting, drainage systems, and suffer from water logging and lack safe shelter during monsoon.

The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Site Management sector³⁷:

Reinforced management of the camps in support of the CiC through orientation and the development of common tools & procedures, notably for the coordination & monitoring of services, definition of a Governance system, emergency preparedness & response efforts and Communication with communities activities.

Improvement of the camp living conditions, particularly through site improvement and risk mitigation works, site planning and site development activities.

Continuous management of information on population demographics & needs and access to services as well as mapping data.

Site Management sector-specific Gender and Protection Mainstreaming Guidance notes prepared and available to humanitarian actors³⁸.

Promote leadership and meaningful equal representation of women and girls through inclusion in existing leadership structures and capacity building. This should include providing gender awareness and analysis training to humanitarian field staff and support personnel.

Closely monitor the performance of the pilot good governance project in the Shalbagan refugee camp in which 6 women have been elected to a 12-member committee for lessons learned and define modalities for roll out to other refugee camps.

Support and encourage the participation of women in the roll out of the proposed Governance system across all camps

Involve women and men in emergency preparedness & response efforts for the upcoming cyclone season and 2019, notably through lessons learnt, in coordination with the RRRC's office, ETF and ISCG.

Priority Activity Three: Reinforce holistic site planning and harmonized development of the camps, in coordination with GoB, including retrospective planning in existing camps & upgrades.

In coordination with Food Security Sector [FSS], Shelter, WASH and Nutrition Sectors, support and encourage more women to participate in cash for work schemes/activities in the Shelter/NFI sector at the same time minimize backlash by applying an age, gender and diversity lens and the principle of "do no harm" in the selection of beneficiaries, delivery cash support, and selection of service providers.

³⁶ Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project

³⁷ Site Management sector reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).

³⁸ Available at: https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Education	Limited availability of learning centers and distance to existing learning centers are obstacles to school attendance by children of all ages and genders, but affects mostly adolescent girls. Less than 2% of adolescent (15-24) are accessing education services and are instead taking on economic and family responsibilities. Negative coping mechanisms such as child labor and early marriage are barriers to children's access to education - adolescent girls are particularly affected. Conservative social norms constraining mixing with the opposite sex and restricting movement outside the household after the onset of puberty, as well as the belief that education is of limited use for girls affects adolescent girls school attendance significantly. 40% of parents of adolescent girls reported that education was not appropriate for children of their age ³⁹ . Existing learning centers are running at full-capacity and are unable to enroll additional primary aged children. Significant further work and investment is still required to complete the development of teaching and learning materials for refugee children. There are not enough qualified teachers from both the host and Rohingya communities, and particularly challenging to find female facilitators for learning centers. Lack of advocacy on the formal education of refugees produces one whole generation with out education which will further impact on their overall life and livelihood.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Education sector ⁴⁰ : 1,898 safe and protective learning spaces have been established. 140,423 children and youth have access to learning spaces. 57% of all girls and 60% of boys have attended learning centers since arriving in Bangladesh. Development of the Learning Competency Framework for Levels I to IV (ages 3-14) which will help address the challenge of delivery of standardized and relevant learning for children. JRP partners have supported approximately, 2,718 host community children to access safe and protective learning environments. Education partners have supported the strengthening of local education authorities, including through the procurement of equipment and Upazila education offices. 100 government schools have been supported with major rehabilitation and 25,000 host community children have benefited from distribution of school supplies. Education sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors.	Understand the specific education needs of adolescent girls and boys, and provide targeted support to ensure that adolescent girls and boys return to and are retained in schools, including awareness raising with parents and potentially gender segregated education. In coordination with the Child Protection sub sector and other sectors protect children (especially adolescent girls and boys) from child labor and early marriage which affect their school attendance. Ensure gender responsiveness of teaching materials being developed for use in learning centers.

³⁹ Joint Education Needs Assessment (June 2018).⁴⁰ Education sector reporting.



Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Logistics and Distributions	Shortage in warehousing in Cox's Bazar and areas surrounding the camps continues to impact on the ability of the humanitarian community to deliver relief items into the camps in an effective an efficient manner. Rapid expansion of refugee settlements and makeshift sites across Cox's Bazar District and heavy road congestion on key primary routes constrains timely movement of relief items. Storage facilities for humanitarian cargo are vulnerable to heavy monsoon rains/ tropical storms spoiling some vital supplies. There is continued need for specific targeted and needs based distribution with lines segregated for men and women. Limited access to latrines and drinking water or privacy for breastfeeding remains a challenge in distribution centers; Lack of available storage capacity in Cox's Bazar district; and Congestion of roads within and around Kutupalong-Balukhali. Possible damage to logistics infrastructure due to monsoon and cyclone seasons.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the Logistics sector: Established 3 logistics hubs (Madhu Chara, Ukhiya, Teknaf). Facilitated the storage of 23,000m3 of relief items. Acted as a coordination and information management mechanism for logistics issues. Conducted four logistics training courses to build local capacity. Logistics sector-specific Gender and Protection Mainstreaming Guidance notes are available to humanitarian actors.	Consider and difference in the circumstances and needs of female and male beneficiaries in order to improve their ability to access aid services and items. Consult with affected populations in identifying the specific items they need supply those items in package sizes for women and men of all ages to able to access and carry and eventually use. Recruit female logisticians and allocate them to perform their functions in situations in which cultural factors inhibit men from investigating women's needs. Consider the most appropriate time and location for distribution of relief items to ensure no beneficiaries are inhibited from attending a distribution event. Integrate gender and age analysis in project monitoring and reporting.
Access to Cash and Markets Working Group (CMWG)	Government limitations on multipurpose cash and unconditional grants programming constrain refugee access to cash. More men than women participate in cash for work (CfW) as in many cases only men are preferred for hard core labor which ultimately sidelines the women, who are further constrained from participating by household care work. Some humanitarian actors have inadequate/limited understanding of gender issues in Cash Based Interventions (CBIs) and therefore need training for proper and safe transactions on cash.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in access to cash and markets ⁴¹ : Cash for work (CfW) and Voucher program is avaiable to refugees. Two training workshops (one in late Dec 2018 and 1 in Feb 2019) on Cash Based Interventions have bee undertaken to enahnce artners understanding of concepts behind the cash based intervention. Livelihoods working group coordination of activities, assessments and data. Support for agricultural groups (farming and fishing) with timely seasonal inputs – Over. 150,000 HH. Cash for Work for community infrastructure in 7 highly-impacted unions.	Include and encourage more women to participate in Cash for Work schemes in the camps to improve their livelihoods and economic empowerment, while at the same time minimizing backlash by applying an age, gender and diversity lens and the principle of "do no harm" in the selection of beneficiaries, delivery cash support, and selection of service providers. Ensure that cash distribution mechanisms take gender considerations into account – E.g. consider location, time and safety issues, to ensure ease of access by all beneficiaries. Communicate with different members of targeted communities and explain what the criteria for targeting is and address expectations. Establish accountability mechanisms and complaints procedures and ensure that both women and men staff the complaints section, so that different members of the community feel comfortable reporting.

⁴¹ Cash Working Group reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).



		Market analysis and impact monitoring is now regular and standardized.	
Sectors	Needs/Issues/Gaps	Response	Recommended Actions
Communicating with Communities (CwC) & Accountability to Affected Populations (AAP)	Coordinating agencies' are yet to cover all camps with Rohingya and Bangladeshi field volunteers for health and other information to be provided to all households via face-to-face contact. Rohingyas still report language gaps in information provision and low levels of Rohingya literacy, particularly among women, affect understanding of messages disseminated. Low levels of social cohesion and interaction between the Rohingya and host communities.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in the CwCWG ⁴² : Glossary of Gender/GBV terms is in place for Communicating with Communities. CwC Working Group is functional and providing regular messaging with communities. Provision of crisis-affected community feedback to sectors is ongoing as part of promoting a responsewide accountability and feedback mechanism. Existing information hubs are functioning There is greater agency use of Shongjog resources due to improved website usability and communication of emergency health/weather risk information.	Promote mutual respect and trust between host and Rohingya communities. Promote shared values and social participation of Bangladeshi and Rohingya members. Develop tailored, gender-inclusive information, education and communication (IEC) materials on humanitarian services by sector, adapted to the context.
Coordination	While coordination in Rohingya refugee response has been strengthened, more should be done to promote an integrated and multi-sector approach to gender equality and women and girls empowement.	The review of Gender Mainstreaming in the 2018 JRP noted the following gender responsive interventions in Coordination: Opportunities are available/provided for discussion and advocacy on gender issues in interagency/inter-sector coordination spaces, including the inter-sector GiHA Working Group biweekly coordination meetings.	Support and promote: Training of humanitarian actors in (i) Gender analysis and Strategic planning; (ii) Gender-responsive program/ Project implementation; (ii) Gender Responsive M&E (iii) Partnerships and advocacy on promoting gender equality. Production of Policy & advocacy products produced on Gender mainstreaming.

⁴² CwC and AAP reporting and Review of Gender Mainstreaming in Rohingya Refugee Response, Final Report (Sept 2018).
12



Prepared by the Inter-Sector Gender in Humanitarian Action Working Group (GiHA WG) under the Inter-Sector Coordination Group (ISCG). GiHA WG is Co-Chaired by UN Women and UNHCR with Technical Support from Inter-Agency GENCAP.

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