

# Review of Gender Mainstreaming In Rohingya Refugee Response In Cox's Bazar, Bangladesh

March - August 2018

**Final Report for Reference (along with the Gender Profile No.2) by Sectors and Humanitarian Actors in Rohingya Refugee Response**

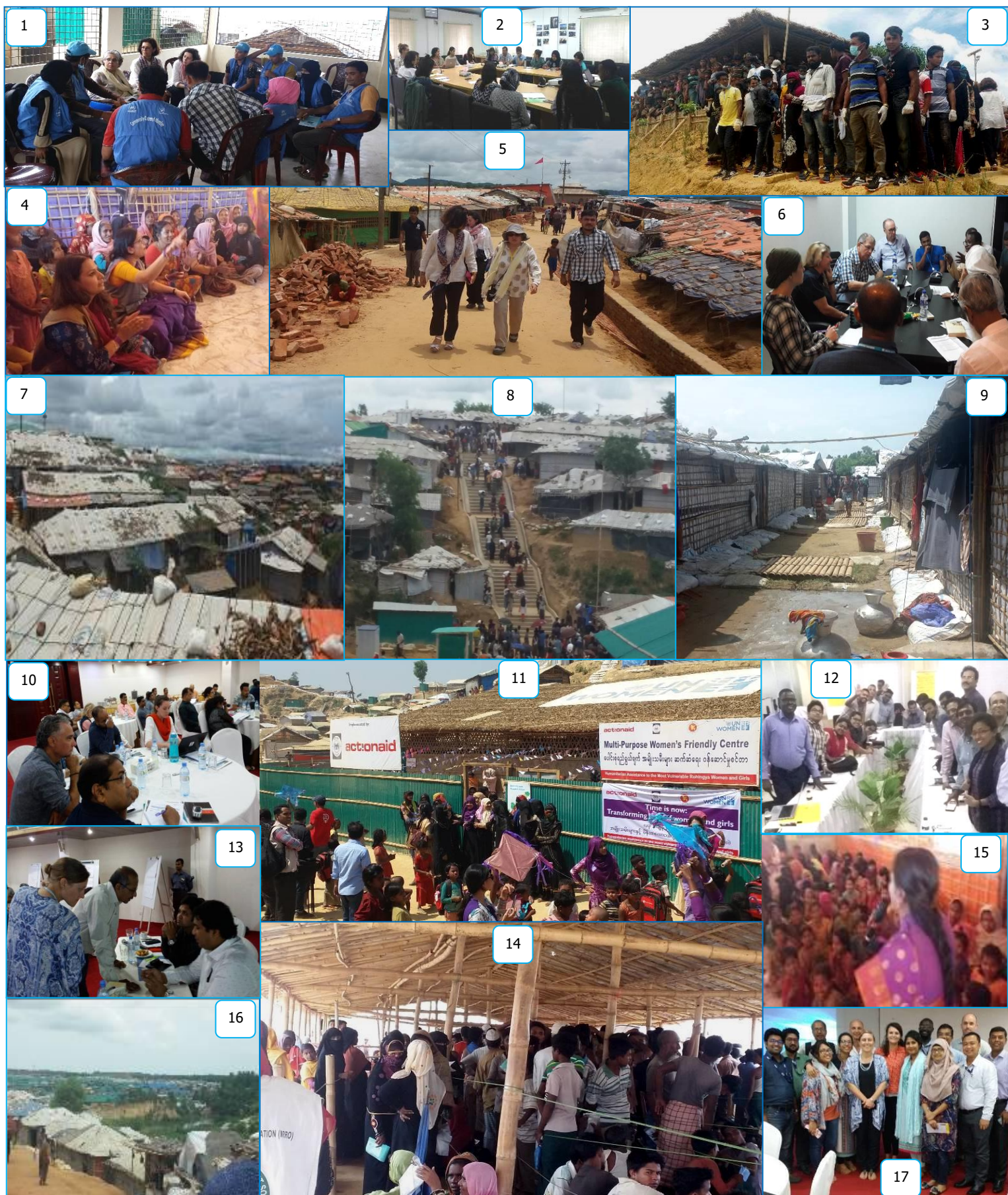
**By**

*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.*





## GiHA WG Photo Gallery



1) ISCG Senior Coordinator, consults with Rohingya Community Volunteers in Camp 1, Kutupalong Refugee Camp; 2) GiHA WG Bi-weekly meetings in Session at UNHCR Conference room; 3) Protection Emergency Rescue Unit Volunteers Receive training in Kutupalong Camp; 4) Rohingya Women take part in International Women's Day (IWD) Celebrations at UN Women Multipurpose Women Center (MPWC) in Camp 18, Balukhali; 5) Senior Coordinator field visit to Kutupalong extension camp; 6) World Health Organization staff training in Gender Awareness and PSEA; 7 & 8) Sections of refugee camp in Camp 2 Kutupalong; 9) Section of Shamlapur refugee camp; 10) Participants at Host Community Workshop hosted by ISCG; 11) UN Women MPWC in camp 18; 12) BRAC program and Field staff who took part in GiHA training; 13) ISCG Team consult with Teknaf and Ukhia UNOs at Host community workshop; 14) Food & NFIs Distribution; 15) Women take part of WFS session in Balukhali; 16) Section of Refugee Camp in Nayapara; 17) ISCG team facilitating Host community Needs analysis workshop.



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## Abbreviations

|                |  |
|----------------|--|
| <b>AFS</b>     | Age Friendly Spaces                                    |
| <b>ASK</b>     | Ain Shalish Kendra                                     |
| <b>ASRH</b>    | Adolescent Sexual and Reproductive Health              |
| <b>BNWLA</b>   | Bangladesh National Women Lawyers Association          |
| <b>CBI</b>     | Cash Based Interventions                               |
| <b>CBT</b>     | Cash Based Transfers                                   |
| <b>CfW</b>     | Cash for Work  |
| <b>CiC</b>     | Camp in Charge   |
| <b>COMs</b>    | (Rohingya) Community Outreach Volunteers               |
| <b>CHWs</b>    | Community Health Workers                               |
| <b>CP</b>      | Child Protection                                       |
| <b>CwC</b>     | Communicating with Communities                         |
| <b>CwG</b>     | Cash Working Group                                     |
| <b>FSS</b>     | Community Development Officer                          |
| <b>CLAs</b>    | Community Legal Advisers                               |
| <b>CSO</b>     | Civil Society Organization                             |
| <b>DRC</b>     | Democratic Republic of Congo                           |
| <b>FGDs</b>    | Focus Group Discussions                                |
| <b>GBV</b>     | Gender based violence                                  |
| <b>GEEWG</b>   | Gender Equality and Empowerment of Women and Girls     |
| <b>GenCap</b>  | Gender Capacity  |
| <b>GiHA</b>    | Gender in Humanitarian Action                          |
| <b>GiHA WG</b> | Gender in Humanitarian Action Working Group            |
| <b>GoB</b>     | Government of Bangladesh                               |
| <b>GoM</b>     | Government of Myanmar                                  |
| <b>IEC</b>     | Information Education and Communication                |
| <b>IFRC</b>    | International Federation of Red Cross and Red Crescent |
| <b>IOM</b>     | (UN) International Organization for Migration          |
| <b>ISCG</b>    | Inter Sector Coordination Group                        |
| <b>IYCF</b>    | Infant and Young Child Feeding                         |
| <b>JRP</b>     | Joint Response Plan                                    |
| <b>KAP</b>     | Knowledge, Attitude and Practices                      |
| <b>KIIs</b>    | Key Informant Interviews                               |
| <b>M&amp;E</b> | Monitoring and Evaluation                              |
| <b>MHM</b>     | Menstrual Hygiene Management                           |
| <b>MoU</b>     | Memorandum of Association                              |
| <b>MPWC</b>    | Multi-Purpose Women Center                             |
| <b>NGO</b>     | Non-Governmental Organization                          |
| <b>NPM</b>     | Needs and Population Monitoring                        |
| <b>PLW</b>     | Pregnant and Lactating Women                           |
| <b>PWG</b>     | Protection (Sector) Working Group                      |
| <b>PwD</b>     | People with Disabilities                               |
| <b>PSEA</b>    | Protection from Sexual Exploitation and Abuse          |
| <b>RC</b>      | (UN) Resident Coordinator                              |
| <b>REVA</b>    | Refugee Influx Emergency Vulnerability Assessment      |
| <b>RRRC</b>    | Relief and Refugee Repatriation Commissioner           |
| <b>SADD</b>    | Sex and Age Disaggregated Data                         |
| <b>SEG</b>     | Strategic Executive Group                              |
| <b>SGBV</b>    | Sexual and Gender Based Violence                       |
| <b>SitRep</b>  | Situation Report                                       |
| <b>STI</b>     | Sexually Transmitted Infections                        |
| <b>SUVs</b>    | Safety Unit Volunteers                                 |
| <b>UN</b>      | United Nations   |
| <b>UNHCR</b>   | United Nations High Commissioner for Refugees          |
| <b>UNW</b>     | UN Women   |
| <b>WASH</b>    | Water Sanitation and Hygiene                           |
| <b>WC</b>      | Women Center   |
| <b>WFP</b>     | (UN) World Food Program                                |
| <b>WFS</b>     | Women Friendly Space                                   |

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### ***GiHA WG***

*Supports Sectors and Humanitarian Actors in Rohingya Refugee Response with Technical Advice, Guidance and Capacity Development on Gender Mainstreaming and Women's Empowerment; (ii) Assessment, Gender Analysis and Monitoring; (iii) Information Sharing and Management; and (iv) Coordination.*

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<sup>1</sup> Dilruba Haider was the incumbent co-chair of GiHA WG at the time of design and conduct of this review.

<sup>2</sup> Solomon Debebe was the incumbent co-chair of GiHA WG at the time of design and conduct of this review.

<sup>3</sup> Review of Gender Mainstreaming in Rohingya Refugee Response.

## Executive Summary

25th August, 2017 has been marked as a significant day, as, over the course of the year, an estimated 708,000 Rohingya people<sup>4</sup> (as of 4th September 2018) have taken refuge in Cox's Bazar, Bangladesh. The number of women and children is higher across the camps (85%) and 16% of households are female headed. Women and girls, 55% of the total population, are the most affected by human rights abuses, sexual and gender-based violence (SGBV) and domestic violence. There is also a need to engage men and boys both as survivors and as agents of change on SGBV. The 2018 Joint Response Plan (JRP)<sup>5</sup> addresses the difficult living conditions in the camps – inadequate food, lack of clean water, poor sanitation, protection services, inadequate health care and limited livelihood opportunities. Gender, protection mainstreaming and other cross-cutting issues were integrated in the JRP and partner project portfolios.

The purpose of the "Review of Gender Mainstreaming in Rohingya Refugee Response" was to *Assess progress made in implementing JRP/Strategic Executive Group (SEG) key actions on Gender Equality and Empowerment of Women and Girls (GEEWG)<sup>6</sup>; Assess GiHA WG support to sectors in gender mainstreaming; Identify gaps and challenges; and Make recommendations for next phase of the JRP, with an action plan for implementation.* A framework of analysis was developed to guide collection and analysis of qualitative and quantitative data, through desk review, key informant interviews (KIIs) and ISCG needs assessment workshops<sup>7</sup> for JRP mid-term review.

The review found strategy documents and guidance notes of sectors and agencies acknowledge the importance of collecting, analyzing and using sex and age disaggregated data (SADD) in planning and reporting the delivery of humanitarian assistance. Some good examples of how SADD has been used to inform programming include interventions and mechanisms for prevention and response to GBV. Older women and men among Rohingya refugees were identified to be facing challenges in accessing humanitarian services – with women facing more challenges than men. Other interventions informed by SADD include siting and design of WASH facilities and identification, and prioritization of the most vulnerable members of the refugee community for nutrition preventive and treatment services. However, collection and use of SADD is currently not consistent across sectors. There is, therefore, a need for data showing how women, girls, boys, and men are affected by the crisis with indications of how each subgroup is to be helped.

Whereas all refugees are facing economic challenges, women are particularly more challenged due to gender-based barriers which limit their access to humanitarian assistance and livelihood opportunities. While there are Cash for Work (CfW) opportunities such as Cash Based Transfers (CBTs), volunteering work, and livelihoods and skills development opportunities for women, majority of refugees in need are not yet covered. Most women are still burdened by unpaid care work, which limits their participation in CfW schemes. Some women who participate in CfW are less able to control the cash they earn. A recent rapid care analysis by Oxfam and partners showed on average a Rohingya woman's week is made up of 72 hours of care work as primary activity. Women and girls should be protected from risks associated with CBIs by ensuring the principle of "do no harm" in the selection of modality, delivery mechanism, and service provider. Inadequate funding for the JRP has a direct effect on activities aimed at empowering women and girls.

Whereas humanitarian actors are encouraging the participation of women in service committees across the sectors, gender norms and conservative male attitudes restrict women's participation, with adolescent girls particularly restricted. There is a need to integrate gender transformative and innovative approaches across the response. Capacity building efforts of sectors and agencies should include gender awareness and gender sensitivity training especially for camp and religious leaders, the majority of which are men. A specific attention should be paid to adolescent boys and girls, by supporting soft and hard life skills, education and sport activities.

<sup>4</sup> ISCG Situation Report, 16 August 2018 and IOM NPM Round 11.

<sup>5</sup> Available at:

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jrp\\_for\\_rohingya\\_humanitarian\\_crisis\\_-\\_for\\_distribution.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jrp_for_rohingya_humanitarian_crisis_-_for_distribution.pdf).

<sup>6</sup> That is: (i) Collect, analyze and use disaggregated data and analysis on gender, age and diversity ; (ii) Support women's economic empowerment through livelihoods and skills development interventions; (iii) Ensure the leadership and meaningful equal representation of women and marginalized groups; (iv) Prevent, mitigate and respond to gender-based violence and sexual exploitation and abuse; and (v) GiHA WG support to sectors in gender mainstreaming.

<sup>7</sup> Host community and JRP mid-term workshops held with agency field and Sector Coordinators.

Systems and interventions to improve access of survivors of SGBV and SEA to appropriate medical, psychosocial and legal redress have been set up. Similarly, documentation and reporting of SGBV is being undertaken. There is, however, a need for strengthening and replication of successful interventions across the response. Refugees need access to state led justice mechanisms for refugees.

While GiHA WG provides the much-needed technical support to sectors and agencies in mainstreaming gender, the lack of representation of some sectors in GiHA WG constrains efforts and limits how much sectors are benefitting from the support provided. Sector Coordinators should appoint and/or replace gender focal points who have left Cox's Bazar.

The following recommendations have been put forward for sectors and humanitarian actors in Rohingya response:

- 1) **All sectors and Humanitarian Actors:** Ensure SADD is collected and analyzed in assessments done on/with affected populations (including individuals and household composition) and in activity reports/updates; this will enable: (i) Assessment of whether there are important segments of the population that have not been reached who may have views needed to inform responses; (ii) Assessment of any important differences across gender and age in terms of needs and access to essential and life-saving humanitarian services.
- 2) **Sectors (Food Security Sector [FSS], Site Management [SM], Shelter, WASH, Nutrition):** Expand/diversify cash for work schemes/activities in all camps and support/encourage more women to participate 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.
- 3) **All Sectors and Humanitarian actors:** 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.
- 4) **All Agencies and Local Organizations Operating WFS and Implementing Livelihood Portfolios:** Diversify/strengthen the services provided at WFS/ AFS/CFS to include economic empowerment and livelihoods and skills development activities – such as cooking, handicrafts items, and tailoring or any other skills the women would show an interest for. This requires inclusion of child care support in activities for which women and adolescent girls take part in in the camps.
- 5) **Health Sector and Implementing Partners (IPs):** Recruit 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.
- 6) **All Sectors and Humanitarian Actors Involved:** Form more women, men and youth (adolescent girls and boys) groups and train and support them to seek/join leadership roles in refugee camps. This should include incorporation of adolescent views into refugee camp governance decisions and activities.
- 7) **Sectors (Health, GBV and WASH) and Agencies (UNFPA and Partners):** 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 IEC materials should be context specific and approaches to be followed should "do no harm".
- 8) **Protection and Site Management Sectors:** 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.
- 9) **All Sectors and Humanitarian Actors:** Integrate gender awareness and gender sensitivity training in capacity building activities, targeting humanitarian actors, Police, Armed Forces as well as camp and religious leaders.
- 10) **All Sectors and Humanitarian Actors:** Strengthen systems and structures of response to SGBV and SEA and replicate successful interventions in other locations in refugee camps and settlements

not yet covered – ensuring privacy and security of women friendly spaces to allow women to freely share their experiences.

- 11) **All Sectors and Humanitarian Actors:** For emergency, more emphasis is required on regular training/ upgrading to build strong and gender responsive PERU teams for effective performance of their functions during and after monsoon and cyclone emergencies in the camps.
- 12) **All Sectors and Humanitarian Actors (with support of Protection Sector and GBV Sub Sector):** Strongly maintain documentation and reporting of SGBV based on safe and ethical international standards for accountability.
- 13) **Health Sector, SRH Sub Sector, Agencies (WHO, UNFPA) and IPs:** 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.
- 14) **Health Sector, SRH Sub Sector, Agencies (WHO, UNFPA) and IPs:** Clinical management of rape, pregnancy related care, menstrual regulation, family planning information and services, community based adolescent SRH programs, targeted actions for most-at-risk adolescent girls along with sex and age disaggregated data are critically needed.
- 15) **Sectors (Protection, GBV), ISCG and SEG:** Appeal to the Government of Bangladesh (GoB) in advocacy for Rohingya refugees to access state led justice mechanisms.
- 16) **All Sectors and Humanitarian Actors, ISCG and GiHA WG:** To strengthen gender mainstreaming across the response, Sector Coordinators/Agencies Management should appoint and/or replace gender focal points who have left Cox's Bazar, and together with them train in the standard Gender in Humanitarian Action (GiHA) modules. Likewise, GiHA WG should reach out to sectors through Sector coordination meetings and/or add specific items to the agenda to address specific gender issues and mobilize actors.
- 17) **Donors:** Funding pledged for the JRP is urgently needed because the current inadequate funding for the JRP is negatively impacting the implementation of activities promoting gender equality and empowerment of women and girls.



# 1. Introduction

Since the major influx which started on 25 August 2017, an estimated 708,000 Rohingya people have been displaced from Rakhine state in Myanmar into Cox's Bazar, Bangladesh. The influx is creating the world's fastest growing refugee crisis and the largest refugee settlement with a total population of 921,000 as of 4th September 2018<sup>8</sup> (see Figure 1), 55% of which are women and girls, while 85% are women and children and 16% of households are female headed.

**Figure 1: Rohingya Refugee Population in Cox's Bazar**

| Population breakdown                                     | Roundup        |
|--|----------------|
| Refugees in Kutupalong Expansion Site                    | 631,000        |
| Refugees in other camps                                  | 275,000        |
| Refugees in host communities                             | 15,000         |
| <b>Total population (as of 4<sup>th</sup> Sept 2018)</b> | <b>921,000</b> |
| Population newly arrived since 25 <sup>th</sup> Aug 2017 | 708,000        |
| Population prior to Aug 2017 Influx                      | 213,000        |

Data source: ISCG, September 2018

From the onset, the refugee crisis has had a particularly gendered nature. Women and girls experienced human rights abuses and sexual and gender-based violence (SGBV) while fleeing the violence in Myanmar<sup>9</sup>. In refugee camps, they are exposed to SGBV and domestic violence<sup>10</sup>. The need to engage men and boys both as survivors<sup>11</sup> and positively in addressing SGBV<sup>12</sup> was identified.

Although the response to the Rohingya refugee crisis from the Government of Bangladesh (GoB) and the humanitarian community was swift and significant, enormous gaps remain<sup>13</sup>. The scale of refugee influx has put great strain on natural resources and services<sup>14</sup>. The 2018 Joint Response Plan (JRP) was thus developed to address the terrible living conditions in the camps, inadequate food, water, sanitation, medical care and access to their livelihoods and assets. Gender, protection and other cross-cutting issues were recognized as key to the success of the Rohingya refugee response with frameworks for mainstreaming included in the JRP and partner project portfolios.

## 1.1 Purpose and Objectives

The *purpose* of the review was to assess gender mainstreaming across the Rohingya refugee response at midterm of JRP implementation. The review was based on the following JRP commitments and Strategic Executive Group (SEG) key actions on Gender Equality and Empowerment of Women and Girls (GEEWG)<sup>15</sup>:

- **Collect, analyse and use disaggregated data and analysis on gender, age and diversity** and equally consult with women, girls and marginalized groups, including during assessments and in the overall response monitoring. Use both gender mainstreaming and targeted action for GEEWG in preparedness, response, and recovery. These should be rights-based and gender transformative, meet the specific needs and priorities of women, girls, men, and boys of all diversities.
- **Support women's economic empowerment through livelihoods and skills development interventions** (including cash-based programs) which are accessible and minimize risk to women and girls. Adopt strategies that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls.
- **Ensure the leadership and meaningful equal representation of women and marginalized groups** in the overall response and include strategies to minimize risk.
- **Prevent, mitigate and respond to gender-based violence and sexual exploitation and abuse**, through systematic gender mainstreaming that addresses harmful societal and institutional gender norms/practices. For this end, work with men and boys in achieving the goal of gender equality and the empowerment of women and girls in humanitarian action, and in promoting positive masculinities.

The *objectives* of the review were to: (i) Assess progress made implementing JRP/SEG key actions on GEEWG; (ii) Assess GiHA WG support to sectors in gender mainstreaming; (iii) Identify gaps; and (iv) Make recommendations for the next phase of JRP, with an action plan for implementation.

<sup>8</sup> ISCG Refugee Population data.

<sup>9</sup> UN Women (October 2017) Gender Brief on Rohingya Refugee Crisis Response in Bangladesh.

<sup>10</sup> ISCG Gap Analysis of Protection and Gender Mainstreaming in Rohingya Refugee Response-Final Draft 25May2018.

<sup>11</sup> Report of the Special Rapporteur on the situation of human rights in Myanmar (March 2018).

<sup>12</sup> Issue Brief: Engaging Men and Boys to Reduce and Prevent Gender-Based Violence (April 2011); and especially domestic violence, sexual harassment against women and girls and polygamy (as a contributing factor to SGBV).

<sup>13</sup> 2018 Joint Response Plan (JRP) For Rohingya Humanitarian Crisis, March-December 2018.

<sup>14</sup> Information sourced from ISCG Host Community Workshop (August 2018) for JRP midterm review.

<sup>15</sup> ISCG GiHA Brief No. 1 on JRP 2018 Rohingya Refugee Crisis Response\_Final22March2018.

## 2. Review Method

Data collection and analysis was key to understanding the current level of gender mainstreaming in the Rohingya response. Thus, the review was undertaken deploying both qualitative and quantitative methods. A framework of analysis (See Appendix 1) was developed spelling out under each JRP/SEG key action on gender mainstreaming (see sub section 1.1 above) lines of inquiry, data collection methods and data sources/targets, and location of data collection. Data was collected through desk review (extracting both qualitative and quantitative information), Key Informant Interviews (KIIs), and ISCG Host community and JRP mid-term workshops. GiHA WG members undertook joint field visits to Nayapara, Kutupalong and Balukhali Registered and Extension camps<sup>16</sup>.

### 2.1 Desk/Document Review

Desk/document review and analysis was a good methodological starting point in which response/project documents and other related documents were reviewed to (i) begin addressing the objectives of the review and questions under each area of inquiry as appropriate; and (ii) to corroborate findings from the joint field mission (KIIs and observation).

### 2.2 Key Informant Interviews

Twenty six (26) KIIs were done with relevant respondents – Desk Officers at Community Centers, Camp in Charge (CiCs), Majhis, agency staff (Protection, GBV, CP) and Women Friendly Centers (WFS) – to explore the gender responsiveness of interventions, possible implementation strategies and benchmarks, and how human capacity, partnerships, and planning has supported gender mainstreaming. Where the relevant person was not available for the interview, a competent alternative was interviewed.

### 2.3 Observation of Activities at Service Delivery and Other Points

Service delivery activities and points were observed for gender responsiveness in the natural, every day setting of the refugees and humanitarian actors. GiHA WG teams that undertook field visits did not intervene and, in some instances, carried out observations without the knowledge of the participants. In this way, the teams were able to observe the spontaneous, natural behavior of refugees and humanitarian actors in their natural surroundings. Although the observation was done on a small scale with a small sample size, the fact that it was carried out in three major refugee camps (Balukhali, Kutupalong, and Nayapara) gives credence to what was observed and to conclusions drawn.

### 2.4 Limitations of the Review

Joint field visit activities of the review were conducted during the rainy monsoon season which constrained direct interactions with refugees in the camps to get their views on the gender responsiveness of services across the sectors. To compensate for this limitation, GiHA WG drew from recently published assessment and gender analyses<sup>17</sup>. The limited timeframe for conducting the review and its being conducted concurrently with the broader JRP midterm review delayed/slowed the collection of data. The mitigation strategy for this was for the GiHA WG team leading the review to jointly work with the ISCG JRP midterm review team to identify gender mainstreaming needs in host community and JRP review workshops.

<sup>16</sup> Three teams of GiHA WG members have so far done Joint assessments in: Balukhali Camp Team (Sharmin & Simon [ISCG]) Nayapara Registered Camp Team (Malati & Tasnuva [ActionAid] and Hosna [UN Women]); Camp 1 Team (Nasrin [Oxfam], Papri [Action Aid], Bhuiyan [WFP]).

<sup>17</sup> For example, (i) Rohingya Refugee Response Gender Analysis (May 2018) Jointly done by Oxfam Action against Hunger and Save the Children and with contributing efforts from CARE, UNHCR, ISCG and UN Women; (ii) NPM Reports Round 10 and 11.



### 3. Findings

Basic humanitarian services such as food aid, water, sanitation, health, essential protection services, including GBV and child-protection, and shelter are outstretched in refugee camps and new settlements in Cox's Bazar. The monsoon season coupled with existing limited livelihood opportunities has worsened the basic needs situation of Rohingya and host communities. When considered from a gender perspective, the facts on the ground present unique challenges as well as opportunities for saving lives and protecting the basic human rights of the affected population. The findings below provide an indication of how gender equality and women empowerment needs have, so far, been addressed across the response and gaps/challenges since the launch of the JRP in March 2018.

#### 3.1 Collection, Analysis and Use of Disaggregated of Data on Gender, Age and Diversity

The documents reviewed to assess the collection, analysis and use of SADD across the response include:

- Strategy Documents (e.g. Sector strategies and plans).
- Agency/Joint Needs Assessment Reports (e.g. REVA<sup>18</sup>) and Assessment Questionnaires).
- 4W<sup>19</sup>/5W<sup>20</sup> Excel sheets and Dashboards.
- ISCG Situation Reports (SitReps).
- IOM Needs and Population Monitoring (NPM – Round 9, 10 & 11).
- UNHCR & REACH Population Factsheets, Maps and Settlement and Protection Profiling.
- Agency/Sector Monthly Reports/Updates.
- Advocacy documents.
- Sector Activity Maps.
- Humanitarian and Epidemiological bulletins.
- Monthly Briefs, Monsoon Emergency Updates.
- Agency/Sector Post Distribution Reports.

The review found that all strategy documents and guidance notes, sectorial or agency specific ones, require the collection and use of SADD in Rohingya refugee response. Whereas some of the documents listed above show consistency in the collection, analysis and use of SADD in programming; others present general figures without age and sex disaggregation. For example, while all sectors' 4W/5W templates require capturing SADD, some sectors' 4W/5W reports capture only "Reached Total Beneficiaries" without disaggregating into "Reached Total Male" and "Reached Total Female". 4W/5W reports with SADD, however, provide indications of how many women, girls, boys and men are affected by a given need/problem; receiving specific support and/or are participating in the intervention (see Figures 2 & 3 below).

Figure 2

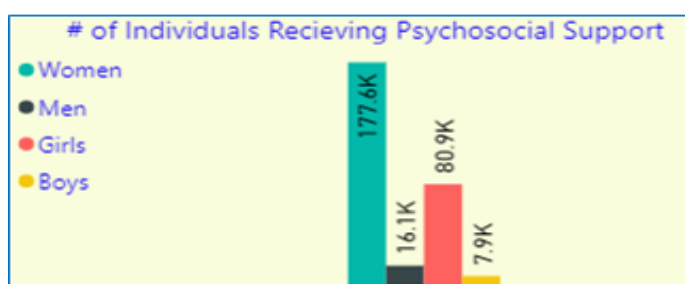
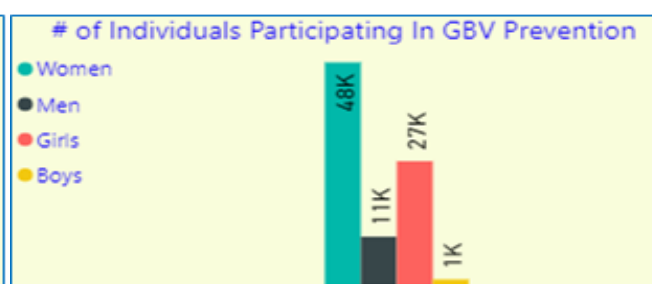


Figure 3



Data source: GBV Sub Sector 5Ws Dashboard 1 March – 17 May 2018

It can be seen, in the data cited above, that more women and girls than men and boys are affected by GBV and are thus being targeted for support and participation. This understanding has allowed operational agencies in GBV prevention to deliver assistance more effectively. It also helped in anticipating and prioritizing continued delivery of interventions addressing GBV. This saves lives and reinforces the basic human rights of women and girls.

<sup>18</sup> Refugee Influx Emergency Vulnerability Assessment.

<sup>19</sup> The 4W tool is meant to provide an inventory of reporting activities on WHO does WHAT, WHERE, WHEN that fall under the Inter Sector Coordination Group (ISCG) framework.

<sup>20</sup> For the Protection Sector and sub sectors (GBV and CP) the 5W tool is meant to provide an inventory of reporting activities on WHO does WHAT, WHERE, WHEN, and INDICATOR & BENEFICIARY TYPE that fall under ISCG framework.

Through collection, analysis and use of SADD, HelpAge International identified older people (men and women) among Rohingya Refugees to be facing challenges in accessing humanitarian services – with women facing more challenges than men<sup>21</sup>. Those most at risk are now being helped through health screenings and home-based care in the camps; access to age-friendly latrines; and support to in reaching other humanitarian services in refugee camps 8E, 11, 12, 13, 15 and 18. This initiative has also been rolled out to host communities in Palongkhali Union of Ukhiya with establishment of four Age Friendly Spaces (AFS), which will be operated by a community-based committee with equal representation of women and men as well as people with disabilities (PwD).

The use of SADD made it possible for the Nutrition sector to identify and prioritize the most vulnerable members of the refugee community including children (boys and girls), pregnant and lactating women (PLWs) and adolescent boys and girls to ensure they have access to nutrition preventive and treatment services<sup>22</sup>. While infant and young child feeding (IYCF) counselling is now being provided to women and girls in health and nutrition facilities, existing feedback mechanisms should be made more responsive to the limitations faced by Rohingya women and girls (such as their low literacy rates) to encourage receipt of feedback on nutrition and other humanitarian services.

In the WASH sector, SADD is routinely collected and analyzed in household and knowledge, attitude and practices (KAP) surveys, qualitative surveys and post distribution monitoring. Sector partners are engaging women and girls in siting and designing of WASH facilities. Examples include the Oxfam Social Architecture project and CARE's qualitative research with women to better understand barriers to latrine access. The use of SADD has also informed initiatives by IFRC, Oxfam/UN Women, UNICEF to better understand socio-cultural practices and barriers to menstrual hygiene management (MHM) and culturally acceptable materials for MHM. Inadequate sanitation facilities and MHM for girls in education facilities has been noted and requires provision MHM materials to keep them in school/learning centers.

While sexual and reproductive health and rights (SRHR)<sup>23</sup> related information and services are part of the fundamental human rights for women, girls, boys and men; the lack of SADD makes it difficult to understand the needs and challenges of adolescent girls and boys. It also inhibits the identification of the high-risk adolescent groups who are at the potential threats of sexually transmitted infections (STIs)<sup>24</sup>. Although anecdotally humanitarian actors in this area are aware of child marriages and teenage pregnancies in the camps, the minimum standard for adolescent sexual and reproductive health (ASRH) are largely unmet due to lack of adequate data, which also constrains the acceleration of services for adolescents. As a vulnerable group, however, adolescents require age and culturally appropriate SRH information and services.



**Back-Centre: Jayathma Wickramanayake, UN Secretary General Envoy for Youth meets adolescent boys and girls, part of a UNFPA and Mukti project**

Good data aids decision making and programming, which is crucial for Rohingya refugee response. But if the data is not specific about the unique and specific needs of women, girls, boys, men, older people or person with disabilities, then it is difficult to know how the response is meeting/should meet those needs. To enhance the collection and use of SADD in all sectors, age and gender-relevant gauges should be added to surveys and monitoring systems as appropriate to assess the differences across gender and age in terms of needs and access to essential and life-saving services. Humanitarian actors should also invest more time and resources to collect and use SADD.

<sup>21</sup> ISCG GiHA Brief No. 4 Interconnectedness Gender, Age and Disability Issues in Rohingya Refugee Response\_Final05June2018.

<sup>22</sup> Submission by the Nutrition Sector Coordinator

<sup>23</sup> SRHR is not comprehensively addressed even though a harsh reality is that a woman may die during child birth or suffer from long term pregnancy related morbidity or carry an unwanted pregnancy (that connotes as no decision making or control over women's body due to lack of information and contraceptive services).

<sup>24</sup> Field observation by UNFPA team in Cox's Bazar.



### 3.2 Supporting Women's Economic Empowerment through Livelihoods and Skills Development Interventions

It is recognized across the sectors of the response that Rohingya women and girls are experiencing gender-based barriers including limited movement and access to humanitarian services and markets – a context which has significantly restrained their livelihood opportunities. Common livelihoods-based coping mechanisms used by both refugees and Bangladeshis in the host communities are (i) borrowing money to buy food, (reaching 36 percent and 51 percent respectively); (ii) Spending savings (reaching 24 percent and 23 percent respectively); and (iii) Selling jewelry is common among both groups, but the frequency is higher among refugees<sup>25</sup>. However, considering that Rohingya are forcibly displaced from their usual socio-economic settings, the availability of such resources is not sustainable. As such, difficult living conditions in the camps and the lack of livelihood opportunities as well as lack of information on risks, the vulnerability and insecurity in the camps are fomenting trafficking and sexual exploitation of women and girls<sup>26</sup>. And among refugee households, those headed by women are worst affected by the lack of economic and livelihood opportunities.

Under the 2018 JRP, sectors and humanitarian actors in Cox's Bazar are responding to the need to empower women and men economically. A number of Cash for Work (CfW) schemes have been designed to support and manage some of the basic services and works in the camps<sup>27</sup>. Other initiatives that offer livelihood opportunities for both refugees and host communities are Cash Based Transfers (CBT), Volunteering Work<sup>28</sup>, WFS that offer, among others, livelihoods and skills development opportunities. An inter-sector Cash Working Group (CwG) has been set up to provide technical support in the implementation of cash and market-based programming in the Rohingya Crisis Response<sup>29</sup>.



*At a Social Space run by Friendship, a local NGO in Camp 7, women produce "kantha" quilts as part of a livelihoods initiative. Photo by Nayana Bose, ISCG*

Although constrained and limited in coverage, CfW, a cash-based intervention (CBI), is providing short term livelihood opportunities through engagement of vulnerable refugee families and host communities in temporary activities in ex-change of cash payments which contribute to meet their emergency needs. Women are involved in CfW activities like planting of sapling, carrying soil, leveling, supporting in stair making, and helping in bamboo bridge building, bagging of soil and cleaning of community kitchens; while men do road maintenance, build drainage systems and bamboo bridges, camp maintenance<sup>30</sup>. CfW programming is helping in mitigating negative coping strategies such as (trafficking, sexual exploitation and abuses). Both women and men in refugee and host communities welcome CfW opportunities as a means to support their households. Anecdotal evidence shows that there has also been an increase in intra-household discussion on how to spend the money earned through CfW.

Earnings from CfW are also easing the pressure on both women and men to buy food (raw fish, chicken and other meat items, spices for curry) to feed their families, buying snack items for children, clothing for family members, and buying medicines from pharmacy. However, the recently conducted joint gender analysis shows that 51% of the respondents in the analysis said that men decided on the expenditure at family level<sup>31</sup>. This suggests that women may be less able to keep control of the cash they earn or receive. There is therefore a need to apply an age, gender and diversity lens to assessments, targeting, design, implementation, monitoring and accountability of CBIs to ensure that people with specific needs and protection risks are identified and addressed.

<sup>25</sup> WFP et al (2018) Refugee Influx Emergency Vulnerability Assessment (REVA) – Technical Report.

<sup>26</sup> ISCG Gap Analysis of Protection and Gender Mainstreaming in Rohingya Refugee Response-Final Draft 25May2018.

<sup>27</sup> UNHCR (2018) Post-Distribution Monitoring Cash-Based Interventions-Bangladesh Refugee Situation.

<sup>28</sup> Volunteers are paid facilitative stipends.

<sup>29</sup> ISCG (2018) Standard Operating Procedures for Cash for Work Programming.

<sup>30</sup> Information provided by the ISCG Cash Working group team

<sup>31</sup> <https://policy-practice.oxfam.org.uk/publications/rohingya-refugee-response-gender-analysis-recognizing-and-responding-to-gender-620528>

Livelihoods programming in the Food security sector (FSS), provides refugee and host communities an integrated assistance package of livelihood support for vulnerable women, school feeding and a nutrition safety net. Populations affected by monsoon rains have been supported with CBTs or food transfers to enable them to meet their basic food and nutrition requirements. Although the Nutrition sector is providing empowerment technical skills to mothers through IYCF to appropriately take care of their young ones, the skills learning process is taking long to have significant impact.

WFS in the camps are not only entry points for sexual and reproductive health information and services and for comprehensive GBV services but also a platform for women and girls to gather and to relieve their grief, to acquire livelihood skills which ultimately will lead to building their resilience with the changing situation and to rebuild their community networks.<sup>32</sup>

UNFPA and partners have implemented interventions supporting immediate life-saving SRH and GBV services through WFS and in health facilities managed by its partners. In addition, targeted actions for adolescent girls and boys have been initiated to improve their life skills education with an aim to prevent GBV and altering negative gender norms.

Similarly, UN Women is operating a Multi-Purpose Women Centre (MPWC) in camp 18 and close to 70 women and adolescent girls visit it daily to receive a variety of services. Approximately, 15,000 girls and women of all ages have received various services through MPWC and the second one is under construction in Camp 4. Services available at the center include (among others) livelihoods training - adolescent girls receive a two-month tailoring training in the MPWC. Already 360 women and adolescent girls have completed training since the launch of the 2018 JRP.

Skills training and income generation component of UNHCR's wider programming encourages equal and meaningful participation of women. In Women Centers (WCs) 1 and 2 in Kutupalong refugee camp, women and girls are trained in tailoring, soap and tooth paste making. They practice their skills and earn income through sale of cloth, soap and toothpaste items that they have made to Technical Assistance Incorporated (TAI) for distribution to refugees. The availability of ready market for their products ensures that funds are available for sustaining production and paying the women and girls who work in the centers.

To take care of protection issues and pitfalls associated with CBIs/CfW, Standard Operating Procedures (SOP) for Cash for Work Programming in Rohingya refugee response have been prepared<sup>33</sup>. The group's members have also been trained on "Gender and Protection Mainstreaming in CBIs in Emergencies". GiHA WG supported the CWG in preparing a gender tip sheet for CBIs which includes guidance on "how to use gender analysis to identify, address, and monitor different CBI needs".

While the interventions highlighted above are promising, they have not yet created sufficient income opportunities for refugees or host



**Nur Kaida** (forefront) is an adolescent Rohingya Refugee girl who has completed the two-month tailoring course at UN Women's MPWC. Besides stitching clothes for herself and her family, Nur is taking care of the tailoring needs of many of her neighbors. So far, she has earned up to 2000 Taka. She aspires to be economically and socially empowered through her work.



**Above: Women/Girls learning cloth cutting in WC 1**  
**Below: Women engaged in soap production in WC1**  
**Photos by GiHA WG Team**

<sup>32</sup> ISCG GiHA Brief No. 5 Gender Equality Interventions for Adolescent Rohingya Girls and Boys - Final30July2018.

<sup>33</sup> ISCG (2018) Standard Operating Procedures for Cash for Work Programming.



communities due to a number of factors. For instance, 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<sup>34</sup>. Unequal gender relations/roles relegate women to perform more unpaid care work while men engage in income generating activities<sup>35</sup>. The joint gender analysis also brought to light the need to use the recognition of care work as an entry point to revaluing women's work in the home, with separate reflection sessions for women and men focused on care work and based on the RCA findings, with the aim of redistributing care work within the family<sup>36</sup>. Another critical challenge to the above efforts is the current underfunding of the JRP - only 34 per cent funded as of 24 September 2018<sup>37</sup>. This, along with delayed approvals of FD7s, affects the expansion of services to cover more refugees, which in turn impacts on efforts to empower women economically through livelihoods and skills development. Funding for the JRP is urgently needed as well as greater humanitarian access for service delivery.

### 3.3 Ensuring the Leadership and Meaningful Equal Representation of Women and Marginalized Groups

To promote leadership and meaningful equal representation of women and under-represented groups in the community, sectors are supporting the formation of women's groups as well as youth and men's groups in the refugee camps. Women groups are helping to develop their leadership skills, make their views heard on protection and all other issues that directly affect them, and nurture volunteer service projects focused on the needs of women. Links to both the youth and men groups are being developed in a way that allows women to retain their autonomy<sup>38</sup>. The review of gender mainstreaming in the response found evidence of inclusion of women in camps and service committees of Site Management, WASH and Protection and Health sectors.

The response has endeavored to include women in various activities. For instance, the Health sector has included women as assistants in the health facilities as health workers in health message dissemination, psychosocial support, assistants to mid wives and doctors. In the WASH sector, women are involved in hygiene promotion encouraging communities to have safe drinking water from tube-wells, proper use of aqua-tabs, and promotion of latrine use. Recruitment of women volunteers is encouraged for door to door surveys on living conditions and needs assessments. Most of the members in the protection emergency response units (PERU) – the mobile protection teams of the Protection Sector – are women and are well trained in basic first aid, psychological first aid and emergency protection response. Women have been included among trained refugee volunteers, including Community Outreach Members (COMs), Safety Unit Volunteers (SUVs), and Community Health Workers (CHWs) to provide support to the monsoon and cyclone emergency response.



**Back-3<sup>rd</sup> Left: Sumbul Rizvi, Senior Coordinator consults with Rohingya Community Outreach members in Camp1 in Kutupalong. Photo by Simon Opolot, ISCG**

UN Women has developed *Women Empowerment and Leadership Training Modules*. The main objective of the modules is to strengthen Rohingya women's leadership and decision-making skills at the individual, household and community levels as change-makers and transformational leaders. Training modules include *Community Engagement for a Resilient and Strong Rohingya Community*, which is designed to promote awareness on 'where and how to get humanitarian services' and to 'empower with skills for community engagement'. The training will be provided to Rohingya women through a phased approach starting from mid-September to December 2018.

<sup>34</sup> FSS reporting for JRP Midterm Review (September 2018).

<sup>35</sup> ISCG Gap Analysis of Protection and Gender Mainstreaming in Rohingya Refugee Response-Final Draft 25May2018.

<sup>36</sup> <https://policy-practice.oxfam.org.uk/publications/rohingya-refugee-response-gender-analysis-recognizing-and-responding-to-gender-620528>

<sup>37</sup> Rohingya Refugee Crisis Joint Response Plan 2018 funding update (as of 24 September 2018).

<sup>38</sup> ISCG GiHA Brief No. 4 Interconnectedness of Gender Age and Disability Issues in Rohingya Refugee Response - Final05June2018.

In a pilot project aimed at establishing good governance among Rohingya communities, the UNHCR organized elections in Nayapara Shalbagan camp in June 2018<sup>39</sup> in which 12 block leaders, 6 of which are women, were elected along with a chief, a deputy, an assistant and a general member<sup>40</sup>. In recognition of this achievement, Bernadette Castel-Hollingsworth, Protection Sector Coordinator said, "It is a tremendous achievement of the Rohingya refugees living in Shalbagan camp, who have decided that half of their representatives will be women." Similarly, Mohammad Abul Kalam, Refugee Relief, and Repatriation Commissioner (RRRC) of the Disaster Management Ministry observed that "This election will bring a significant change in their (Rohingya refugees) leadership skills which will be more democratic". Although the RRRC and humanitarian actors have expressed support for similar elections to be held in other refugee camps, modalities are not yet defined, and lessons learned are required to define how to roll-out the project considering the highly conservative cultural context. Towards this, a task force has been set up with Site management sector partners, CiC and sector coordinators, to work on the SOP and revisit lessons learned. Meanwhile, the 6 elected Shalbagan committee women, and the rest of the committee, should be supported in their new roles through appropriate training.



*Members of the new elected committee in Shalbagan Refugee Camp Photo by Nayana Bose, ISCG*

Some of the challenges to the inclusion of women and under-represented groups in leadership roles are low levels of Rohingya literacy, particularly among women, and gender norms which restrict many women from public spaces or from taking a public role. For instance, participation and leadership of women and girls in design and siting of WASH facilities is currently inconsistent. Conservative male attitudes and patterns of conduct done with reference to the teachings of Imams negate efforts for inclusion of women and girls in decision making processes/spaces in camp management committees<sup>41</sup>. The joint gender analysis also revealed that it is crucial to work with informal leaders and key persons within the community, such as schoolteachers, midwives to include both male and female leaders in order to promote gender equality. This calls for integration of gender transformative approaches across the response. Gender awareness and gender sensitivity training should be included in capacity-building efforts for camp and religious leaders. Continued community outreaches are needed to increase awareness of inequalities within the refugee community.

### **3.4 Prevention, Mitigation and Response to Gender-Based Violence and Sexual Exploitation and Abuse**

SGBV was one of the heightened protection risk and human rights violation that fueled the mass displacement of Rohingya people into Cox's Bazar, Bangladesh. Survivors 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 families<sup>42</sup>. Women and girls who managed to flee to Bangladesh are confronted by new risks, including forced marriage, domestic violence and sexual exploitation and trafficking. Whereas 47 per cent of settlement areas still lack basic clinical management services for survivors of rape and other forms of sexual and reproductive health care, actors across sectors of humanitarian response are providing services to survivors of SGBV and prevention initiatives are being undertaken.

Humanitarian actors are working to improve access of survivors of sexual violence to sex and age appropriate medical, psychosocial and legal services (see Appendix 3 for Examples of activities being implemented to address SGBV). The GBV referral pathway has been developed in all refugee camps. The GBV sub-sector target is to have 200 case management service entry points. Since the launch of the JRP in March 2018, 78 safe and accessible entry points for GBV case management services, including 52 safe spaces for women and girls have been set up across the camps by UNHCR, UNFPA,

<sup>39</sup> UNHCR Operational Update Bangladesh, 21 June – 4 July 2018 at: <https://data2.unhcr.org/en/documents/download/64796>.

<sup>40</sup> Available at: <https://www.thedailystar.net/rohingya-crisis/rohingya-refugees-elect-women-leaders-in-bangladesh-camp-body-elections-1596772> and <https://www.dhakatribune.com/bangladesh/nation/2018/06/28/rohingyas-elect-female-camp-leaders>

<sup>41</sup> ISCG Gap Analysis of Protection and Gender Mainstreaming in Rohingya Refugee Response-Final Draft 25May2018.

<sup>42</sup> Report of Special Representative A-HRC-37-70.

IOM, UN Women, BRAC, TAI and other partners in the Protection Sector and the GBV Sub Sector. These spaces offer a range of services including psychosocial support, legal aid, clinical case management, etc. Feedback mechanisms have also been established in nutrition service points.

Bangladesh National Women Lawyers Association (BNWLA) in partnership with UNHCR, BRAC and Ain Shalish Kendra (ASK), BLAST with Nariopokkho are providing legal aid to refugee women who are approaching them with GBV cases (VAW they currently face in camps). Community outreach activities in the Protection Sector by UNHCR and TAI promote awareness of humanitarian actors and services they provide and facilitate referrals to service providers across sectors and camps as appropriate. Learning and Child Friendly Spaces by UNICEF, Save the Children and other partners in the Child Protection Sub-sector protect children from child marriage, trafficking, harmful child labor, and possible commercial sexual exploitation.

There are initiatives aimed at strengthening the documentation and reporting of SGBV based on safe and ethical international standards for accountability. Examples include (i) Integrated Community Centres by UNHCR and Partners (TAI, BRAC) – Protection Sector with referrals to service providers across sectors and camps as appropriate; and (ii) Preliminary training provided by UN Women to National Human Rights Commission on International Protocol on investigating and Documenting CARSV (IP2) standards in collaboration with International Institute of Criminal Investigation.

Community Outreach Programming by UNHCR and Partners (TAI, BRAC) under the Protection Sector with referrals to service providers across sectors and camps has been engaging Rohingya and Host communities to raise awareness on how and where to access services for survivors, on rights of victims and to prevent stigma against survivors and their children. Other interventions include the GBV and SRH services by UNFPA and WHO (GBV sub sector and Health sectors) with referrals to Nutrition, Shelter, Site Management, Food security/Aid, WASH; the Multi-Purpose Women's Center (MPWC) by UN Women and Women Friendly Centres by UNFPA, MoWCA with linkages and referrals to Protection, Health, Nutrition, WASH and Food Security/Aid sectors; and Learning and Child Friendly Spaces by UNICEF to protect children from child marriage, trafficking, harmful child labor and possible commercial sexual exploitation.

Steps have been taken to ensure protection of Rohingya and Host communities from SEA by humanitarian workers. The PSEA Network was formed early in the response and a PSEA Strategy drafted by the Network was approved by the SEG. The Strategy has been circulated to sector coordinators, Heads of agencies and all other relevant parties in the response and requires: (i) Capacity building; (ii) Awareness raising; (iii) Response to SEA survivors and reporting systems; and (iv) Leadership and coordination. The strategy also includes a Work plan, Roles and responsibilities of Senior Managers, PSEA Focal Points, All Personnel; and Standard Operating Procedures for SEA incidents.

Taking the PSEA strategy forward, Network partners have begun implementation of internal strategies on PSEA. WHO has had PSEA awareness training done by ISCG Senior GenCap Advisor for its staff in Cox's Bazar. IOM is re-hauling their Community Complaints Mechanism and putting in place a few cores, well-trained focal points within site management structures, who will do "reporting on behalf of an individual with a concern to report". Tools and resources (Interagency PSEA staff cards, key messages translated, training packages and resources in English and Bangla)<sup>43</sup> have been developed by the PSEA network to provide guidance. IOM and International Rescue Committee (IRC) have adapted the confidentiality and intake forms which will be shared with the GBV SS WG upon review from the GBV Case Management Task Force. The UNHCR is translating the PSEA strategy into Bangla which will be availed to local actors on the ground.

Although 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. Considering that a large number of SGBV incidents happen at night, deployment of emergency focal points at night with minimum counselling and case management and clinical services should be explored. This arrangement should be considered between protection, Health, SM and government security institutions. In addition, there is an urgent need for access to state led justice mechanisms for refugees. Inadequate lighting, lack of locks in the

<sup>43</sup> Available at: <https://drive.google.com/drive/folders/0B403P8JVsnpEzIdzTTZaY3FvT2M?usp=sharing>



toilets as well as distance to water points exacerbate sexual violence risks for women and girls, and limits humanitarian efforts to provide comprehensive protection services. Emergency shelter remains extremely limited and inadequate.

Equally important, SRH information and services are rights of women and deprivation of those rights which are life-saving constitute violence against women. While some progress has been made in reaching thousands of women and girls with services, universal access has not been achieved. Adolescent girls and boys are an overlooked segment of the affected population. The JRP should therefore address their life saving critical needs while full-fledged preparation for comprehensive ASRH programming in coordination, assessment and monitoring, facility based ASRH services, community based ASRH services, adolescent friendly protection, education and communication to reach adolescents at SRH entry points should get underway.

### 3.5 GiHA WG Support to Sectors in Gender Mainstreaming

Inter-sector GiHA WG<sup>44</sup> was set up soon after the 25 August 2017 Rohingya refugee influx in Cox's Bazar to provide cross-sectoral support in the integration of gender aspects in the crisis response. It is co-chaired by UN Women and UNHCR with the technical support of Senior GenCap Advisor. The following are the key focus areas for GiHA WG's work: (i) Technical Advice, Guidance and Capacity Development on gender mainstreaming; (ii) Assessment, Analysis and Monitoring; (iii) Information Sharing and Management; and (iv) Coordination. The membership of the WG consists of gender focal points from each sector, as well as additional gender advocates, experts and resource persons from select agencies/organisations, as standing members. In support of JRP implementation, GiHA WG has a work plan, based on its key focus areas and JRP/SEG key actions on GEEWG<sup>45</sup>.

At the development of the 2018 JRP, GiHA WG jointly with Protection Sector prepared sector-specific guidance note(s) for gender and protection mainstreaming<sup>46</sup> in partners' project portfolios. JRP Partners were further supported in a session on "gender mainstreaming and IASC gender marker overview" at the JRP Partners' induction workshop organized by ISCG. Following the presentation of the JRP to the SEG, GiHA WG reviewed and enhanced the articulation of gender needs and vulnerabilities of refugees along with planned response.



One of GiHA WG bi-weekly Coordination meetings at the UNHCR Conference Room. Photo by Simon Opolot, ISCG

In support of gender responsive JRP implementation, GiHA WG adapted and delivered standard IASC GiHA training modules<sup>47</sup> to BRAC program staff (in March 2018) and World Health Organization (WHO) program and support staff (in August 2018). At UNHCR agency level, with the support of GiHA WG co-chair, Rohingya COMs in (Camps 1&2) in Nayapara registered camp (and the extensions) and Chakmarkul were trained on gender awareness and basic gender analysis. Participants<sup>48</sup> brainstormed on basic concepts of gender equality, exploring gender relations in COMs' own lives, identifying possible solutions to challenges of gender relations in the camps. The Sessions also sought to strengthen participants' understanding of sexual exploitation and abuse and the reporting mechanisms. 119 COMs have been trained, as at 14.06.2018. Although similar initiatives were undertaken by INGOs (e.g. Oxfam, Save the Children, CARE, ActionAid, HelpAge International) and other UN partners, more impact would have been achieved in coordination with the INGO Platform and ISCG Sectors.

In addition, ISCG Secretariat staff and CiCs were given basic training on how to monitor gender mainstreaming. The camp governance Task Force currently supported by the Site Management sector with

<sup>44</sup> Details on GiHA WG are available at: <https://www.humanitarianresponse.info/en/operations/bangladesh/gender-humanitarian-action-working-group>

<sup>45</sup> Gender Equality and Empowerment of Women and Girls.

<sup>46</sup> Available at: <https://www.humanitarianresponse.info/en/operations/bangladesh/document/guidance-notes-gender-and-protection-mainstreaming-jrp-project>

<sup>47</sup> In follow-up to the inter-sector training in January 2018 in which 42 participants from all sectors were trained.

<sup>48</sup> Selected ensuring gender balance.

technical support from the Protection Sector is contributing to these efforts. GiHA Briefs<sup>49</sup> and inputs into the ISCG Bi-weekly SitReps, which focus on gender related issues of concern in/to the Response have helped keep humanitarian actors informed.

Whereas GiHA WG interventions in support of gender mainstreaming have resulted in humanitarian actors taking steps to address gender issues in their work with refugee and host communities; gender is not yet sufficiently mainstreamed into every sector's activities. For instance, while women as well as men seek/come for services provided by the mobile physiotherapy clinics (ref: Balukhali), many women still experience limitations in accessing services due to distance to/of clinic posts from their shelters, compounded by cultural and social norms limiting their mobility. Also, congestion and the settlement dynamics make it complicated for arrangement of services, considering the sites were self-settled in inadequate, hilly and flood-prone land. There is no space for additional clinics and services, any new construction requires to relocate people, which is another protection risk<sup>50</sup>. Seeking/receiving services from male service providers is considered taboo for them, especially where physical contact/touch is associated with the service.

Although gender focal points are the main vehicle for extension of technical advice and support to sectors, some sectors<sup>51</sup> are currently not represented in GiHA WG meetings and other organized activities. Staff turnover following completion of work contracts is the main reason, which some sectors are yet replace. This negates GiHA WG efforts in providing more systematic support to sectors. In addition, the lack of sector representation limits how much they benefit from the various guidance tools and other resources specifically developed for the Rohingya refugee response. To strengthen gender mainstreaming across the response, Sector Coordinators should appoint and/or replace gender focal points who have left Cox's Bazar and monitor their performance. Likewise, GiHA WG should reach out to sectors through Sector coordination meetings and/or add specific items to the agenda to address specific issues and mobilize actors.

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<sup>49</sup> Available at: (i) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/iscg-giha-brief-no-5gender-equality-interventionsadolescent-rohingya> ; (i) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/giha-brief-no-4-interconnectedness-gender-age-and-disability-issues> ; (iii) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/gender-humanitarian-action-brief-no3> ; (iv) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/message-seg-gender-equality-commitment-brief> ; (v) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/gender-humanitarian-action-brief-no2> ; (vi) <https://www.humanitarianresponse.info/en/operations/bangladesh/document/gender-humanitarian-action-brief-no1>

<sup>50</sup> ISCG Reporting for 2018 JRP midterm review.

<sup>51</sup> Site Management, Health, Food Security, Child Protection, Logistics and Nutrition.

## 4. Conclusion and Recommendations

The review of gender mainstreaming in Rohingya refugee response assessed progress made implementing JRP/SEG key actions on GEEWG; GiHA WG support to sectors in gender mainstreaming; and endeavored to identify gaps; and make recommendations for mainstreaming in next phase of JRP implementation and Rohingya refugee response.

### 4.1 Conclusion

Although sector and agency strategy documents and guidance notes specify the need to collect SADD and to use it in planning and reporting delivery of humanitarian assistance; there is no consistent capture of how women, girls, boys, and men are affected by the crisis with indications of how each subgroup is being helped or to be helped. However, interventions that been informed by consistent use of SADD show achievement of expected results – for example, prevention and response to GBV, siting and design of WASH facilities, identification of older women and men with challenges in accessing services; and prioritization of the most vulnerable members of the refugee community for nutrition preventive and treatment services.

While all refugees are economically challenged, women and girls are particularly experiencing gender-based barriers and protections risks, which limit their movement and access to humanitarian assistance and affects their chances for improving livelihoods. Humanitarian actors have started implementing gender responsive CfW schemes offering livelihood opportunities for both refugees and host communities such as CBTs, Volunteering Work, and WFS that offer livelihoods and skills development opportunities for women and girls. Nonetheless, current interventions have not yet created sufficient income opportunities for refugees or host communities. More than men, women are burdened by unpaid care work. In addition, inadequate funding for the JRP has a direct impact on activities aimed at promoting gender equality and empowering women. The review noted that women are less able to keep control of the cash they earn for CfW schemes.

The review found women are being included in camp service committees of SMS, WASH, FSS, Protection and Health sectors. However, the quality of women's participation as well as possible backlash from men should be monitored and addressed. A promising pilot project by the UNHCR aimed at establishing good governance among Rohingya communities, has seen the election of 6 women Nayapara Shalbagan camp to positions of block leaders. Nonetheless, gender norms and conservative male attitudes that restrict many women from public spaces or from taking a public role are a strong challenge to their participation in decision making roles. This underscores the need for proper think through of initiatives promoting the election and/or appointment of women to public roles. Gender transformative approaches should be integrated across the response and capacity building efforts of sectors and agencies should include gender awareness and gender sensitivity training.

There is evidence of sector-wide action to prevent and respond to SGBV and SEA. Systems and interventions have been set up to improve access of survivors of sexual violence to sex and age appropriate medical, psychosocial and legal redress. Documentation and reporting of SGBV is being undertaken based on international standards for accountability. Rohingya and Host communities are being engaged to raise awareness on SGBV and how and where to access services for survivors. Likewise, mechanisms have been put in place to protect Rohingya and Host communities from SEA. However, systems and structures of response need to be strengthened and expanded to other locations in refugee camps and settlements which are not yet covered. Refugees need access to state led justice mechanisms for refugees.

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. Clinical management of rape, pregnancy related care, menstrual regulation, family planning information and services, community based adolescent SRH programmes, targeted actions for most-at-risk adolescent girls along with sex and age disaggregated data are critically needed.

GiHA WG is critical for cross-sectoral mainstreaming gender in the response. Tools and guidance notes for gender mainstreaming have been availed to all sectors of the response, along with support in utilizing the notes; and are providing technical support through sector gender focal points. Hence, the group's work of supporting sectors and agencies on gender mainstreaming, sharing analytical



information on gender issues, and in inter sector coordination has helped in achieved the results noted in this report. The lack of representation of some sectors in GiHA WG negates efforts in support to sectors in gender mainstreaming, which limits how much they are benefitting the technical support being provided. To strengthen gender mainstreaming across the response, Sector Coordinators should appoint and/or replace gender focal points who have left Cox's Bazar and monitor their performance. There is a need for regular opportunities to articulate gender issues in coordination spaces/meetings.

## 4.2 Recommendations

- 1) **All Sectors and Humanitarian Actors:** Ensure SADD is collected and analyzed in assessments done on/with affected populations (including individuals and household composition) and in activity reports/updates; this will enable: (i) Assessment of whether there are important segments of the population that have not been reached who may have views needed to inform responses; (ii) Assessment of any important differences across gender and age in terms of needs and access to essential and life-saving humanitarian services.
- 2) **Sectors (FSS, SM, Shelter, WASH, Nutrition):** Expand/diversify cash for work schemes/activities in all camps and support/encourage more women to participate 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.
- 3) **All Sectors and Humanitarian Actors:** 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.
- 4) **All Agencies and Local Organizations Operating WFS and Implementing Livelihood Portfolios:** Diversify/strengthen the services provided at WFS/ AFS/CFS to include economic empowerment and livelihoods and skills development activities – such as cooking, handicrafts items, and tailoring or any other skills the women would show an interest for. This requires inclusion of child care support in activities for which women and adolescent girls take part in in the camps.
- 5) **Health Sector and Implementing Partners (IPs):** Recruit 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.
- 6) **All Sectors and Humanitarian Actors Involved:** Form more women, men and youth (adolescent girls and boys) groups and train and support them to seek/join leadership roles in refugee camps. This should include incorporation of adolescent views into refugee camp governance decisions and activities.
- 7) **Sectors (Health, GBV and WASH) and Agencies (UNFPA and Partners):** 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 IEC materials should be context specific and approaches to be followed should "do no harm".
- 8) **Protection and Site Management Sectors:** 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.
- 9) **All Sectors and Humanitarian Actors:** Integrate gender awareness and gender sensitivity training in capacity building activities, targeting humanitarian actors, Police, Armed Forces as well as camp and religious leaders.
- 10) **All Sectors and Humanitarian Actors:** Strengthen systems and structures of response to SGBV and SEA and replicate successful interventions in other locations in refugee camps and settlements not yet covered – ensuring privacy and security of women friendly spaces to allow women to freely share their experiences.

- 11) **All Sectors and Humanitarian Actors:** For emergency, more emphasis is required on regular training/ upgrading to build strong and gender responsive PERU teams for effective performance of their functions during and after monsoon and cyclone emergencies in the camps.
- 12) **All Sectors and Humanitarian Actors (with support of Protection Sector and GBV Sub Sector):** Strongly maintain documentation and reporting of SGBV based on safe and ethical international standards for accountability.
- 13) **Health Sector, SRH Sub Sector, Agencies (WHO, UNFPA, etc.) and IPs:** 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.
- 14) **Health Sector, SRH Sub Sector, Agencies (WHO, UNFPA, etc.) and IPs:** Clinical management of rape, pregnancy related care, menstrual regulation, family planning information and services, community based adolescent SRH programs, targeted actions for most-at-risk adolescent girls along with sex and age disaggregated data are critically needed.
- 15) **Sectors (Protection, GBV), ISCG and SEG:** Appeal to the GoB in advocacy for Rohingya refugees to access state led justice mechanisms.
- 16) **All Sectors and Humanitarian Actors, ISCG and GiHA WG:** To strengthen gender mainstreaming across the response, Sector Coordinators/Agencies Management should appoint and/or replace gender focal points who have left Cox's Bazar, and together with them train in the standard Gender in Humanitarian Action modules. Likewise, GiHA WG should reach out to sectors through Sector coordination meetings and/or add specific items to the agenda to address specific gender issues and mobilize actors.
- 17) **Donors:** Funding pledged for the JRP is urgently needed because the current inadequate funding for the JRP is negatively impacting implementation of activities promoting gender equality and empowerment of women and girls.

## Appendix 1: Framework for Review of Gender Mainstreaming in Rohingya Response

| Areas of Intervention   | What to look out for  | Spaces  | Recommended Organizations   |
|---|---|---|---|
| <b>1. Collect, analyze and use disaggregated data and analysis on gender, age and diversity.</b><br>1.1 <i>Is sex and age Disaggregated data (SADD) being collected (Y/N)?</i><br>1.2 <i>For a given area (sector/project/ activity) of intervention, what/which issues have specifically been identified for Women, girls, boys and men?</i><br>1.3 <i>Are there any specific data management system on adolescent girls and boys (10 to 19 years)</i>             | -male: female ratios for provision of facilities such as latrines and bathing spaces.<br>- hospitals and community centers have been added here to particularly assess the level of gender integration in the mainstream fronts in contrast to WFS.   | -WFS<br>-info points<br>-distribution areas<br>-community centers<br>-integrated hospitals      | -RHU<br>-BRAC info center<br>- GUK<br>- RTMI  |
| <b>2. Support women's economic empowerment through livelihoods and skills development interventions?</b><br>2.1 <i>Does the sector/project/activity include women's economic empowerment and skills development interventions (Y/N)?</i><br>2.2 <i>Name/List type of economic empowerment interventions and the benefits accruing to women; and to sensitization of men and boys.</i>   | -find out about the availability and accessibility of livelihood opportunities for women and girls<br>-acknowledge cash for work interventions such as road construction and volunteer opportunities.   | -registered camp models   | -Mukti<br>-TAI  |
| <b>3. Ensure the leadership and meaningful equal representation of women and marginalized groups.</b><br>3.1 <i>Are women and marginalized groups included/represented in leadership roles (Y/N)?</i><br>3.2 <i>What type of leadership roles are women playing?</i><br>3.3 <i>What is the quality of their participation like?</i>   | <b>a</b> -find out if the community is promoting women's leadership; by interviewing members of the Rohingya community.<br>-converse with the elected women leaders to draw from their stories of participating in recent elections and from experiences pertaining to the camp management role.<br>-making note of recommendations addressing any identified challenges.<br><b>b</b> -understanding the various leadership roles: such as COMS leader, COMs member, UN Women's female reps in CiC meetings.<br>-taking account number representations, keeping in mind the differences between meaningful participation against equal participation.<br>-speak with COMs as well as community members to also consider their feedback for the services provided by COMs. | - Nayapara extension, where the first elected camp management committee is in place (Shalbagan) | - ADRA (Shalbagan)  |
| <b>4. Prevent, mitigate and respond to gender-based violence and sexual exploitation and abuse.</b><br>4.1 <i>How is GBV and PSEA programming included in sector/project?</i><br>4.2 <i>Are refugees aware of GBV and PSEA interventions and procedures? (Probe to find out awareness of what to do in case one becomes a victim/survivor).</i><br>4.3 <i>Are there service provisions on SRHR/GBV integrated package for women and girls in health centre/WFS?</i> | -meet some lawyers in camps dealing with GBV cases, with respect to confidentiality terms.<br>-understanding the refugee perspectives and practices.  | -service providers working for the GBV cause.   | -BRAC, TAI, BNWLA, IRC  |
| <b>5. Sector, Sub Sector and Inter-Sector Working Group</b><br><b>A. Site Management</b><br>- How is access to services, protection and basic living conditions for refugees and adjacent host communities, including advocacy for minimum standards and a safe, dignified living environment for all refugees being ensured?<br>- How is coordination of services and  | -draw from the pool of knowledge and experiences shared by Site Management.   |   | - observe the differences in problems/issues faced by densely populated places vs less densely populated places |



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| <p>advocacy for distribution of resources and service provision in a fair, transparent, and accountable manner, along with the CwC WG and accountability mechanisms being ensured?</p> <p><b>B. <u>Education</u></b></p> <ul style="list-style-type: none"> <li>- How is it ensured that adolescent girls are not excluded from education assistance in both refugee and host communities through gender mainstreaming and targeted interventions?</li> <li>- How is it ensured that girls and young women can participate in the learning process as learners and social mobilisers?</li> </ul> <p><b>C. <u>Health</u></b></p> <ul style="list-style-type: none"> <li>- How is access for all women in need ensured to the Minimum Initial Service Package (MISP) for reproductive health in crisis situations, including promoting facility-based deliveries and increased antenatal care coverage?</li> <li>- Is unrestricted access to free sexual and reproductive health services ensured by scaling up services and ensuring community outreach to all women in need through the implementation of the MISP for reproductive health in crisis situations?</li> <li>- How to address distinct age and culture appropriate SRHR services and information could be targeted for adolescent girls?</li> </ul> <p><b>D. <u>Food Security</u></b></p> <ul style="list-style-type: none"> <li>- Are resilience programmes within the camp that promote socio-economic empowerment and social cohesion especially for the most marginalized groups being implemented?</li> <li>- Is the use of volunteers, porters, water points, breastfeeding corners and gender-sensitive crowd control for distribution points being constantly monitored and improved where needed?</li> <li>- Is a strong monitoring system in place to document the impact of food assistance and inform targeting of the least vulnerable? Including monitoring protection risks to identify the most appropriate approach and modality (including cash/voucher) to prevent gender-based violence (GBV) and other forms of violence.</li> </ul> <p><b>E. <u>Nutrition</u></b></p> <ul style="list-style-type: none"> <li>- Is a prioritization criteria being implemented that takes into account gender, age as well as disability and targets the most vulnerable groups such as children under five, pregnant and lactating women, and others?</li> <li>- Is infant and young child feeding in emergencies (IYCF-E) counselling with psychosocial support in women- and girl-friendly spaces being provided?</li> </ul> <p><b>F. <u>Protection</u></b></p> <ul style="list-style-type: none"> <li>- Are community participation</li> </ul> | <p>-observe child engagements.</p> | <p>-child friendly spaces, child clubs and adolescent clubs</p> <p>-health centers and maternal health centers</p> <p>-distribution centers</p> | <p>-UNHCR centers, UNICEF</p> <p>-RHU</p> <p>-WFP or Mukti distribution points<br/>- IRC, GUK (either in 19 WFS and 20 health center)</p> <p>-Nutrition center in KTP Extension, World Vision center, Terre des hommes</p> <p>-Check common centers to identify protection perspective gaps from a gender focus. Observe the work of community watch groups to identify biases or gender affirmative approaches if any.</p> |
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| <p>structures in place through an age, gender and diversity approach?</p> <ul style="list-style-type: none"> <li>- Are community watch groups and leadership committees strengthened to improve community safety and security?</li> <li>- Are quality services expanded, with a focus on individual case management and psychosocial care for persons at heightened risk, in particular women, girls and children at risk of GBV, trafficking, exploitation and abuse?</li> <li>- Is GBV capacity development initiatives being undertaken targeting government, non-government, and humanitarian workers across the health, justice, and safety/security sectors to apply survivor-centered approaches?</li> <li>- Is GBV response and prevention programming being integrated in other sector service points to improve accessibility to discrete, life-saving response services and information and maximize limited availability of space in refugee settlement areas?</li> <li>- Is GBV prevention being strengthened through sensitization and awareness-raising on GBV and life-saving information on available services?</li> <li>- Are service entry points for GBV referral identified and strengthened that are accessible to host and refugee communities?</li> </ul> <p><b>G. WASH</b></p> <ul style="list-style-type: none"> <li>- Is WASH assistance being provided as per National and SPHERE guidelines for quantity and quality, including regarding age, gender and diversity, in all settlements and in the most vulnerable communities?</li> <li>- Is access to essential hygiene items improved including hygiene-related materials for women and girls of reproductive age?</li> </ul> <p><b>H. Shelter</b></p> <p>Does shelter support consider specific needs, based on gender, age and disabilities?</p> <p><b>I. CwC</b></p> <ul style="list-style-type: none"> <li>- Is a common feedback mechanism to enhance accountability to affected populations in place with a focus on empowering women and men, boys and girls, including marginalized and person with disability, to get information they need and provide feedback on their own priorities and concerns about humanitarian action?</li> </ul> | <ul style="list-style-type: none"> <li>- look at general "condition" of housing; does it have a changing facility for women? (female colleagues may enter only after taking permission from the Refugees)</li> <li>-identify how many shelters are not up to the mark and stand at the risks of collapsing</li> <li>-look at the SOPs of complaint mechanism in place. Is the language easily understandable? Is it accessible to all including children and differently abled persons? Are the complaints actually addressed?</li> </ul> | <p>-generic latrines and bathing spaces</p> | <p>-BRAC's wash facilities</p> <p>-DRC</p> |
|--|---|---|--|

## Appendix 2: Documents Reviewed

| Document Type  | Document Title  | Status          |                   |
|--|---|-----------------|-------------------|
|  |   | A <sup>52</sup> | NYA <sup>53</sup> |
| Strategy Documents (e.g. Sector strategies and plans).               | <ul style="list-style-type: none"> <li>WASH Sector Strategy for Rohingya Influx March to December 2018;</li> <li>Other Sectors (Protection, GBV, CP) Strategies</li> <li>PSEA Network Strategy Cox's Bazar (09.6.18)</li> <li>2018 JRP for Rohingya Humanitarian Crisis</li> </ul>  | ✓               |                   |
| Agency/Joint Needs Assessment Reports and Assessment Questionnaires. | <ul style="list-style-type: none"> <li>WFP et al (2018) Refugee Influx Emergency Vulnerability Assessment (REVA) – Technical Report;</li> <li>Oxfam (2017) Rapid Protection, Food Security and Market Assessment conducted in Cox's Bazar;</li> <li>Rapid Care Analysis in a Rapid-Onset Emergency Cox's Bazar;</li> <li>Joint Gender Analysis, June 2018 (by Oxfam, ACF, Save the Children, UN Women and ISCG)</li> </ul>  | ✓               |                   |
| 4W /5W Excel sheets and Dashboards.                                  | <ul style="list-style-type: none"> <li>WASH sector 4W Report;</li> <li>GBV Sub Sector 5Ws Dashboard 1 March – 17 May 2018;</li> <li>Protection Sector 5W</li> <li>ISCG 4W Influx - Cox's Bazar, Bangladesh (consolidated)</li> </ul>  | ✓               |                   |
| Situation Reports.   | ISCG Situation Reports of March – August 2018.  | ✓               |                   |
| Needs and Population Monitoring (NPM).                               | NPM Reports - Rounds 9, 10 & 11.  | ✓               |                   |
| Population Fact Sheets, Maps and Protection Profiling.               | UNHCR & REACH Population Factsheets, Maps and Settlement and Protection Profiling   | ✓               |                   |
| Agency/Sector Monthly Reports/Updates.                               | <ul style="list-style-type: none"> <li>UNFPA Rohingya Humanitarian Response, Monthly Situation Reports from January to July 2018</li> <li>IOM Bangladesh: Rohingya Humanitarian Crisis Response EXTERNAL UPDATE (April – May 2018)</li> </ul>   | ✓               |                   |
| Advocacy documents.  | Rohingya Refugee Crisis Advocacy brief – Child Protection by Child Protection Sector;   | ✓               |                   |
| Sector Activity Maps.  |   |                 | ✓                 |
| Humanitarian and Epidemiological bulletins.                          | <ul style="list-style-type: none"> <li>Rohingya Crisis in Cox's Bazar, Bangladesh: Health</li> <li>Sector Bulletins</li> <li>Weekly Epidemiological Bulletins</li> </ul>  | ✓               |                   |
| Monthly Briefs.  | <ul style="list-style-type: none"> <li>ISCG GiHA Brief No. 1 on JRP 2018 Rohingya Refugee Crisis Response final 22 March 2018;</li> <li>ISCG GiHA Brief No. 2 _ Gender equality checklist for monsoon and cyclone season final 31 March 2018;</li> <li>ISCG GiHA Brief No. 3 - Marking International Women's Day_Final 8 April 2018;</li> <li>ISCG GiHA Brief No. 4 _Interconnectedness_Gender Age and Disability Issues_Rohingya Refugee Response - Final05June2018;</li> <li>ISCG GiHA Brief No. 5 _Gender Equality Interventions_Adolescent Rohingya Girls and Boys - Final30July2018</li> </ul> | ✓               |                   |
| Monsoon Emergency Updates.   | ISCG Monsoon Emergency Updates (April – July 2018)  | ✓               |                   |
| Agency/Sector Post Distribution Reports.                             | UNHCR Post Distribution Reports March - 2018  | ✓               |                   |

<sup>52</sup> Available

<sup>53</sup> Not available



### Appendix 3: Examples of Activities being Implemented to Address SGBV

| Area of Intervention   | Activities being Implemented  |
|--|---|
| 1.Improving access of survivors of sexual and gender-based violence (SGBV) to sex and age appropriate medical, psychosocial, legal and socioeconomic services.   | <ul style="list-style-type: none"> <li>▪ Clinical management of rape.</li> <li>▪ Protection and awareness messaging.</li> <li>▪ Dignity Kits distribution.</li> <li>▪ Psychosocial support.</li> <li>▪ Reproductive health kit distribution.</li> <li>▪ Mobile reproductive health.</li> <li>▪ Deployment of midwives.</li> <li>▪ Train and work with Rohingya volunteers in community outreach activities</li> <li>▪ Promote community-based protection through awareness and access to humanitarian information and services in safety and dignity (markets, distribution sites, assistance and soliciting information).</li> <li>▪ Awareness raising, counselling, and referral system for effective prevention and response of SGBV.</li> <li>▪ Protection and awareness messaging.</li> <li>▪ Dignity Kits distribution.</li> <li>▪ Mental health and psychosocial support.</li> <li>▪ Community outreach for/to survivors.</li> <li>▪ Safe bathing spaces and cloth washing facility.</li> <li>▪ Livelihood skills development.</li> <li>▪ Children play, draw and join other supervised activities (e.g. learning).</li> <li>▪ Safe and opportunity for express what they need to express.</li> <li>▪ Psychosocial support.</li> </ul> |
| 2.Strengthening the documentation and reporting on SGBV as per safe and ethical international standards.   | <ul style="list-style-type: none"> <li>▪ Safe public places where Rohingya refugee women, girls, boys and men meet for social and recreational activities.</li> <li>▪ Safe and confidential SGBV prevention and response and child protection interventions, in accordance with their humanitarian needs.</li> <li>▪ Information point with daily information logbook capturing details of complaint and Feedback.</li> <li>▪ Training of Volunteers for Community Outreach activities and community groups.</li> </ul>   |
| 3.Engaging with displaced Rohingya community, local host population, religious and civil society organizations, including women and youth-led community-based organizations to raise awareness on how and where to access services for survivors, on rights of victims and to prevent stigma against survivors and their children. | <ul style="list-style-type: none"> <li>▪ Establishment of various community groups and activities as in <b>Area of Intervention</b> number 1 above.</li> </ul>  |