Gender Diverse Population Working Group
Strategic Summary Note for
Joint Response Plan – 2023
October-2022

1. Protection trends and situation analysis

• Health and other services for gender diverse persons have been overlooked, in particular Sexual and Reproductive Health and Rights as well as general communicable diseases. Including HIV. Due to stigma and discrimination by service providers and therefore the lack of access to health care (humanitarian/governmental), gender diverse population are being forced to seek alternative health services from private pharmacies that are prohibitively expensive and not reliable.[8] This situation has worsened during the pandemic as capacity within the health service is being redirected to deal with the spread of the COVID-19 virus, and the humanitarian response has been significantly reduced. Capacity building, sharing of knowledge is missing among service providers to enable access to services and right the gender diverse population.

• There is little available information on *kothis* and *hijra* in the Camp, resulting in a significant information gap and further discrimination due to lack of knowledge. Newly-arrived *kothi* and *hijras* from Myanmar initially lived with people who did not accept them and forced them to leave the camp. Forceful expulsion of the newly arrived *kothis* and *hijra* from the camp results in selling sex through seeking out their clients, leading to health problems.

• Some refugee men and boys in Ukhya, Cox's Bazar have been subjected to sexual abuse, violence (including mutilation, burning, castration and penial amputation) and exploitation in Myanmar and again in the camps, which is likely to cause long term physical and mental health problems.[9] Psychological, social, and physical aid targeting to men and boys survivors are needed, in particular for adolescent boys and young men; boys with disabilities (primarily intellectual disabilities); persons with diverse sexual orientation, gender identity, and expression, or sex characteristics; and men and boys in the context of informal work and child labor.

• Gender Diverse Population faced four categories of GBV: Physical Violence, Sexual Violence, PSS-related violence, and economic violence. They experienced extensive stigma and discrimination in Myanmar and Bangladesh, with little protection from harassment, and suffered from emotional and physical abuse, including denial of services and isolation from family and discrimination from the host community.

• Issues of misinformation, confusion, and stigma around gender-diverse communities among refugees, host communities, and service providers, including government departments and community/religious leaders, are of concern, leading to discrimination and lack of access to basic services, or to those services that do not consider differential needs based on their sex or gender (i.e. there is no equivalent to Women Friendly Spaces for men).

2. Identified key unmet needs

• There is a lack of awareness on the needs of gender diverse populations and the humanitarian response should include relevant community-based and civil society organizations to better understand and respond to their needs in both Rohingya and host community responses.

• Men, boys, and persons from gender diverse communities are insufficiently engaged in the development of GBV prevention, risk mitigation and response programming GBV to appropriately address and integrate male and gender diverse survivors. The Women's Refugee Commission (WRC) report asks the Protection Actors to "engage men, boys, and persons with diverse SOGIESC in the development of prevention and risk mitigation strategies for sexual violence and exploitation inside

and outside the camps. Ensure the availability of safe shelter for at-risk males and male survivors".[12] Technical skills to approach survivors most appropriately and sensitively are to be strengthened to ensure proper management of cases (accountability) and encourage disclosure and, therefore, access to services.

• Service providers across all sectors lack knowledge of gender diversity and the rights of gender minorities and therefore, personal bias affects the service provision for these communities.

• There is a significant information gap on detailed data and analysis of size and issues facing gender diverse populations. Service providers lack knowledge about gender diverse populations and people from gender diversity didn't seek support from service center/health posts due to fear disclosing gender identity, which will create harm situations to live in the camp.

• New and increased protection risks arising from COVID-19 faced by women, girls, men and boys, transgender persons and female sex workers (discriminated by social and religious norms, rumors, and social stigmatization) and key vulnerable and marginalized groups are not fully mitigated and addressed, as highlighted by a ISCG report.

• Religious leaders, women leaders, civil society organizations representing vulnerable and marginalized groups and communities are not fully engaged in prevention and response activities.

• The advocacy currently undergoing for essential services that have been deprioritized in the COVID-19 response (e.g. protection services, GBV services for survivors, sexual reproductive health services, menstrual hygiene management, drop-in-centers for female sex workers, women's leadership programming and initiatives, income-generating and self-reliance activities and education) should be reassessed and re-established, taking into account safety measures, and should include gender diverse population.

• Community-based organizations within the Rohingya community should be involved and drawn upon for their advice on culturally sensitive gender equality programming. GBV actors in particular should ensure that capacity-development efforts related to sexual violence appropriately address and integrate male survivors and survivors with diverse SOGIESC.

3. Strategic priorities

• Outreach and awareness activities for the gender diverse population on services available (e.g. health, GBV, legal, HLP, protection) and rights to empower individuals as right holders. Addressing mental health issue (psychosocial, psychosexual counseling and psychological first aid) of the gender diverse population.

• Capacity building for duty bearers and other protection stakeholders, including government bodies, host community, religious leaders, service providers and locally elected bodies to overcome personal biases, stigma and discrimination and enhance the access to basic services.

• Ensure data collection and research and evidence-based analysis to minimize the information gap. Further advocacy efforts for increased programming and resource mobilization.

• Advocacy initiatives inside camp area can include the Administration of Camp in Charge (CiC) office, Site management office, frontline volunteer, Rohingya leaders, Mahji's, religious leaders, service providers, and sector-wise advocacy which outlines health, GBV, Wash and Protection each of camp and livelihood opportunity.

4. Response strategy

• Scale up outreach and awareness activities with gender diverse populations on SRHR rights, GBV and protection related services, as well as sensitize the general population of Rohingya and host communities on the rights of gender diverse populations to these services.

• Increase awareness on currents gaps and needs of gender diverse populations with key stakeholders, including donors, coordination mechanisms, government institutions and local

government administrations. Generation of evidence to reduce the information gap on gender diverse populations, such as inclusion of gender diverse populations in project development and monitoring and evaluation frameworks, legal analysis, GBV-assessment, and collection of disaggregated data on population size, sexual and gender identification.

• Build capacity of host community and local government administrators to respond to these needs, including local administrations, local elected officials, service providers and religious leaders. Capacity building initiatives inside camp areas can include administration of Camp in Charge (CiC) offices, site management offices, frontline volunteers, Rohingya leaders, Mahjis, religious leaders, service providers, and sector-advocacy focusing on health, WASH, food security and livelihoods, and protection and GBV within each of the camps.

• Address GBV and mental health issues for gender diverse populations including psychosocial, psychosexual counselling and psychological first aid.

• Expand coverage of GDP WG partners programs across the camps.

5. Key activities for 2023 JRP project proposals

• Outreach programs including one to one session, group session, social camping to make them aware of their rights and SRHR including GBV, SGBV cases, and mental health issues.

• Awareness raising on GDP issues among the Rohingya in the camp context, Humanitarian actors and camp administration.

• Develop GBV guideline link with GVB SS particularly support for gender diverse population.

• Advocacy and capacity building programmes with service providers and other stakeholders, host community and mainstreaming gender diversity across all sectors.

• Work with sectors and agencies and sensitization on the current situation and needs of the gender diverse population to create enable environment.

• Conduct research study, lessons learned, case study to inform the advocacy

• Support victims of GBV, SGBV, Shelter through protection services. Address issue around mental health of gender diverse population.

• Incorporate gender diversity into the research process and data collection.

• Inclusion of host community and Increase linkages across gender diverse population networks, committees & CSOS by involving stakeholders with different kinds of activities host and refugee community areas and improve livelihood opportunity.

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