

## GBVIMS 2023 Annual Report – EXTERNAL

### Cox's Bazar, Bangladesh

#### CONTEXT

UNFPA has been supporting the deployment of the Gender-based Violence Information Management System (GBVIMS), a multi-faceted tool created to harmonize the collection of data related to incidents of gender-based violence (GBV) and to promote the ethical sharing of this data amongst partners. It was launched in Cox's Bazar, Bangladesh in May 2018, and as of December 2023, 16 organizations are signatory members of the GBVIMS Information Sharing Protocol (ISP). These include 4 UN agencies and 11 National NGOs (NNGOs) and International NGOs (INGOs). Among the 16 signatory members, 13 organizations are Data Gathering Organizations (hereinafter DGOs). The DGOs provide incident data on the basis of their respective GBV case management services in the humanitarian response to the Rohingya refugee and the Bangladeshi host communities adjacent to the camps.

This report covers all GBV incidents reported in January 2023 to December 2023. All 15 DGOs regularly shared their monthly data which is compiled for this annual report. The GBVIMS records information only after obtaining informed consent from the survivors. This information is securely collected by the DGOs either directly from the GBV survivors or indirectly from guardians/caregivers of child GBV survivors. The analysis also covers the period of monsoon/heavy rainfall and country-wide strict lockdown when emergency services like health services were only allowed until August 2023. This report will focus on comparing the 2023 annual data with the previous year (2022) of GBVIMS data.

All ISP signatories have provided feedback and inputs on the annual data trends of 2023 through the data analysis sessions in each quarter. Several other secondary sources were also triangulated against, such as GBVSS partners reports<sup>1</sup> and 2023 Joint Multi-Sector Needs Assessment (J-MSNA), from which the findings<sup>2</sup> have also been included in this report. **It is important to point out that the data trends reflected here illustrate service-based data and are not prevalence data.** The goal of this report is to support an evidence-based GBV situation analysis to inform program, advocacy and coordination of the Rohingya humanitarian response.

The report is composed of 7 sections including: (i) context; (ii) nature and scope of reported GBV incidents; (iii) information about survivors; (iv) service provision and gaps; (v) challenges and barriers; and (vi) key recommendations.

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<sup>1</sup> From GBVSS assessment registry, including partner assessments done at organization level

<sup>2</sup> ISCG, *Joint Multi-Sector Needs Assessment (J-MSNA): Refugee and host communities* (Factsheets, Feb 2024)

## Key Highlights

- There was a 17% increase of reported incidents in 2023, as compared to 2022. This could be attributed to increased awareness for services, as field GBV actors did not perceive a sharp increase in the GBV incidents in general.
- In 2023, the most common types of GBV are: Physical assault (51.1%), Psychological/emotional abuse (21.7%), Denial of resources (18.7%), Sexual assault (4.1%) and Rape (3.8%).
- In 2023, Physical assault remained the most common type of GBV, comprising 51.1% of all reported incidents under GBVIMS (Similar with that in 2022, 54.1%).
- In 2023, rape (3.8% in 2023, 4.1% in 2022) and sexual assault (4.1% in 2023, 3.1% in 2022) remain rather constant, while psychological/emotional abuse slightly increased to 21.7% (which was 18.4% in 2022).
- In 2023, reported incidents of forced marriage (0.5%) have slightly decreased compared to 2022 (1.21%).
- In 2023, Intimate Partner Violence (IPV) comprised 79.1% of all incidents, remaining the top type of GBV “by case context”. This trend has continued since 2022 (85%).
- Child sexual abuse is 3.0%, early/child marriage comprised 0.2% of all reported incidents in 2023, as opposed to 2022 where child sexual abuse was 1.7%, early/child marriage was 0.2% of all incidents reported.
- In terms of incident location, the majority of the reported incidents took place in the survivor’s residence (90.7 % of all reported incidents in 2023). The second most common incident location is perpetrators residence (4.9% of all reported incidents); In 2023, only 1.6% reported incidents occurred in “street/pathways”, 0.5% in “water points”, 0.7% in “friend or relative’s house” and 0.45% in “bathing facilities”.
- For 2023, the top 3 services provided are: psychosocial services (100%), health/medical services (94.1%), and basic needs services (94.3%). This includes service directly provided by the Data Gathering Organizations (DGOs) or through case referrals.
- The top 3 services with the highest percentages of referrals declined by the survivors are: police and security services (91.5%), safe shelter/house (97%) and legal assistance services (69.4%).
- The top 3 services with the highest percentages of unavailability were: Child protection services (63%), basic needs services (1.1%) and Mental health services (1.60%).
- It is worth highlighting that in 2023, of all rape incidents reported within 72H, 93.4% treated/referred within 72H; whereas of all rape incidents, 57% treated/referred within 72H (as compared to 48% in 2022). This demonstrates a huge improvement in the service referral quality collectively achieved by all GBV actors on the ground.

## Demographic Statistics About Rohingya and Host Communities

Figure 1: Cox's Bazar Population Key Figures

(Source: ISCG, Joint Response Plan (JRP) Implementation Update, Rohingya Humanitarian Crisis, October 2023)



The GBVIMS report consolidates information provided by the DGOs working with Rohingya refugees in refugee camps and affected host communities, as identified in the Joint Response Plan for the Rohingya humanitarian crisis. The demographic statistics for each of these three groups are given above (Figure 1).

## Annual and Quarterly Reported GBV Incidents Comparisons for 2022 and 2023

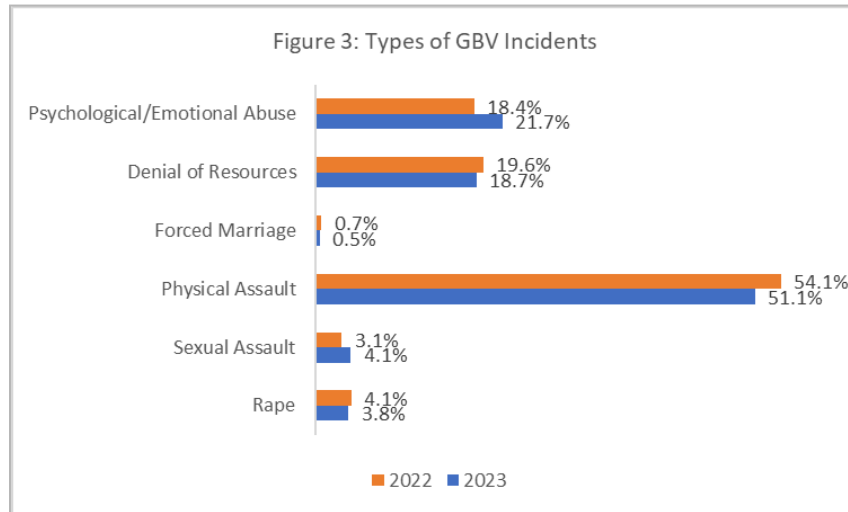
In 2023, there was a 17% increase in GBV incidents reported through GBVIMS, compared to 2022. One contributing factor for this increase can be enhanced community awareness about GBV and GBV services achieved through regular awareness and outreach sessions by GBV actors across all camps, as the majority of the GBV camp focal points did not express concern for an increase in incidents reported in the facilities they work in in 2023.

Overall, some of the major GBV risk drivers: the limited income-generating opportunities, food ration cuts for the community, the perceived camp security deterioration, among others, were contributing to an increased vulnerability of the women, girls, men and boys in the community.

Humanitarian actors also continued working on GBV awareness or in collaboration with other sectors on GBV prevention mechanisms that promote more equitable gender roles. Considering this, GBVSS in coordination with the Protection Sector deployed a PERU (Protection Emergency Response) team consisting of the focal persons from general protection, child protection and GBV for emergency protection services of the Rohingya community. In 2023, a total of 636,655 refugees and 169,227 host community members were reached by community-led messaging on key protection risk and related mitigation measures including contingency plans, as reported in the 5w by GBVSS partners. This included 279,010 refugees and 147,340 host community members who were engaged in both structured and non-structured GBV prevention activities. Furthermore, GBVSS provided orientation to the GBV camp focal points on service mapping and emergency referral services in order to ensure the timely response by providing referrals to alternative service points.

## NATURE AND SCOPE OF GBV INCIDENTS

The GBV type ‘physical assault’ is the most common type of reported GBV incident which has increased in 2023 (52.13% of all reported incidents) compared to 2022 (48.7%). Since the GBVIMS allows classification of only one type of GBV, it is possible that there are multiple (and intersecting) types of violence that are perpetrated against a survivor simultaneously which are not captured by the GBVIMS. At the same time, there is an increase in reporting of sexual assault and psychological/emotional abuse (Figure 3).



The following changes in reported incidents were observed between 2022 and 2023:

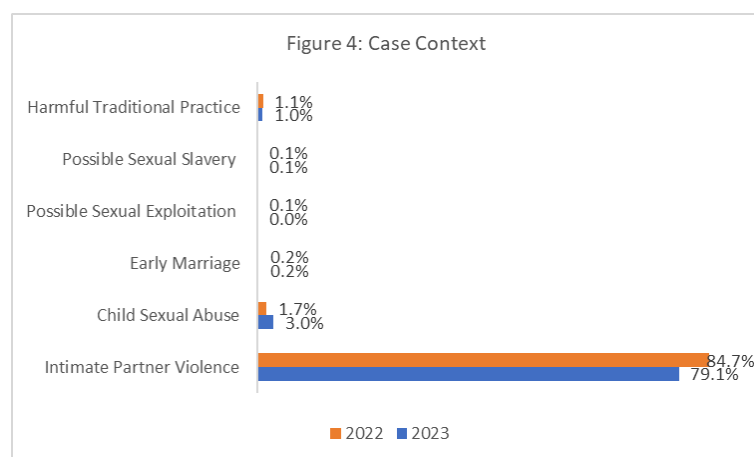
- Incidents of denial of resources decreased: 19.6% (2022) to 18.7% (2023)
- Incidents of forced marriage decreased: 0.7% (2022) to 0.5% (2023)
- Incidents of rape: 4.1% (2022) to 3.8% (2023).

Among all types of GBV, physical assault remains the highest reported incident and is interlinked with the incidences of denial of resources, emotional abuse, and forced marriage (including child marriage). Most of the reported incidents are correlated with polygamy and dowry and are increasingly common in the camps. Men were reported bypassing the CIC-authorized marriage system and opting for the local system facilitated by majhis and religious leaders during the community consultations. This creates the opportunity for Majhis to demand bribes from the families to misreport the age of the bride and facilitate child marriage. Majhis have also been found to use these arranged marriages as a form of resolution for rape and abuse cases.

During this year, the reporting of sexual violence increased from 7% (2022) to 8% (2023) which is comprised of, with rape (3.8%) and sexual assault (4.1%). According to the focal points in the data analysis session, this increase in reporting may be a result of the targeted awareness sessions and programs for parents and adolescents, as the community is more aware of the life risks associated with sexual violence. Women and girls in focus group discussions reiterated that sexual violence is most prevalent among girls under the age of 18 but it remains often under-reported, and therefore, child

sexual abuse constitutes only 3.0% of reported cases, which may be higher than this, assumed by some sources. It is important to note that forced marriages are reported less frequently than other types of gender-based violence due to their correlation with other incidents. Survivors who have been subjected to child/early marriage often report physical, psychological, and socio-economic abuse in addition to the marriage. This information has been reported by the focal points of various organizations

**Intimate Partner Violence (IPV) continues to be the highest percentage of all reported GBV incidents (79.1%) in 2023 but is lower than that for 2022 (84.7%) (Figure 4).**



During the data analysis sessions, the focal points of DGOs mentioned that men are inclined to multiple marriages (polygamy) and are demanding dowry (a harmful traditional practice), as a negative means of survival.

On the other hand, women are marrying (both voluntarily and forcefully) to escape from the risks and security situation from the camps. It is even found that women are marrying

strangers and moving to neighboring countries (mostly Thailand and Malaysia) into an uncertain life which further puts them at risks like trafficking and sexual slavery. Moreover, Rohingya refugee men residing in adjacent camps of Teknaf are reported to be involved in substance abuse and gambling which negatively impacts family relationships and heightens risks of GBV. Women and girls reported that men are leaving to different areas and countries in search of better job opportunities. However, they often end the relationship without any communication, and their whereabouts are unknown to their families.

According to the participants of the KII, most of the IPV incidents are related to polygamy including inter-community polygamous marriage with the host community. This is due to the fact that it is easier for the men to remarry at any point of time as a result of lack of any legal restrictions/consequences. It was also mentioned during the KII that this interest is growing further in the interest of acquiring the control of the ration/relief of the women after the marriage. This is an unintended consequence of aid policies that is happening since marriage gives a new Family Counting Number for rations and shelter eligibility.<sup>3</sup>

Moreover, there is also a religious belief that men are allowed to have four marriages according the Islamic rule and there is no robust accountability and legal regulations both at the administrative

<sup>3</sup> UNFPA, Unicef, John Hopkins Bloomberg School of Public Health and Women’s Refugee Commission Policy Brief – *Child Marriage in Humanitarian Settings: The Rohingya Community in Bangladesh, June 2023*).

mechanism and the community level which reinforces these harmful gender norms and practices, mentioned by the community volunteers and the case workers during KII<sup>4</sup>. The persistent high percentages of IPV indicates that increased prevention and response coordinated efforts are needed to reduce IPV.

There are several current activities by GBV sub-sector partners on raising community awareness about IPV and gender equality. GBVSS partners continued male and boy's engagement activities through socially tested social mobilization approaches such as "SASA! Together" programs<sup>5</sup>, which completed the first phase "START" of it in 2022, and was in the Awareness Phase in 2023, transitioning into the Support Phase from 2023-2024. Alongside this, religious and community leaders are the key actors in preventing GBV, mainly IPV which is mentioned by the DGOs in the data analysis sessions. Therefore, many GBV actors continued to work closely with the community and religious leaders including imams and mahjis by organizing community consultation meetings and workshops for the religious leaders.

**The reported percentage of early/child marriages remained at around 0.2% of all reported incidents in both 2022 and 2023.** However, it has been discussed among the DGOs in the data analysis sessions that early marriage may very well be underreported by the community.

In the IOM report, it is mentioned that the main reasons for marriage under the age of 18 is there is a belief that the older a girl becomes the greater the risk there is to her reputation or izzot (honor).<sup>6</sup> Alongside these gendered norms regarding family honor, there are more factors such as lack of economic activities and job opportunities, lack of hope for the future, fear of sexual violence and trafficking, desire for family security that enables and drives the child marriage, revealed by the policy brief conducted in June 2021, a trend that's been continuing ever since.<sup>7</sup>

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<sup>4</sup> Key Informant Interviews (KIIs) conducted in 2022.

<sup>5</sup> With a cohort of 6 organizations (UNHCR and its partners, BRAC and Relief International, UNFPA and its partners, Mukti Cox's Bazar and Gana Unnayan Kendra (GUK)) within Cox's Bazar refugee settlement.

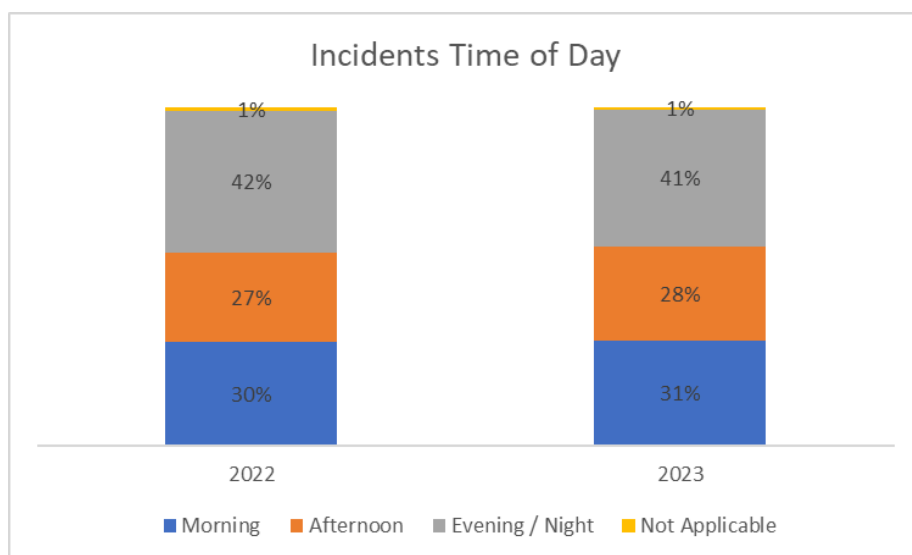
<sup>6</sup> IOM, MaBoinor Rosom Mother's & Sister's Ways: Marriage - Summary Report: February 2022, published on 19 April 2022

<sup>7</sup> Furthermore, it mentioned economic concerns drive some families to marry their sons to gain dowry income, or to marry their daughters off younger so as to pay less dowry. However, families that cannot pay dowry at all are less likely to marry off their daughters. (Source: UNFPA, Unicef, John Hopkins Bloomberg School of Public Health and Women's Refugee Commission Policy Brief –*Child Marriage in Humanitarian Settings: The Rohingya Community in Bangladesh, June 2021*).

Incident Locations	2022	2023
Survivor's Residence	90.0%	90.7%
Perpetrator's Residence	6.6%	4.9%
Street / Pathway	1.2%	1.6%
Friend/relative's residence	0.6%	0.7%
Bathing Facilities	0.3%	0.4%

*Figure 5: List of top 5 GBV Incidents locations by their occurrences.*

Throughout 2023, the top 2 locations remain to be the highest parameters which are the **Survivor's Residence (90.7%)** and **Perpetrator's Residence (4.9%)**. The percentage of reported incidents in **survivor's residence** has remained almost the same both in 2022 and 2023 (Figure 5) On the other hand, the percentage of reported incidents that occurred in the **perpetrator's residence** has relatively decreased in 2023 with 4.9% which was 6.6% in 2022. Considering the rate of IPV, it is evident that the survivor's residence and the perpetrator's residence represent the highest incident locations. Almost all the women from FGDs echoed that the current dire living conditions in the camp, and shelter proximity, contributed to increased violence. Women further stated that there is no robust deterrence system (a system criminalizing polygamy) for men having multiple marriages. Despite the camp authority (CiCs) having introduced a system of marriage registration, majhis and community leaders are arranging marriages by charging money from both the man and woman. This situation enables men to have multiple intimate relationships and marriages which has resulted in higher numbers of reported IPV.



**Both in 2022 and 2023, most of the incidents took place during the evening/night time.** There has been an increase by 1% in the percentage of incidents that occurred during the morning (31%) and afternoon (28%) in 2023.

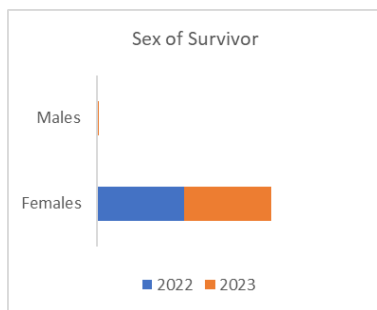
Participants in the focus group discussions noted that most of the child survivors' GBV-reported cases are perpetrated at friends' and relatives' residences. However, one of the safety and security problems raised by women and girls is related to the lack of adequate functional lights at the communal latrines, which is creating challenges for women and girls in accessing these facilities at night. This situation has led to unexpected incidents, where some men have locked the latrine doors while women and girls are

inside. These men attempt to sexually abuse them by taking advantage of the darkness and wearing visors to conceal their identities.

It is noteworthy that 7.5% of cases involve family other than spouses or caregivers, primarily involving instances of child sexual abuse or rape, mentioned by the case workers. While there are incident locations such as streets/pathways, water points, bathing facilities, and public toilets/latrines that have limited parameters and require the attention of other sectors, the GBV Sub-Sector (GBVSS) remains focused on maintaining and enhancing GBV risk mitigation efforts. National Field Coordinators of GBVSS along with GBV Camp Focal Points consistently coordinate with various stakeholders from relevant sectors through active field-level engagement to ensure the continued strength of these mitigation measures.

## SURVIVOR INFORMATION

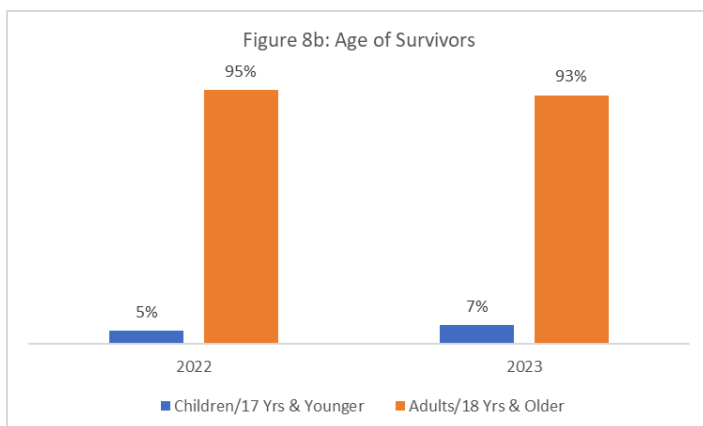
**GBVIMS DGOs continued to provide case management services for male survivors, among 13 DGOs, 7 DGOs were working for male survivors. For 2022 and 2023, only 1% of the reported incidents were by male GBV survivors and 99% of the reported incidents were by female GBV survivors (Figure 8a).**



According to the focal points from DGOs, many GBV SS partners have extended GBV services for male survivors. However, given that culturally male survivors face stigma when opening up about GBV incidents against them, this percentage seems underreported. As a result, activities to raise awareness about evidence of GBV perpetrated against men and scaling up of appropriate and confidential services for male survivors is needed (mentioned by the DGO focal points during GBVIMS Task Team meetings). The DGO focal points have also pointed out that there is a dire need for

further capacity building on case management for male survivors in order to ensure quality services as well as to understand the dynamics of GBV of male survivors.

**In 2023, many GBVIMS organizations extended the GBV response services in the host communities. 79% of GBV incidents are reported by the refugees whereas 21% are from the surrounding host community which represents both Teknaf and Ukhiya.**



**Throughout the year, a large majority of the reported GBV survivors were of the age group 18 to 60 years (93%) as in Figure 8b.** At the same time, 7% of all incidents reported are below 18 years of age in 2023 which has increased from 2022 (5%). Other reports, however, indicate that there may have been many more child GBV survivors during this period. As



Policy Brief<sup>8</sup> says, more than the boys, girls before age 18 are more likely to experience child marriage across all age groups and both in the host and Rohingya communities.

The Child Protection and GBV task team under the guidance of GBV SS has initiated the collaboration efforts including regularly organizing meetings and developing the SOP and guidelines on CP-GBV case management.

## SERVICE PROVISION AND GAPS

**In 2023, the top 3 services that were either provided directly by the Data Gathering Organizations (DGOs) or through a referral are: psychosocial services (100%), health/medical services (94.1%), and basic needs services (94.3%)<sup>9</sup>.**

Safe shelter, legal assistance, police & security services are being declined by the majority of the survivors. Despite requiring these services, the rate of decline is high as availing these services is lengthy and complex and even most of the survivors prefer to live in abusive relationships/marriages to avoid further harm and GBV risk. In addition to this, MHPSS services are consistently being declined by the survivors. It is found that most of the MHPSS counseling centers are integrated within the health centers where survivors do not feel comfortable accessing the services. GBVSS has been continuously coordinating with the Health sector including SRH WG and relevant sectors to address the gap and challenges.

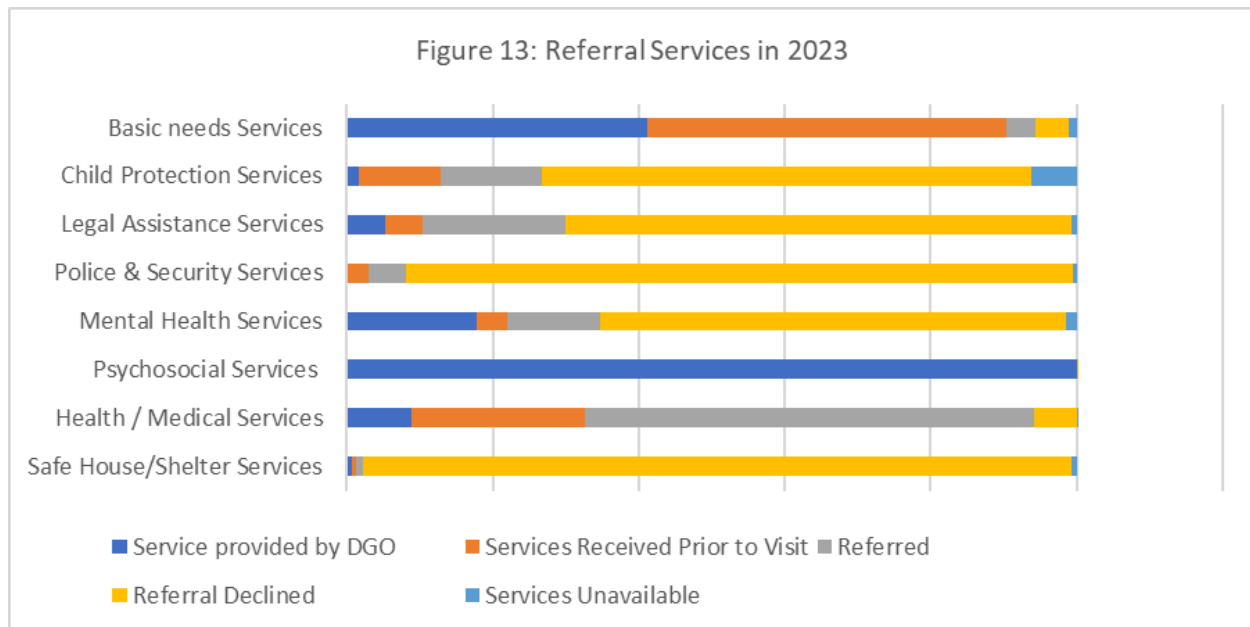


Figure 13b: Statistics regarding Services provided in 2023

<sup>8</sup> UNFPA, Unicef, John Hopkins Bloomberg School of Public Health and Women’s Refugee Commission Policy Brief –*Child Marriage in Humanitarian Settings: The Rohingya Community in Bangladesh, June 2022*

<sup>9</sup> Basic needs services are consisted of food items and non-food items that include shelter/housing, clothes, LPG gas, Dignity Kits etc.

In the data analysis sessions, GBV task team members and GBV Camp Focal Points indicated that women tend not to seek support due to fear of further harm. They do not want to go to the police/CiC/APBN in fear that the police would come to them after a case/event, further stigmatizing the survivors in the community.

Case workers have reported that the **process of accessing a safe house/shelter** can be long and complex. Survivors' perception on services not being timely delivered may have led to a drop in the demand of these services. In addition, survivors also decline being referred to a safe shelter because of their fear of being stigmatized by others, fear of losing access to their ration card, and in some cases, because of the uncertainty about being able to take care of their children and others prefer to remain with their children rather than being separated from them.

**Followed by this, survivors have declined 58.25% of legal assistance services and 44.4% of mental health services which has slightly decreased compared to 2022 respectively (legal assistance services with 59.0% and mental health services with 54.5%).**

During the reporting period, the challenges of availing **legal assistance and safe shelter services** remained the same, this is due to the fact that undertaking legal action is time consuming with complicated process, that has resulted in the reluctance of availing legal assistance for formal legal procedures by the survivors, which may have led to a drop in the demand of these services, especially in reporting Intimate Partner Violence. In some of the critical cases (rape/marital rape, emergency health need, survivor with an infant, self-harming, harming others) survivors require urgent legal and immediate safe shelter services, which is a concern when these services take a long time to be accessible.

According to case workers, case managers and GBVIMS Task Team focal points (in data analysis session), survivors (or their guardians) are **declining Child Protection services** as they are reluctant to avail services from multiple service providers, due to their safety and confidentiality that might be compromised during data sharing processes, particularly for lack of application of information security measures or corresponding data protection protocols. Others have reported that survivors disclose their GBV incidents to the case worker after becoming acquainted through GBV prevention and sensitization activities and because of the **sense of trust built with the case worker**, they are reluctant to share the case with others that are not trained or experienced with the do not harm principle related to confidentiality and safety.

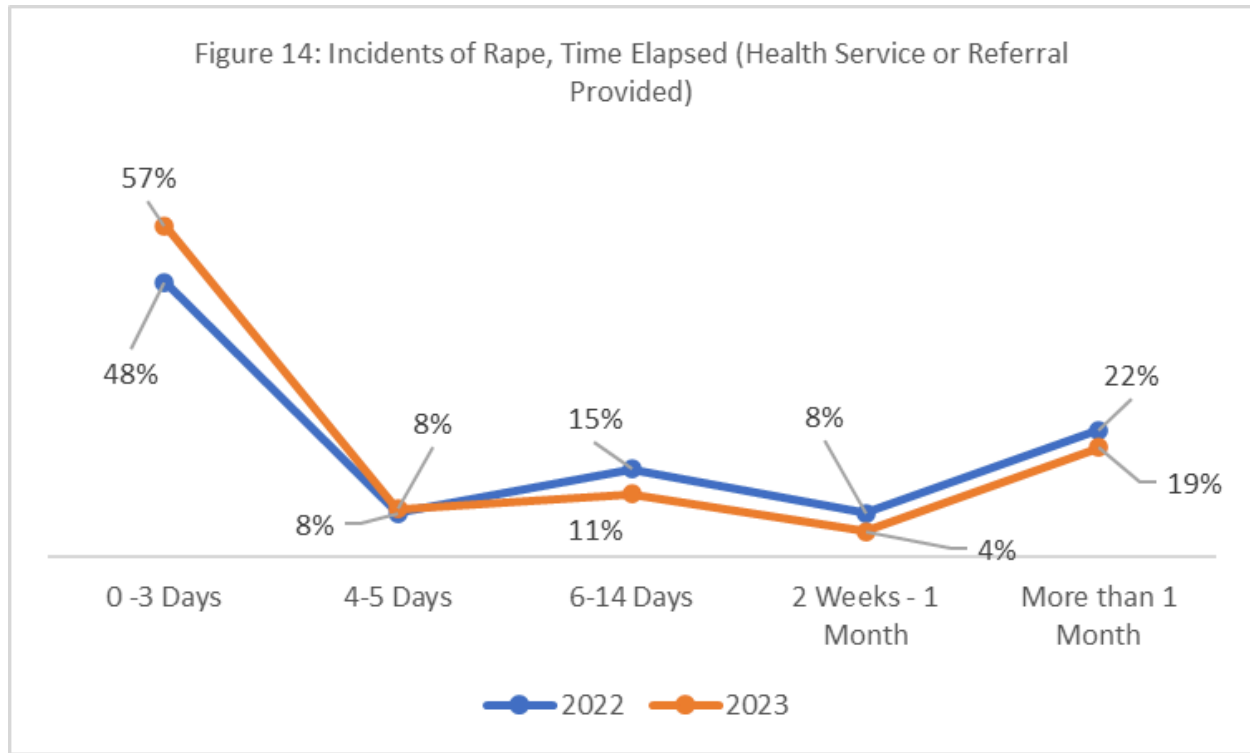
As in previous years, **mental health services are also being declined by survivors** due to the stigma related to accessing mental health services, fear that others may find out, and the perception that the services are time consuming.

**The top 3 services with the highest percentages of unavailability were: Child protection services (13.43%), basic needs services (9.8%) and Mental health services (1.40%).** The unavailability of basic needs services has increased compared to 2022 (6.3%) and child protection services has highly increased



with 13.43% compared to 2022 (1.5%), and mental health services increased with 1.40% which was 0.3% in 2022.

**Referral of rape cases within the critical timeframe of the first 72 hours**



It is worth highlighting that in 2023, of all rape incidents reported within 72H, 93.4% treated/referred within 72H; whereas of all rape incidents, 57% treated/referred within 72H (as compared to 48% in 2022). This demonstrates a huge improvement in the service referral quality collectively achieved by all GBV actors on the ground. However, sexual violence continuously remained underreported, and rape is presumably higher than reported (as per reporting organizations). FGDs with community women revealed that most of the rape incidents are among adolescent girls and unmarried women. There also seems to be a gap in identifying and defining “marital rape” at the service provider level/ case worker level.

Although the availability of integrated services for gender based violence and sexual and reproductive health is available, the service-seeking behavior has fallen down due to the unstable security context in the camps as mentioned by the FGD participants. Figure 14 also indicates an increase in the reporting time of rape by 9% from 2022. Despite these positive developments, rape is still stigmatized and there is a lack of awareness around it. In cases where the rape survivors are children, caregivers often conceal the incident initially due to fear of reprisals from the perpetrators. The cases are only reported when the pregnancy becomes visible after the critical time has elapsed. This makes the cases complicated for both health and gender-based violence actors.

Therefore, there is still a need for continuous awareness of the consequences of rape and importance of CMR services, with men and women and particularly the parents/guardians so that reporting behavior is strengthened to mitigate further risks such as unwanted pregnancy and sexually transmitted infections.

Moreover, FGDs also revealed that community leaders including majhi's and imam's are taking money/compensation from the perpetrators to mediate the rape cases between survivors' families and perpetrators, which subsequently ends up with reparation marriage (rape survivors are forced to marry their perpetrators, for the sake of dignity for the family's honor).

It is found that most incidents of rape occur among adolescent girls and it is happening in a context when adolescent girls are increasingly engaging in relationships with boys, which, unfortunately, often results in experiences of GBV, particularly sexual violence. In some cases, boys perpetrate GBV by promising to marry the girl if they engage in physical intimacy as lovers and later renege on their commitment to marriage and instead subject the girls to abuse, sometimes resulting in pregnancy. However, GBV actors continued providing life-saving information and services e.g. Clinical Management of Rape (CMR) through GBV-SRH integrated services. They have also been raising awareness on the prevention of sexual violence through both structured and non-structured GBV prevention activities. As a result, 57% of the reported rape incidents received health service/ required referral within the critical timeframe of 72 hours, as illustrated in Figure 14.

### **Self-referral**

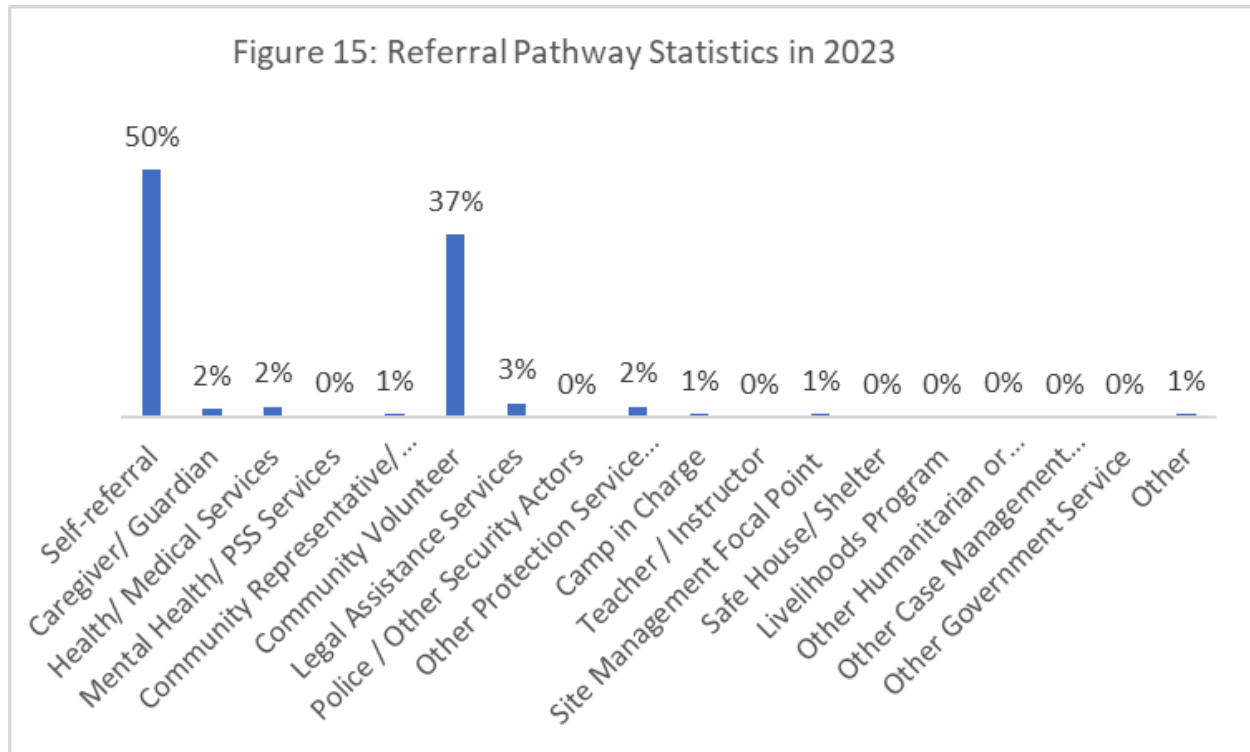
**In 2023, survivors self-referred to access GBV services in 50% of reported incidents.**

This shows the significance of having WGSS as a service point for women and girls across the camps, as 50% of users directly access the WGSS as their first point of contact for GBV-related incidents. Although it was found in J-MSNA 2023 that general community members tend to refer to their friends who may encounter GBV incidents/risks to Mahjis and CiCs, it **demonstrates further the critical importance that WGSS/WFS remain well equipped for quality GBV service, while linking service information with the referral pathways connecting to the Mahjis and CiCs network.**

**Table.** 2023 J-MSNA findings regarding community members' reported choices of GBV referral points to their friends who may encounter GBV

<p><b>Reported choices of GBV referral points by community:</b></p> <p>As regards to which service point they would refer a friend to who had faced any form of gender-based violence,</p> <ul style="list-style-type: none"> <li>a. in refugee camps: <ul style="list-style-type: none"> <li>54% responded Majhi,</li> <li>57.8% responded CiC,</li> <li>but only 10.3% responded "WGSS/WFS"</li> </ul> </li> <li>b. In host communities: <ul style="list-style-type: none"> <li>49%: Community-based dispute resolution mechanisms (e.g. local authorities, elderly citizens, chief traditional leaders)</li> <li>36.7%: Health facilities</li> <li>23.9%: Family/relatives/guardians/curator or legal authorized representative</li> <li>28.9%: Law enforcement officials (i.e. Police)</li> <li>22.6%: Legal aid service providers</li> </ul> </li> </ul>
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Of the service providers which facilitated referrals, the top two service providers were community volunteers (37%), and other legal assistance service providers (3%) (see figure 15).



Among all the referral services, the highest referrals are conducted respectively by GBV survivors (50%) and community volunteers (37%). Continuous information dissemination and capacity building of the frontline workers have contributed to this development. Having mentioned this, it is observed that there is still a gap and challenge in referring GBV cases among the humanitarian actors for which the referral mechanism still needs to be oriented across different sectors.

Regarding referral services, GBV actors play a crucial role in disseminating information about the GBV referral pathway at the community level. This effort has led to significant achievements in community awareness and attitudinal changes, as the community previously did not recognize GBV as a form of violence and often considered it a private family matter. Nonetheless, there has been a noticeable shift, with the community now acknowledging that women and girls are the primary targets of GBV, as mentioned by women and girls in focus group discussions. This awareness has encouraged them to step forward and report their cases.

For incidents that were not self-referred, community volunteers provided the largest percentage of referrals (37%) as most of the GBVSS partners are actively working through community volunteers. It is therefore recommended to **build the capacity of volunteers on referral mechanisms** along with different GBV topics. GBVSS also conducted service facility mapping by the GBV camp focal points which were initially oriented on the service mapping and referral pathway tools. Subsequently GBV SS Field Coordinators also continued to work with all the GBV Camp focal points of 34 camps and host



communities and guided them on collection of appropriate updated information to establish an inter-sectoral referral pathway.

Efforts were also made to provide trainings to other actors (such as humanitarian or development actors including health/medical services, food and livelihood sector, shelter actors, protection actors etc.) who may directly or indirectly come in close contact with GBV survivors on how to respond when a survivor discloses a GBV incident (particularly using the IASC GBV guidelines).

## CHALLENGES AND BARRIERS

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Below is a list of common challenges reported by the DGOs of GBVIMS in Cox's Bazar.

### **Service access barriers related to local authorities**

Despite the various efforts from the humanitarian actors, GBV survivors continue to face challenges in accessing survivor-friendly services in some camps. The data analysis session revealed that Majhis and perpetrators from some camps were threatening to restrict or manipulate survivors from reporting incidents to the humanitarian service providers.

### **Reduction of humanitarian assistance**

In June, there was a considerable impact of reduction of humanitarian assistance on the household dynamics, subsequently consequences in the occurrence of IPV, as reported by the caseworkers. GBV facilities and services from three reporting organizations were interrupted due to fund constraints.

### **Survivor data protection**

As DGOs reported, there was a challenge in GBV data sharing and protection around different sectoral actors and stakeholders, including a partial Camp in Charge (CiCs) staff and protection actors. This is due to the lack of orientation about GBV data sharing principles and Information Sharing Protocol (ISP) which has created the confusion and gaps in coordination and relationship among the CiCs, Protection actors and GBV camp focal points.

### **Lack of legal services**

For instance, in terms of accessing legal services, there are very limited legal actors that create the barriers on overall legal assistance and action if any survivor wants to avail it. There is a perception that the judicial procedure is also lengthy or unsupportive and fear of reprisals.

### **Sustained camp insecurity**

The sense of insecurity and tension deteriorated in 2023, with an overall increasing trend of serious protection incidents being reported. For instance, A total of 424 serious protection incidents affecting 1,087 Rohingya refugees have been recorded across the camps in Ukhiya and Teknaf during the last quarter of 2023. Major safety and security incidents included: abduction/kidnapping (149), extortion (83), gunshots/suspected use of firearms (83), killing/ murder/ manslaughter (24) - of which all victims were refugees- and serious physical assault (85).

Fighting between opposing criminal groups, targeted killings and reported threats to refugees remained a major concern during the last quarter of 2023. Since November, the security situation in certain areas of Ukhiya significantly deteriorated due to the continuous disputes and attacks between rival criminals.

Girls and women were reported to be targeted by criminal groups for forced marriage, trafficking, or sexual violence. This situation, coupled with ration cuts, congestion, and disasters, continue to pose serious risks of GBV. A reduction in services and safe mobility in the camps has led to increased confinement of women and girls and continues to put them at further risk of intimate partner violence (IPV). Adolescent girls, single women, widows, and people with disabilities were identified by GBV camp focal points as those most at risk.



## KEY RECOMMENDATIONS

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### 1. **Comprehensive strategy for addressing Intimate Partner Violence (IPV)**

In order to target the high percentage and sustained incidents of IPV reported in Cox's Bazar, especially in the protracted crisis phase, it is recommended to scale up the integrated intervention on GBV response and prevention by increasing men and boys 'engagement activities, GBV session with the couples and engagement of community leaders, in order to transform rooted discriminatory gender norms and address the continuation of IPV as being prevalent and the survivor's residence and perpetrators residence as top incident locations.

### 2. **GBV case management, GBVIMS and GBVIMS+ capacity building**

Strengthen the capacity building initiatives on GBV case management, GBVIMS and GBVIMS+ to continue to the safe, ethical and confidential data protection and management which will further contribute in evidence based GBV programming and activities along with ensuring that survivors are receiving quality GBV services. This recommendation made by the DGOs is due to the frequent turn-over in the pool of GBVIMS/GBVIMS+ trainers in the GBVIMS task team as well as staff turn-over in the GBVIMS user organizations.

### 3. **Inter-sectoral collaboration: Food security, Livelihood Skill Development Sector, Legal, Safe house/shelter service providers**

Continue strengthening collaboration with different sectors and actors including food security, livelihood skill development sectors, legal and safe house/shelter service providers to increase access to GBV survivors by conducting collective vulnerability assessments in relation to GBV risks, organizing issue-based workshops, involving core legal actors i.e. UNHCR, Protection Sector, Camp in Charge (CiC) and other relevant stakeholders in order to understand the real challenges and come up with harmonized guidelines for legal services including legal assistance and legal action services.

Moreover, the GBVSS should work with safe shelter actors such as IOM and UNHCR along with the Protection Sector and Camp in Charge (CiC) to make a safe, accessible and timely referral for ensuring safe shelter. A detailed survey assessment should be conducted by the relevant actors to identify gaps and challenges together.

### 4. **Child protection sector collaboration and linkages**

Continue capacity building with GBV actors in coordination with the Child protection sector on caring for child survivors is one of the recommendations suggested by the GBV actors to address GBV faced by child survivors mainly the child marriage. For this, continued collaboration is needed with stakeholders including CP-GBV case management working groups to ensure timely quality, age responsive and appropriate confidential referrals and access to GBV services for child survivors.

## **5. GBV service mapping and monitoring of Minimum Standards**

Continue to map out existing GBV services to evaluate the quality, availability, accessibility and acceptability of services delivery to improve quality of care, with a survivor-centered approach. Due to the frequent turnover of service providers in the camp level, this process requires a continuation to ensure the timely and comprehensive service mapping and referral pathway.

## **6. Non-GBV actors, Inter-sectoral and field administration: sensitization, advocacy and collaborations**

It is recommended that GBV is mainstreamed across all the sectors for which continued and renewed capacity building on basic GBV and referral pathway, ideally annually, is required for the different actors as well as other stakeholders such as Camp in Charge (CiC), particularly using official resources such as GBV pocket guide and IASC GBV guidelines, to ensure quality comprehensive and multi-sectoral responses to GBV.

## **7. GBV situation analysis, analytics and intervention impact evaluation**

Map out the opportunities and scopes of work for improving the monitoring and documentation of evidence and lessons learned of GBV interventions. GBVIMS Task Team with the support from GBVIMS global team can further generate IM products to guide and navigate the DGOs for GBV programming.

## **8. Addressing emerging types of GBV and their risks**

To address polygamy and dowry-related violence, community women recommended building a robust deterrence system which is to criminalize polygamy, it is possible only with the involvement of the government authority (CiCs), as women believe, Majhis and community leaders are corrupted. GBVSS should continue consultation with the CiCs and relevant stakeholders

## **9. Men and boys inclusion in social norms change**

Given the high incidence of intimate partner violence (IPV) primarily perpetrated by a survivor's husband, involving men and boys in GBV prevention efforts is recommended. It's essential to engage them in livelihood, income-generation, and skill development programs. The implementation of such engagement should consider their limited recreational opportunities, often due to congested living conditions in the camps. Prioritizing programs for men and boys is crucial for creating safer environments for women and girls at home and in public spaces



Thanks to the following donors for their support of GBVIMS work under the GBV SS of Cox's Bazar



The GBV SS would also like to express our sincere thanks to all the organizations contributing to the GBVIMS as well as all the donors supporting case management service provision in the Rohingya Humanitarian response in Cox's Bazar, Bangladesh.

*The data shared is only from reported cases and is in no way representative of the total incidence or prevalence of Gender-Based Violence (GBV) in Cox's Bazar, Bangladesh. These statistical trends are generated exclusively by GBV service providers (13 out of 50 total partners in GBV sub-sector) who use the GBV Information Management System (GBVIMS) for data collection in the implementation of GBV response activities in a limited number of locations across Cox's Bazar and with the informed consent of survivors. This data should not be used for direct follow-up with survivors or the afore-mentioned organizations for additional case follow-up. The following information should not be shared outside your organization/agency/cluster/ministry. Failure to comply with the above would result in revoking pre-approved data sharing/ or refusal of future requests for data.*