

GBV SUB-SECTOR

COX'S BAZAR, BANGLADESH
Rohingya Refugee Response

QUARTERLY BULLETIN
Q2 (APRIL-JUNE), 2025



Cox's Bazar GBV Sub-Sector

TABLE OF CONTENTS

GBVSS Coordination Updates-----	3-7
GBV Situations-Q2, 2025-----	8-11
Challenges and Advocacy-----	12
Updates from Partners-----	13-15

RESOURCES AND DATA

Updated GBVSS Member list ([LINK](#))
GBV Referral Pathway ([LIVE UPDATE](#))

FOR MORE INFORMATION

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PHOTO CREDIT

GBV Sub-Sector, UNFPA, BRAC,
AAB and WHO



THERE IS NO LIMIT
TO WHAT WE, AS WOMEN
CAN ACCOMPLISH

GBVSS COORDINATION UPDATES

The GBV Sub-Sector (GBVSS) provided strategic leadership - coordinating, technically supporting and strengthening the capacity of 54 member organizations and sectoral stakeholders in Cox's Bazar. The GBVSS drives collective efforts in GBV prevention, response, and risk mitigation, ensuring quality service delivery and promoting consistent application of GBV minimum standards throughout the Rohingya humanitarian response at Cox's Bazar. Key achievements during this Quarter are provided below:

SUPPORT SERVICE DELIVERY

● SAG MEETINGS

Additionally, the GBVSS also conducted three Strategic Advisory Group (SAG) meetings to determine the strategic direction for the GBVSS in the context of the ISCG-led prioritization exercise, categorizing Joint Response Plan (JRP) activities into first, second and third priorities, and resilience tiers in response to the U.S. funding freeze/defunding. Key discussions included GBV/CP integration due to resource limitations, proposing co-location and shared non-specialized activities, the joint dashboard for protection, CP and GBV, GBV service and facility mapping, and unified advocacy to donors amidst shrinking resources. The last SAG meeting focused on CP-GBV programmatic integration guidance notes.

● MONTHLY COORDINATION MEETING

The GBVSS held three Monthly coordination meetings with the GBVSS partners to strengthen collaboration among partners and address critical issues around GBV programs implementation. Key discussions encompassed emerging GBV trends, challenges and ways forward. GBVSS capacity needs assessments, GBV risk monitoring, service facility mapping and rationalization exercise aiming for integrated models and resource efficiency, Child Protection (CP)-GBV integration, 5Ws dashboard, GBV Standard Operating Procedures (SOP), family planning risk monitoring etc were also discussed during the meeting. An updated GBV prioritization matrix was developed to integrate services and promote sustainability. Facility mapping exercise identified 266 GBV-related facilities. Due to funding constraints, efforts focused on consolidating services partnering with organizations capable of comprehensive GBV interventions.



● MEETING WITH GBV CFPS

The GBVSS convened three monthly coordination meetings with GBV Camp Focal Points (CFPs) across all 33 Rohingya camps. These meetings strategically focused on fortifying field-level GBV prevention, response and risk mitigation by enhancing camp focal point (CFP) roles in coordination, GBV risk monitoring, outreach and referral mechanisms. Discussions focused on emerging GBV trends, risks faced by survivors, needs, vulnerabilities due to insecurity, impact of new arrivals, challenges faced by GBV actors during service provision. The meetings also proactively discussed avenues of collaboration and the way forward. Furthermore, the GBVSS field coordination team actively engaged in camp-level forums, strengthening vital collaboration with Camp-in-Charge (CiC) officials and multisectoral humanitarian stakeholders.



● GBVIMS TT MEETING

The GBV Sub-Sector (GBVSS) convened two quarterly GBVIMS Task Team meetings to address 5W data collection, Information Sharing Protocol (ISP), **Q1 2025 GBVIMS Factsheet**, and data challenges. Furthermore, the GBVSS team had held two online meetings with the Global Team for technical support regarding the Incident Recorder (IR) and Primero - particularly the issue around the user ID login for case workers - which had been raised by the Data Gathering Organizations (DGOs).



● FACILITY MAPPING DASHBOARD

The GBVSS developed a **service and facility mapping dashboard**, identifying 266 GBV-related facilities (196 JRP and 70 non-JRP), including 145 dedicated GBV facilities (e.g., WFSSs and MPWCs, which are fully funded by GBV actors) and 121 GBV service points embedded within other sectoral facilities. The objective of the mapping exercise was to better understand existing facilities, assess the availability of services, and identify needs and gaps in GBV service provision.

● CP-GBV INTEGRATION GUIDELINE

Following the U.S. funding cuts, the GBV Sub-Sector (GBVSS) and the Child Protection Sub-Sector (CPSS) initiated discussions on integration to better leverage available resources and avoid duplication of activities in the camps. This process involved identifying interventions that overlap across both sub-sectors and could be implemented jointly, such as awareness-raising and capacity-building initiatives. The CP and GBV Coordinators, together with their lead agencies, developed the first draft of the CP-GBV Integration Guidelines and held consultations and meetings with both SAGs. The draft is currently under joint review by the CP and GBV SAGs.

● PRIORITIZATION OF GBVSS ACTIVITIES

In response to shrinking funding, the GBV Sub-Sector (GBVSS), along with other sectors, was guided by the ISCG to identify and prioritize life-saving activities. These were categorized into four tiers and as follows for the GBVSS:

Priority-1: GBV case management, referrals, and psychosocial support (PSS) activities.

Priority-2: Training on MHPSS, GBVIMS-Legacy or Primero implementation, structured or non-structured prevention activities, and social cohesion/co-existence initiatives.

Priority-3: Training on GBV case management and information management, advocacy and campaigns, and dissemination of PSEA and SRH messages.

Resilience Tier: Capacity building on GBV core principles, as well as mainstreaming and integration efforts.

● TECHNICAL SUPPORT TO TWO GBVSS WGS

The GBV Sub-Sector (GBVSS) has consistently provided technical support to its two Working Groups—the Case Management Working Group (CMWG) and the Prevention Working Group (PWG). During this quarter, the Prevention WG initiated the development of harmonized messaging on key topics including child marriage, technology-facilitated GBV, and intimate partner violence (IPV), to be used in awareness sessions and the upcoming semi-annual report on prevention activities. In parallel, the Case Management WG supported the review of the guidance note on care for child survivors, as well as the GBV Case Management module tailored specifically for Gender Diverse Populations (GDP).

● REFERRAL PATHWAY

The GBVSS regularly updated the [GBV referral pathway for all 33 Rohingya camps](#). With the active support of the 33 GBV [Camp Focal Points](#), this ensured timely, safe, and survivor-centered referral to essential services..

● TIP SHEET FOR GDP

The UNFPA and AAB, in close collaboration with GBVSS, have jointly developed a tip sheet on GBV Prevention and Response Support tailored for Gender Diverse Populations, which is currently under review.

CAPACITY BUILDING

The GBVSS implemented comprehensive capacity-building initiatives, including orientations, training sessions, and workshops, involving both GBVSS partners and other sectoral stakeholders. During this quarter, the GBVSS undertook the following capacity-building initiatives:

● GBV MAINSTREAMING WORKSHOP

On June 4, 2025, the GBVSS organized a GBV mainstreaming workshop for non-GBV actors, specifically targeting Education and Health focal points; a total of 19 participants (F:2 and M: 17) attended the workshop. The session focused on GBV prevention and risk mitigation, with a particular emphasis on the identification and appropriate referral of GBV cases.



● GBV SOP ORIENTATION

The GBV Sub-Sector conducted an orientation on the Gender-Based Violence (GBV) Standard Operating Procedure (SOP) for GBVIMS Task Team Members, GBVSS members, GBV Camp Focal Points, and GBV Alternate Camp Focal Points on June 17, 23, 25, and 26, 2025, aimed to facilitate joint action by all actors involved in the Rohingya humanitarian effort to address GBV in line with international standards and best practices. A total of 108 participants (F:86, M:22) attended the orientation sessions.

● CCS TRAINING

The GBV Sub-Sector (GBVSS), in collaboration with the Child Protection Sub-Sector (CPSS), developed a comprehensive **guidance note on caring for child and adolescent survivors**. To support its dissemination, a joint townhall was held on May 6, 2025, bringing together 315 GBV and Child Protection actors. As part of the rollout, the GBVSS and CPSS also conducted a four-day training on Caring for Child Survivors (Version 2) from June 16–19, 2025. A total of 31(27F, 5M) caseworkers participated—16 from GBV actors (15 female, 1 male) and 15 from CP actors (12 female, 3 male)—with the aim of strengthening their capacity to provide quality GBV case management services for child and adolescent survivors.



EMERGENCY PREPAREDNESS AND RESPONSE

For Emergency and Preparedness, the GBV SS mapped out 5,697 dignity kits and also developed and disseminated **Community GBV messages**, **Preparedness Messages**, **GBV referral Pathway**, **GBV Risk Monitoring Tool**, and **Emergency communal relocation center's** information. **Dignity Kit (DK) Guidance Note**, and **Damaged/ Flooded GBV Facility Tracker** to ensure availability and accessibility of services during any emergency.

MONITORING AND EVALUATION

The GBVSS collaboratively worked with the Sexual and Reproductive Health Working Group (SRHWG) to disseminate a reporting tool for **family planning risk monitoring**, to support the reporting of any instances of coerced family planning. This initiative was complemented by a presentation to GBVSS members by the SRHWG. The SRHWG has been actively working to address issues of forced Family Planning through advocacy, community awareness, and capacity building of health actors.

INFORMATION MANAGEMENT

The GBVSS collected monthly 5W data from partners using a standardized template. This systematic reporting enabled timely analysis, precise progress tracking, and identification of service gaps, providing a crucial foundation for evidence-based planning, coordination, and advocacy to ensure responsive GBV services. Additionally, the GBVSS developed and disseminated the **5W Dashboard** to enhance coordination, foster transparency, and facilitate the identification of achievements and gaps within the GBVSS. The 5W dashboard was also discussed in the GBVSS meeting to streamline data collection among partners.

ADVOCACY AND CAMPAIGN

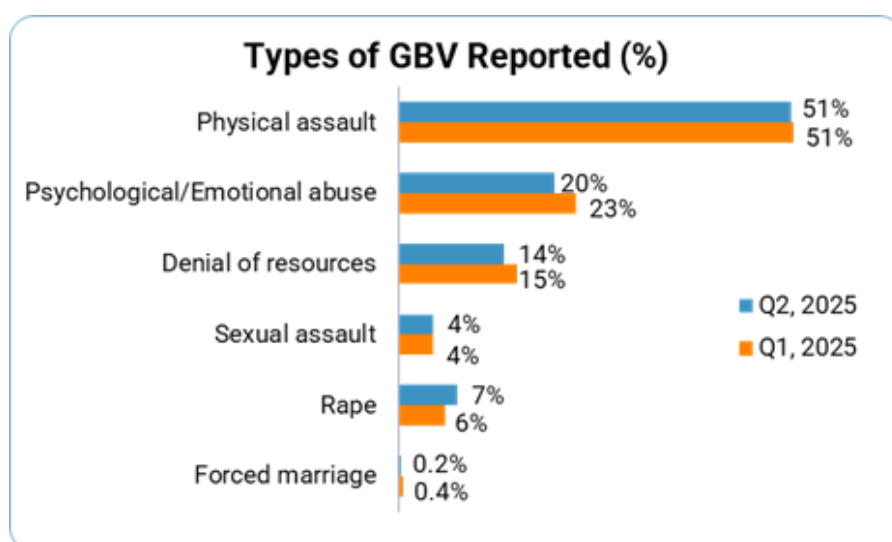
As part of its advocacy, the GBV Sub-Sector (GBVSS) developed and published the Q1 2025 **GBVIMS Factsheet** and **GBVSS Bulletin**. Additionally, in collaboration with the Protection Sector and the Child Protection Sub-Sector, the GBVSS contributed to the development and publication of the **Q1 2025 Joint Protection Monitoring Report** and a **Flash Update**. These documents were shared with partners and presented to donors as part of advocacy.



GBV SITUATIONS IN Q2, 2025

A) GBV TYPES and TRENDS: REPORTED IN GBVIMS

While the data indicates a 4% decrease in reported GBV cases between Q1 and Q2 2025, field observations and qualitative inputs from focus group discussions and Camp Focal Point meetings suggest that this decline does not reflect a true reduction in violence. Instead, it points to increased normalization of abuse, underreporting, and the adoption of harmful coping strategies—driven by rising insecurity, restricted mobility, and worsening economic conditions. Only 2% of reported GBV cases involve male survivors, reflecting significant barriers rooted in cultural norms and socialization processes that discourage men from disclosing experiences of violence.



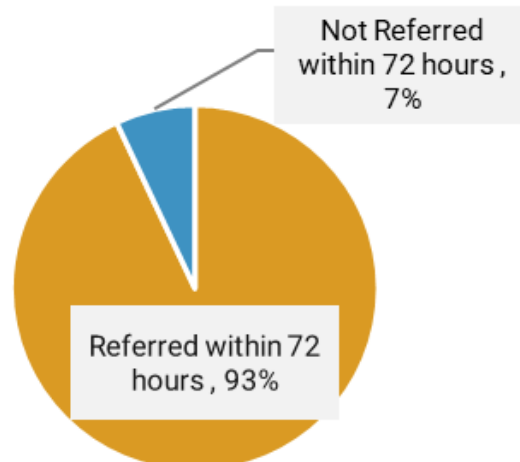
Physical assault remains the most frequently reported form of GBV, accounting for 51% of cases in both quarters. Its consistent proportion, despite an overall decrease in GBV case reporting, suggests that while this form of violence remains highly visible, it may also be increasingly tolerated or normalized—particularly within intimate relationships where women feel unsafe or unable to challenge it. During focus group discussions, women reported enduring physical assault within marriage, viewing it as part of a broader trade-off for perceived protection amid rising insecurity. Marriage is also seen as a source of social respect and legitimacy. A woman from Camp 19 reported that thieves stole her belongings. When she reported the incident to the authorities, she was told that it wouldn't have happened if she had been married. This narrative reinforces harmful gender norms that both legitimize violence and marginalize unmarried women, further deterring help-seeking and accountability.

Psychological/Emotional Abuse decreased from 23% to 20%: The reported decline in psychological and emotional abuse may not indicate a true reduction in incidence, but rather a shift in perception and reporting. Increased dependency and the use of marriage as a perceived protective mechanism—for both women and their daughters—have contributed to the normalization of emotional abuse within households. In some cases, women have reported resorting to child or forced marriage to shield daughters from external threats such as abduction or sexual violence. Within this “protection bargain,” emotional abuse is often tolerated or overlooked, resulting in under-identification and reduced reporting. This internal normalization masks the real extent of harm and underscores the need for increased community engagement and awareness on non-physical forms of GBV.

Denial of Resources – Decreased from 15% to 14%: The slight decline in reported cases of denial of resources may obscure the deepening severity of economic gender-based violence. Women are facing increasing financial control, with reports of men gambling away household assets, including jewelry, shelter, and, in extreme cases, even their spouses. One documented femicide case involved a woman killed by her husband after she refused to sell her jewelry to fund his gambling. In parallel, the beginning of Q2 saw a marked withdrawal of adolescent girls from public spaces—including schools and safe spaces—due to escalating insecurity and closure of schools in the camps. This has significantly limited their access to education, psychosocial support, and reproductive health information. Such withdrawal constitutes a form of systemic denial of essential resources and opportunities. Often framed by families as protective measures against threats such as abduction or violence by organized groups, these restrictions ultimately strip girls of agency and reinforce gender inequality. This form of gendered deprivation, while increasingly prevalent, remains largely invisible in formal GBV reporting systems, calling for greater attention in programming and data collection.

Sexual Violence – Rape Increased from 6% to 7%; Sexual Assault steady at 4%. While the increase in reported rape cases appears marginal at 1%, it is significant when viewed in the context of a 4% overall decrease in total GBV case reporting. This suggests a concerning trend—despite heightened fear and silencing, more severe forms of sexual violence are still being reported, indicating a possible escalation in both the intensity and brutality of GBV in some camps.

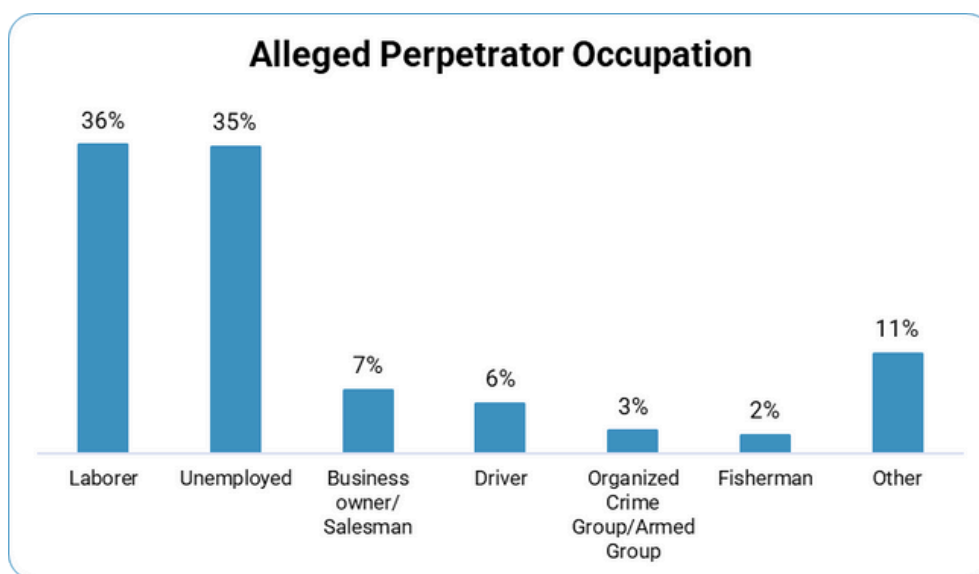
Rape cases referred within the critical window of 72 hours for CMR Services



Field reports confirm incidents of gang rape in at least two camps, including one case that occurred during a robbery—highlighting the disturbing intersection between criminal activity and sexual violence. Survivors have reported facing threats and fearing retaliation, particularly in areas where organized groups operate with impunity. These threats have significantly deterred help-seeking, leading to delayed or entirely foregone access to critical services. In these same locations, GBV caseworkers and protection actors have documented instances of suicidal ideation and attempts among survivors, underscoring the profound psychosocial toll of unaddressed GBV. Current data suggests that while less severe forms of sexual violence remain largely underreported, the most extreme cases—such as gang rape and violence perpetrated by organized groups—are compelling survivors to seek help despite considerable risks.

Forced Marriage-reported Cases decreased from 0.4% to 0.2%. While the reported incidence appears to have declined, qualitative data from focus group discussions (FGDs) suggests that this decrease may be misleading. Forced and child marriage is increasingly being used by families as a perceived protective strategy—particularly to shield girls from risks of abduction or sexual violence. This reframing of violence as protection contributes to its underreporting and invisibility in service data. The perpetrator-survivor relationships reveal that 75% of reported GBV incidents involve intimate partners, while 9% involve family friends or neighbors, and 8% involve other family members excluding spouses or caregivers. Furthermore, 88% of GBV cases occurred within the survivor’s residence, highlighting the predominance of domestic settings as sites of violence and underscoring the critical need for tailored prevention and response strategies in these environments.

In Q2, **59%** of GBV survivors declined legal services, reflecting persistent barriers to accessing justice. These challenges encompass fear of social reprisal, lengthy legal processes, and emotional distress, further exacerbated by cultural norms and breaches of confidentiality, particularly when community leaders are engaged in mediation. Such impediments significantly hinder survivors’ help-seeking behavior, thereby increasing their exposure to ongoing violence and harm.



B) Emerging GBV Risks

Femicide and Homicide: Reported cases of femicide, homicide, and attempted acts across multiple camps highlight the pervasive nature of GBV experienced by women within their homes. One of the incidents was linked to financial disputes, particularly those driven by online gambling addiction. In several cases, men were reported to have gambled away household items, food rations, shelter, and even their wives’ jewelry. Such violence has resulted in severe injuries or fatalities and has left children without parental care, leading to profound emotional and psychological distress.

Gambling: Online gambling has been reported as a contributing factor to Intimate Partner Violence (IPV), kidnappings, and incidents of physical and emotional abuse. This practice exacerbates existing vulnerabilities and contributes to heightened tensions within households and among community members. Efforts to prevent and respond to these forms of violence are hindered by threats from individuals who profit from online gambling, including those who provide internet access and rent mobile phones to users as a source of livelihood.

Cyber Violence: Mobile phones and internet access are increasingly being used as tools of violence. Reports indicate a rise in cyber violence targeting women and girls, including the non-consensual sharing of explicit content and cases where perpetrators demand sexual favors. This form of violence has been linked to severe mental health consequences, with some survivors reportedly resorting to suicide following the public exposure of their images or information on social media platforms. These incidents highlight how online vulnerabilities significantly heighten the risk of GBV for women and girls.

New Arrivals: Newly arrived women and girls—particularly those from women-headed households or living with disabilities—have reported facing heightened risks of gender-based violence, including sexual abuse, neglect, emotional abuse, and exploitation. They are frequently targeted by community members and, in some cases, by Mahjis through extortion, which may escalate to sexual violence when financial or other demands are not met. Adolescent girls are reported to be especially vulnerable to forced and child marriage in these contexts. Additionally, there have been reports of newly arrived women and girls being subjected to sexual abuse and rape by relatives who provide them shelter in the camps.

Insecurity: Armed groups pose severe gender-based violence (GBV) risks, including

kidnapping, sexual harassment, rape, and forced marriage—particularly for vulnerable women and girls. Under-reporting remains widespread due to threats made against survivors and their families, including death threats. Additionally, some community leaders have been reported to exploit their positions by extorting money under the guise of “case mediation” and obstructing access to essential support and protection services.

Suicidal Tendencies Among Adolescents: GBV Camp Focal Points have reported a concerning rise in suicidal tendencies among adolescents. In one tragic case, a Rohingya girl died by suicide following family abuse and an attempted forced marriage.



CHALLENGES AND ADVOCACY

Funding for Life-Saving GBV Services: Despite escalating GBV risks, funding cuts have forced the sub-sector to prioritize only the most essential services (case management, referrals, and PSS), leaving critical prevention, awareness, and capacity-building initiatives at risk. Even these essential services are currently underfunded, threatening the continuity and quality of life-saving support for survivors. Donors are urged to provide sustained, flexible, and multi-year funding to ensure the continuity of comprehensive, survivor-centered GBV services across all 33 camps.

Strengthen Protection for Women and Girls Amid Rising Insecurity: The presence of armed groups, along with reported incidents of gang rape and femicide, underscores critical protection gaps for women and girls. In response to these threats, adolescent girls are being withdrawn from education, and women are being subjected to exploitative relationships, child or and forced marriages as perceived protective measures. Urgent, coordinated inter-sectoral action is required to strengthen safety in and around the camps and to improve survivors' access to justice and protection services.

Address Normalization and Underreporting of GBV: The 4% drop in reported cases masks the reality—GBV is becoming increasingly normalized and underreported. Survivors face threats, stigma, and barriers to legal support. There is an urgent need for enhanced community outreach, safe reporting mechanisms, and tailored GBV prevention programming—especially for adolescent girls, male survivors, and gender-diverse populations. In response to that, the GBVSS has been working together with other sectors to ensure increased community awareness and reporting.

Tackle Emerging Forms of GBV, Including Cyber Violence and Economic Abuse: Online exploitation, financial control (e.g., gambling-related IPV), and cyber-violence are increasingly reported. Stakeholders must expand the definition of GBV risk in programming, invest in digital safety awareness, and integrate economic empowerment and mental health support into GBV response services.

Scale CP-GBV Integration and Shared Service Models: In light of funding constraints, the ongoing CP-GBV integration offers a sustainable model for joint implementation of awareness and capacity-building activities. Donors and agencies should support co-location to optimize impact without duplicating efforts.

PARTNER'S UPDATES–ActionAid Bangladesh

Organizational Objectives: To achieve social justice, gender equality, and poverty eradication by working with people living in poverty and exclusion, their communities, people's organizations, activities, social movements, and supporter.

Key Highlighted:

ActionAid Bangladesh continues to provide comprehensive GBV response and prevention services across 12 Rohingya refugee camps (1W, 2E, 2W, 4, 4E, 8W, 12, 18, 21, 26, 27, NRC-Nayapara Registered Camp) and through 5 One Stop Crisis Centres and Cells (OCCs) located in Cox's Bazar District—Ukhia, Teknaf, Moheshkhali, and Kutubdia. Through these efforts:

- A total of 11,714 women and girls accessed GBV response services through the OCCs and eleven Women-Friendly Spaces (WFSs).
- 69,231 community members individuals—including women, men, girls, and boys—were sensitized on GBV and available services and wide-ranging GBV prevention and outreach activities.
- 442 community activists and leaders actively engaged in SASA! Together programming, reaching 9,354 individuals with GBV prevention messaging.
- In the Girl Shine program, 627 participants, including adolescent girls and their caregivers, took part in structured empowerment sessions.
- Under the Men and Boys Engagement Program, 71 participants graduated from the first cohort, and Male Role Models (MRMs) reached 23,023 individuals through awareness-raising and community outreach.
- Through the Women Empowerment and Leadership Program (WELP), 312 women were equipped with diverse livelihood skills: 90 received financial literacy training (covering budgeting, savings, loans, business planning, and record-keeping), 200 completed farming training and received agricultural inputs for homestead gardening, and 22 participants enhanced their income-generating potential through a beautification course.
- A total of 441 GBV and non-GBV actors were trained on GBV pillars and PSEA. The training covered essential topics including Gender Diversity, Inclusion and Intersectionality, GBV Core Concepts, Sexual Exploitation and Abuse (SEA), and Referral Pathways.



Major Achievements:

- To mark the World Day for Cultural Diversity for Dialogue and Development, ActionAid Bangladesh held an inclusive public event at Camp 27 on 25th May under the SASA! Together initiative, celebrating diversity and fostering dialogue to prevent GBV. The event featured cultural showcases, interactive games, and community reflections. Voices from gender-diverse leaders and SASA! Together activists highlighted transformation and inclusivity.
- To honor World Refugee Day 2025, the GBV Prevention Team organized community-led activities across multiple camps under the theme 'Community as a Superpower'. Engaging initiatives like peace banners, storytelling, dream drawings, quilt diaries, and a henna campaign celebrated refugee strength, unity, and resilience. The events fostered inclusion, dignity, and a collective stand against violence.
- On 29th June 2025, Ms. Miyazaki Katsura, Senior Executive Vice President of JICA, along with Mr. Yamada Tetsuya and other delegates, visited the Women's Market in the Rohingya camps. The visit offered key insights into women's economic empowerment efforts within the camps and reinforced JICA's support for inclusive and dignified livelihood opportunities for Rohingya women.



PARTNER'S UPDATES-BRAC

Organizational Objectives: To empower people and communities in situations of poverty, illiteracy, disease and social injustice. Interventions aim to achieve large-scale, positive changes through economic and social programmes that enable women and men to realise their potential.

Key Highlighted:

- BRAC implemented GBV response, prevention and mitigation services at the camp and host communities.
- Opportunities for women's economic empowerment were provided through life skills training to 255 participants.
- A total of 64,034 GBV outreach prevention sessions were conducted to raise awareness and prevent gender-based violence.
- ICT training was provided to host community members to enhance their skills and improve their quality of life.



Major Achievements:

- Rohingya women and girls are being provided training with the newly developed financial literacy module to create a pathway to entrepreneurship.
- Yoga session was successfully introduced for Rohingya women and girls, marking a positive step towards promoting their overall health, well-being, and self-care practices.
- A graduation ceremony was held to mark the completion of a cohort of the Male Role Model initiative, with a significant number of participants.
- The provision of incentives under the Male Role Model (MRM) initiative enhanced the motivation, dedication, accountability, and proactive participation of the enrolled individuals.
- Information materials related to GBV prevention, referencing religious texts, were created and shared among key community actors to support ongoing awareness efforts.



PARTNER'S UPDATES-WHO

Organizational Objectives: WHO's overarching objective is to attain the highest possible level of health for all people. This is achieved by leading global efforts to expand universal health coverage, directing, and coordinating responses to health emergencies, and promoting healthier lives.

Key Highlighted:

- Through community consultation at Multipurpose learning and protection Centres, briefing sessions were delivered with 26 teachers to boost their knowledge on how Child Protection/GBV prevention can be assured for both children and adults/teachers.
- Visited 3 primary health facilities & 1 health post in Bhasan Char. WHO GBV/PSEAH team interacted with different health service providers (Health facility managers, 8 GBV case workers, nurses, 4 Psychologists and 2 Lawyers, on the best practices and challenges in prevention and response to gender-based violence.



Major Achievements:

- At the Community Based-Protection Multipurpose Center, WHO GBV focal point conducted a learning session to 50 community outreach volunteers on GBV Integration across health emergency preparedness and response to flooding, cyclone, and other natural disasters.
- At Women and Girl's Friendly Spaces, sensitization meetings on GBV and child abuse prevention with 40 women who were attending adult writing and reading class, and 36 children and adolescent girls during handcraft activities to raise their awareness on their roles to disclose and report GBV incidents.

