



GBV SUB-SECTOR STRATEGY

November 2024- December 2026



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Acronyms

AAP	Accountability to Affected Populations
ADWG	Age and Disability Working Group
AIDS	Acquired Immunodeficiency Syndrome
CCCM	Camp Coordination and Camp Management
CiC	Camp in Charge
CPIMS	Child Protection Information Management System
CMWG	Case Management Working Group
CMR	Clinical Management of Rape
CHS	Core Humanitarian Standards
COVID-19	Coronavirus-2019
CoC	Code of Conduct
DK	Dignity Kits
EMAP	Engaging Men through Accountable Practices
EPR WG	Emergency Preparedness and Response Working Group
FDMN	Forcibly Displaced Myanmar Nationals (FDMN)
GBV	Gender-Based Violence
GBViE	Gender-Based Violence in Emergencies
GBVIMS	Gender-Based Violence Information Management System
GBVSS	Gender-Based Violence Sub-Sector
GDP WG	Gender Diverse Populations Working Group
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
INGO	International Non-Governmental Organization
IRC	International Rescue Committee
ISP	Information Sharing Protocol
ISCG	Inter-Sector Coordination Group
JRP	Joint Response Plan
KAP	Knowledge, Attitudes, and Practices
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual
MHPSS	Mental Health and Psychosocial Support
MoWCA	Ministry of Women and Children Affairs
MHM	Menstrual Hygiene Management
NFI	Non-Food Items
NGO	Non-Governmental Organization
NNGO	National Non-Governmental Organization
PERU	Protection Emergency Response Unit
PSEA	Prevention of Sexual Exploitation and Abuse
ROCT	Refugee Operations and Coordination Team
RRRC	Refugee Relief and Repatriation Commissioner
SAG	Strategic Advisory Group

SBC	Social and Behaviour Change
SRH	Sexual and Reproductive Health
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USD	United States Dollar
VAC	Violence Against Children
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme World
WHO	Health Organization



Background

GBV in Emergencies in Cox's Bazar - Situational Analysis

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The Gender-Based Violence Sub-Sector (GBVSS) in Cox's Bazar, Bangladesh, is an integral part of the humanitarian response to the Rohingya refugee crisis that began on August 25, 2017. Almost a million⁴ Rohingya fled violence in Myanmar and sought refuge in Bangladesh, culminating in one of the world's most severe refugee crises at the time. The Rohingya population has suffered from human rights violations including GBV before and during their flight to Bangladesh. Almost seven years since the initial influx, the women and girls and vulnerable groups continue to face tremendous GBV risks not only in the refugee camps in Cox's Bazar and Bhasan Char, but also the adjacent host communities, who are sharing the scant resources available to them, with the refugee population. As the security situation in the camps deteriorates and frustrations mount, the Rohingya women and girls' have been reporting higher exposure to incidents of gender based violence. This is corroborated by the GBVIMS data (from 2023 to 2024) as well as the Sub-Sector's systematic Quarterly GBV risk analyses through the GBV camp focal point system.

The Rohingya community has a distinct cultural and historical context that influences gender norms and practices. Traditional gender roles, patriarchal structures, and cultural beliefs play a significant role in shaping the experiences of women and girls. These pre-existing gender norms have been exacerbated by the refugee experience, further increasing the risks of GBV. Understanding these cultural dynamics is crucial for designing effective GBV interventions.

GBV inflicts untold harm, especially among girls and women, with adolescent girls, and members of the gender-diverse population and persons with disability at a heightened risk of exposure. This violence has detrimental and lasting effects on survivor's physical, sexual, reproductive and psychological health, well-being and development, and can negatively impact educational outcomes. GBV not only impacts the physical and psychosocial well-being of those directly experiencing violence, it also harms others, including survivors' children, and can have wider-reaching harmful effects on the social fabric.

GBV and Violence against Children tend to occur together, especially at the household level. Therefore, efforts to address GBV and VAC in the Rohingya context continue to be complementary and closely linked. Both forms of violence have multiple shared drivers or risk factors, including social norms that condone men's use of violence (either against children or against women) as a form of discipline and control. Hence, addressing these risk factors can help reduce both GBV and VAC. Additionally, community-based initiatives play a crucial role in supporting GBV survivors and preventing violence. These include community watch groups, safe spaces for women and girls, and peer support networks. Community leaders and local organizations are integral to these efforts, helping to build trust and ensure culturally appropriate interventions.

1 UNFPA (2021). Vulnerability Assessment Report: The Rohingya refugee camps and the adjacent host communities.

2 OCHA (2023). 2023 Joint Response Plan Rohingya Humanitarian Crisis January – December 2023.

3 UNFPA (2022). GBVIMS Annual Report 2022.

4 UNHCR Data Portal

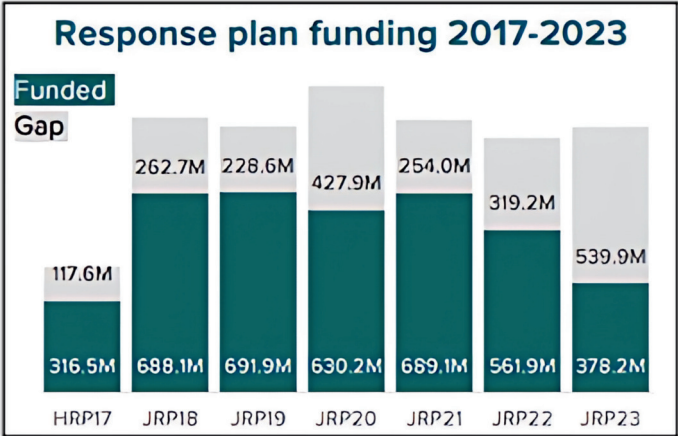
In line with the global humanitarian architecture in refugee contexts, the GBVSS under the leadership of UNFPA, operates within the Protection Sector, led by the UN High Commissioner for Refugees (UNHCR), and works closely with the Child Protection Sub-Sector (CPSS), led by the United Nations Children’s Fund (UNICEF). The PS, GBVSS and CPSS all work as part of the Inter-sector Coordination Group (ISCG), the humanitarian coordination body that governs the humanitarian response in Cox’s Bazar.

The mandate of GBVSS is to coordinate and improve implementing partners' efforts in terms of prevention, risk mitigation and emergency response in cases of violence against women and girls by providing technical and coordination and support. This is achieved through the operationalization of a multi-sector coordination mechanism that includes relevant GBV actors, task teams, and working groups to mainstream cross-cutting issues. Currently GBVSS has 57 partners including, UN, I/NGO, and government agencies operating in the Rohingya refugee camps and the surrounding host communities.

At the national level, the Ministry of Women and Children Affairs (MoWCA) and UNFPA jointly lead the National GBV Cluster. The cluster advocates for a unified, comprehensive, and well-coordinated approach to GBV in humanitarian contexts. This approach encompasses prevention, care, support and recovery, aligning with the GBV Guidelines established by the GBV Area of Responsibility (GBV AoR) within the Inter-Agency Standing Committee (IASC).

Seven years following the initial influx, the humanitarian situation in Cox’s Bazar has mutated into a protracted emergency. The cyclical manmade and natural disasters ranging from fire, flood and landslide that afflict the camps every year contribute to the protection risks and challenges for refugees in general and they add to the vulnerabilities of women and girls in particular. Additionally, the overall security situation in the camps has continued to deteriorate over the past three years. There was a 100% increase in the number of killings reported in the camps between 2022 and 2023. The number of abductions for ransom and kidnapping in the camps spiked 490% in the first half of 2023. On average, at least 12 individuals were kidnapped or abducted every week in the camps. Organized groups were responsible for over 50% of all the reported serious security incidents. Simultaneously, there has been a rise in the number of reported incidents of violence against women and girls. There are also numerous reports of sexual violence and or its threats by organized groups. Given the worsening overall security context, the protection needs of women and girls continue to expand. Amidst the broader security needs, the likelihood of deprioritization of GBV issues is equally high. While the agencies have devised mechanisms to monitor the risks and adapt their GBV prevention, mitigation and response programs to cater to the emerging threats, the continuously shrinking resources and potential cuts to vital programs and activities put the women and girls at the camps at particular risk.

Since 2022, the funding assigned to the Joint Response Plan (JRP) in Cox’s Bazar has been on a decline. The GBVSS activities were funded 64% in 2022, whereas in 2024, the programs remain underfunded by 51%⁵. All of this necessitates a stronger coordination and collaboration among the relevant sectors and agencies to optimize the available resources and programs to ensure continuity of GBV prevention, mitigation and response services in line with the globally accepted GBV minimum standards.



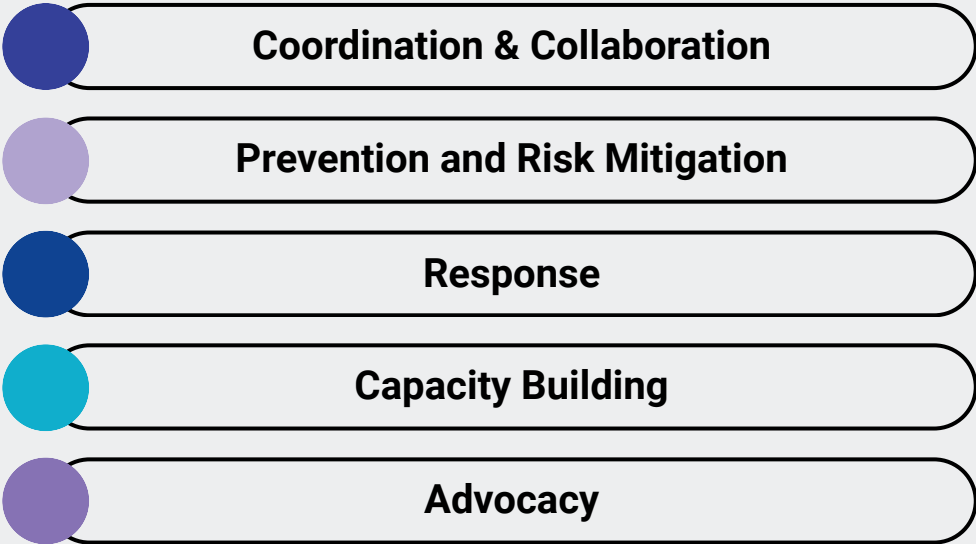
⁵ 2024 Mid year fund analysis by ISCG, Cox’s Bazar, Bangladesh (as of June each year)



PURPOSE

The Gender-Based Violence Sub-Sector (GBVSS) Strategy for Cox’s Bazar, Bangladesh 2024 - 2026 aims to outline a comprehensive approach to address GBV in the protracted humanitarian context within a shrinking funding landscape. The strategy outlines the direction and programmatic priorities for GBV prevention, mitigation and response along with its members and partners including in coordination with relevant protection sector actors. It provides an overview of the current and future challenges of the sub-sector and indicators of success. It highlights the need for improved coordination among actors and continuous adaptation of the interventions and strategies.

STRATEGIC PRIORITIES



Method

This strategy was developed following a review of the 2019 GBV SS strategy. It builds on the findings from a consultative process that entailed community consultations involving women, girls, men, boys; key informant interviews with sectoral coordinators, working group chairs, and the Strategic Advisory Group of the GBV sub-sector. Furthermore, it takes into account the findings from the two workshops in 2023 that distilled the existing good practices, areas for improvement and the aspirations of GBVSS members engaged in GBV prevention, risk mitigation and response efforts. Initially led by an independent consultant in 2023 and later reviewed by the Regional Emergency GBV Advisor (REGA) and the GBVSS Strategic Advisory Group (SAG) in 2024, the strategy is updated to address the rapidly changing context of the Rohingya refugee response in Cox’s Bazar. The updated 2024-2026 strategy will follow a rolling work plan with annual reviews.

The Rolling Workplan

The strategy also includes a rolling work plan which defines the main activities that should be collaboratively prioritized and carried out by the sub-sector members on an annual basis, to accomplish the strategic objectives and vision outlined in the strategy. The work plan is designed as a rolling work plan to allow members to reassess, evaluate, and adjust priorities based on resources and significance on an annual basis.



Within the overall humanitarian coordination of the Inter-sectoral Coordination Group (ISCG), the GBVSS brings together an engaged community of actors collectively working on GBV prevention, mitigation and response across all the 33 refugee camps and adjacent host communities (2 Upazilas covering multiple unions) in Cox's Bazar. Organizations with various comparative advantages collaborate to uphold global standards for GBV service delivery, optimize resources and expertise, and avoid duplication. The global GBV Area of Responsibility, of which the GBV Sub-Sector in Cox's Bazar is a part, prioritizes active meaningful participation from women-led organizations addressing GBV globally, regionally, and locally. In line with the global guidance, GBV Sub Sector aims to extend capacity-building support to smaller and women-led organizations with limited resources- for local ownership and sustainability.

1. Geographic coverage:

a. Refugee camps:

Camp1E, 1W, 2E, 2W, 3,4,4 Extension, 5,6,7,8E,8W,9,10,11,12,13,14,15,16,17,18,19,20,20 Extension, 21,22,24,25,26,27, Nayapara RC, Kutupalong RC

b. Host communities (Ukhiya and Teknaf unions, with upazilas below ⁶):

Sabrang, Nhilla, Baharchara, Jalia Palong, Palong Khali, Whykong, Haldia Palong, Ratna Palong, Raja Palong, Teknaf Sadar

2. Partners⁷ (57):

a. UN agencies (8): UNFPA, UNHCR, UNICEF, IOM, UN Women, WHO, WFP, UNDP

b. INGOs(19): Action Aid Bangladesh (AAB), Asian Dignity Initiative (ADI), CARE, CBM Global, Catholic Relief Services (CRS), CHS Alliance, Danish Refugee Council (DRC), EDUCO, Humanitarian Assistance Program (HAP), Humanity & Inclusion (HI), Ipas, International Rescue Committee (IRC), Legal Action Worldwide (LAW), Medicin Sans Frontiers (MSF), Muslim Hands International (MHI), OPCA, Oxfam, Plan International, Save the Children (SCI), World Vision (WV).

c. NNGOs(25): Ain O Shalish Kendra (ASK), Aid Comilla, Action for Social Development (ASD), AMAN, Bandhu Social Welfare Society, Bolipara Nari Kallyan Samiti (BNKS), Bangladesh Nari Progati Sangha (BNPS), BRAC, Caritas Bangladesh, COAST foundation, CODEC, Friendship, Food for Hunger (FH), Good Neighbors Bangladesh (GNB), GUK, Hope Foundation, Jago Nari Unnayan Sangsta (JNUS), Mukti Cox's Bazar, Nari maitree, PHD, PULSE Bangladesh Society, RW Welfare Society (RWWS), Samaj Kalyan O Unnayan Shangstha (SKUS), Women Entrepreneur Association of Bangladesh (WEAB), Young Power in Social Action (YPSA)

d. Red Cross(4): International Committee of the Red Cross (ICRC), International Federation of Red Cross and Red Crescent Societies (IFRC), Bangladesh Red Crescent Society (BDRCS), Turkish Red Crescent

e. Government (1): Ministry of Women and Children Affairs (MoWCA) (strategic liaison and partnership)

⁶ As of June 2024, to be updated each year

⁷ As of June 2024, to be updated based on membership criteria review once a year

VISION



To create an actionable framework to ensure “lifesaving, predictable, accountable and effective action on GBV,”⁸ that includes prevention, and response to GBV through quality multi-sectoral humanitarian services and risk mitigation activities in Cox’s Bazar, Bangladesh.

MISSION



Promote collective action to improve the effectiveness and accountability of humanitarian action for the prevention and mitigation of and response to all forms of GBV, to ensure that the agency and capacity of survivors in all their diversities is recognized and reinforced, and that prevention efforts are effectively employed to address and transform underlying gender inequality.

TIMEFRAME



This strategy is for three years (2024-2026), with a rolling work plan to be regularly reviewed by the GBV Sub-Sector, given the rapidly evolving operational context in Cox’s Bazar.

⁸ GBV AoR Strategy 2021-2025

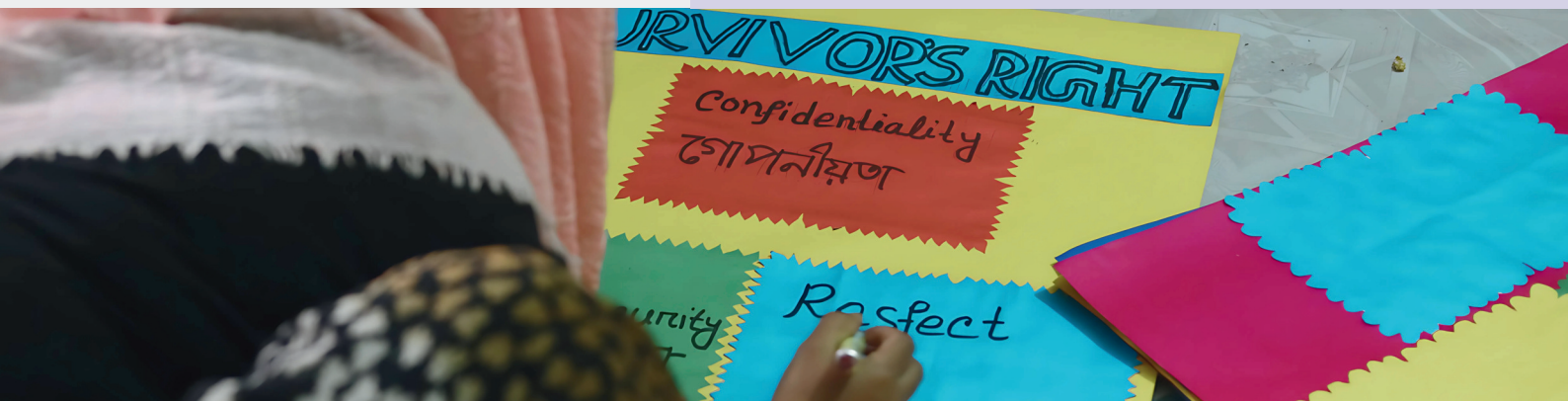


OBJECTIVES

The GBVSS strategy upholds the key objectives outlined in the GBVSS website of **Rohingya Refugee Response**:

1. Ensuring access to quality multi-sector GBV response services for a diverse range of survivors and those at risk of violence including persons with disabilities, gender diverse populations. This includes strengthening linkages between protection, GBV, and child protection referral pathways and building stronger linkages with the Gender Diverse Population Working Group.
2. Building the capacity of GBV service providers and other stakeholders to deliver quality care in line with best practices and globally agreed minimum standards for humanitarian settings and the GBV Minimum Standards.
3. Enabling active participation of affected communities in GBV prevention, risk mitigation, and response by addressing its underlying conditions and drivers through community-based interventions that address harmful social norms that perpetuate GBV while promoting social and economic empowerment as well as the leadership of women and girls.
4. Enhancing GBV risk mitigation across humanitarian sectors and with the government by promoting women and girls’ access to information, resilience, and empowerment opportunities through activities such as women and girls’ safe spaces; distribution of dignity kits; and community safety audits and safety planning;
5. Strengthening coordination and planning for sustainability of the GBV response.
6. GBV information management in line with a global good practice as part of the data-driven strategy and documentation of best practices & lessons learned to inform humanitarian response.

These objectives and activities are supported by coordination with governments, NGOs and other UN partners, contributing to the GBVSS results, as well as investment in strengthening systems for addressing GBV.



Challenges to Addressing GBV

The challenges related to GBV and its prevention and response in Cox's Bazar include, but are not limited to:

- The high incident rate of GBV in all forms:** The Rohingya women and girls and other vulnerable groups were subjected to multiple forms of GBV including sexual violence as part of the persecution and violence that led to their flight to Bangladesh. While women and girls hold the residual psychological or psychosocial aspects of past violations, there are entrenched social norms and attitudes that fuel a cycle of GBV. Additionally, the fear of violence against women and girls remains deeply entrenched among the families contributing to further restrictions and perpetuation of harmful social norms, practices, and violence against women and girls. Lack of privacy in overcrowded shelters, limited livelihood opportunities, growing insecurity, and building frustrations, not only expose the women and girls to further violence, but the prevailing stigma and discrimination against survivors discourage them from reporting it. Vulnerabilities may be heightened for women-headed households, women and children living with disabilities, those in extreme poverty or the members of the gender-diverse population, children unaccompanied or separated from families, those with diverse social orientations and gender identities, and those living with other social and economic disadvantages. GBVIMS Data shows a 10-15% increase per year in the reported cases of various forms of gender-based violence. Reported cases include a wide range of GBV including IPV, femicide, gang rapes, child, early and forced marriage and unions, non-partner sexual violence, physical violence, trafficking and sexual abuse and exploitation, dowry-related violence, emotional and psychological and economic violence. Incidents of kidnapping, increased polygamy and female partners left behind by polygamous husbands are other forms of GBV reported in the camps.
- Worsening security conditions in the camp:** Due to the emergence of conflicting organized groups in the camps the security situation has worsened over the last few years. This added to the vulnerability of women and girls to risks of various forms of GBV, including harassment, exploitation, and abuse. With the mounting protection risks, there has been a proportionate decline in the perceptions of safety and security. Women and girls share that they have been subjected to tremendous mental pressure and strict restrictions limiting their access to available services. Women and girls have limited space and voice to claim their rights.

9 UNHCR (2023). Joint Protection Monitoring Report, Quarter 3 2022.

10 UNFPA (2022). GBVIMS Annual Report 2022.

11 UNHCR (2023). Rohingya Refugee Response/Bangladesh: Joint Government of Bangladesh - UNHCR Population factsheet (as of 31 May 2023).

12 ODI (2020). Age- and gender-based violence risks facing Rohingya and Bangladeshi adolescents in Cox's Bazar.

13 UNHCR (2023). Rohingya Refugee Response in Bangladesh: Gender-Based Violence (GBV) Factsheet - as of 31 December 2022.

Challenges to Addressing GBV (contd.)

- **Continued funding shortfall:** The Inter Sector Coordination Group (ISCG) launched an appeal for \$808.5 million USD to fund the Rohingya response in 2024. This funding goes towards basic health services, nutrition, food, and education, as well as to protection, including child protection and GBV services. As of June 1st, 2024, only 61% of this appeal has been funded. Overall mid-year funding for the GBVSS has seen a gradual decline from 14.7 million (67%) in 2022 to 11.8 million (49%) in 2024. As of July 2024 GBVSS has a 51% funding gap. With the other emergent crisis, there is a likelihood that the donor attention shall continue to shift from the protracted humanitarian context of the Rohingya refugee camps in Bangladesh, notwithstanding over 95% aid dependency. Hence, there is a need to coordinate better and do more with less resources.
- **Service gaps for essential life saving GBV services and referrals**
 1. **Access to support services and safe spaces:** The safe spaces¹⁴, notwithstanding their limited spaces and infrastructure, have ensured access to multi-sectoral and survivor-centered GBV response services, including case management, psychosocial services, and referral. They also serve as safe spaces and facilities for community engagement, and group psychosocial activities - critical to their post-trauma healing. With the incorporation of midwives, confidential sexual and reproductive health services and referrals are available in 140 of the safe spaces and integrated service points. However, despite a gradual increase in the number of service seekers, reduced funding for some partners has resulted in downsizing the number of facilities or their GBV staff at the field level, negatively impacting the delivery of services and the ability of services to be integrated and collaborative.
 2. **Access to safe shelters and specialized services:** Given the limited numbers of safe shelters (both at the Rohingya refugee camps and host community), it is a challenge for GBV survivors with longer-term and specialized needs. This includes the lack of safe shelters for male survivors, adolescents (boys), and gender-diverse populations.
 3. **Access to legal services:** With only a handful of agencies providing legal services in the camps, access to legal services remains a challenge for the GBV survivors. In addition to strong coordination with the few agencies providing such services, continuous advocacy with the government, legal aid providers and donors for the expansion of such services would be essential.
 4. **Lack of tailored services for people with special needs:** Persons with disabilities and those with diverse sexual orientations and gender identities, often face marginalization and limited access to services. Adolescent girls and young women with disabilities are at high risk of physical and sexual violence, abuse, and exploitation, but are less likely to access services due to physical, societal, and communication barriers. Homophobia and transphobia, even among service providers not only condone GBV against lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) people, they severely underpin survivors' abilities to access services, especially where the state policies on sexual orientation and gender identity are not rights-based. Given the magnitude of "other lifesaving" needs, specialized services and capacities for intersectoral needs remain largely unaddressed.
 5. **Limited livelihood support:** Given their legal status in Bangladesh, refugees are not permitted to participate in livelihood opportunities. According to the Refugee Influx Vulnerability Assessment (REVA-6), aid dependency is over 95%. Their ability to safely support themselves is further compromised by the funding shortfalls. Data speaks about a clear correlation between access to livelihood and gender-based violence. For example, in Cox's Bazar, 38% of GBV incidents are committed by men who are not gainfully employed, and in 18-20% of cases, husbands deny their spouses access to food and resources. In 2023, when the funding shortfall led to ration cuts, there were manifold negative consequences on refugees' health (malnutrition and mental health) and education. These cuts impact women and girls' protection and drive negative consequences including child marriage, polygamous marriage, trafficking, sexual exploitation and abuse, and domestic violence. School dropout rates and child labor rates are both likely to increase¹⁵. In the protracted humanitarian situation and restrictive camp lives, the lack of livelihood and hope for the future can propel youngsters to desperate measures including joining organized groups/ criminal groups and/or risky onward movement.

¹⁴ Safe Spaces may include the following facilities: Safe Spaces for Women and Girls and Multi-Purpose Centers

¹⁵ Rohingya Refugee Response Bangladesh (2023). Key Messages: Ration Cuts in the Rohingya Refugee Response; World Food Programme Bangladesh (2023). Cox's Bazar: Ration Cuts Alert; United Nations Bangladesh (2023). UN in Bangladesh Appeals for Immediate Funding as Rohingya Refugees Face New Cuts in Food Aid.

Challenges to Addressing GBV (contd.)

- **Deprioritization of host community facilities due to funding shrinkage:** Cox's Bazar is among the districts with the lowest human development index (HDI) score in Bangladesh¹⁶. In the Ukhia and Teknaf Upazilas hosting the refugees, communities have faced increased competition over natural resources and access to basic services. Host community residents also have complex unaddressed protection needs, including a high risk of child marriage for adolescent girls and of polygamy. This situation has been exacerbated by deterioration in community security, further limiting women and girls' freedom of movement and access to services. In such a context, global programs like the UNFPA, and UNICEF collaboration on the prevention of child marriage must continue. However, given the gradually receding funding landscape, humanitarian actors will have to make the difficult choice while prioritizing interventions, and the host community needs are at risk of deprioritization.
- **Deprioritization of male engagement programming:** SASA! Together, the Community Assessment Survey Report 2024 recorded a remarkable improvement in communities' beliefs about power and violence against women. 97% of the men and women who took part in the surveys strongly felt that it is everyone's responsibility to help prevent violence against women in their community and 95% stated that everyone has power within to help bring change in their communities. During the baseline survey, the responses were limited to 46% and 39% respectively. However, the programs focusing on male engagement for gender norms transformation may be excluded from the firewalled activities focusing on lifesaving interventions only, due to limited available resources.
- **Coordination gaps:** There is a lack of referrals from health facilities and humanitarian and development actors. For example, only about 8% of referrals to GBV case management services come from health, humanitarian, and development actors; most are self-referrals (50.3% in GBVIMS 2023)¹⁷. Similarly, the GBV survivors' access to legal services and safe shelters could benefit from improved coordination and cross referrals among the protection sector actors as well as the health sector actors. Coordination among GBVSS and other actors during disaster preparedness and response can contribute to GBV prevention, mitigation, and timely response in the event of disaster while ensuring timely critical service delivery.
- **Gender-sensitive disaster preparedness measures:** Cox's Bazar and the surrounding region face cyclical natural disasters every year exacerbated by climate change. Disasters increase GBV risks and threaten critical response infrastructure. Despite improvements in gender-responsive service delivery through ISCG-led initiatives, continuous coordination is essential. The GBVSS must continue to prioritize contingency stock i.e. Dignity Kits (DK) for women and girls of reproductive age during emergencies and enhance coordination with the sectors distributing hygiene and menstrual management kits (MHM) kits to prevent duplication and ensure harmonized distribution. Strengthening GBV referral pathways and community engagement, particularly for high-risk refugees, is vital. Timely mobilization of GBV Officers at the Protection Emergency Response Unit (PERU)'s effective communication with EPR WG and adherence to EPR Cyclone SOP are crucial to address protection needs during emergencies and ensure comprehensive and targeted assistance.



¹⁶ As of 2021, according to the Sub-national HDI data from the [Global Data Lab](#)

¹⁷ GBV sub-sector Cox's Bazar, GBVIMS annual report 2023

Challenges to Addressing GBV (contd.)

- **Prolonged discrimination and statelessness:** Rohingyas were denied citizenship rights in Myanmar. The government of Bangladesh allowed them to stay in camps and permitted international humanitarian agencies to support them. However, the government classified them as Forcibly Displaced Myanmar Nationals (FDMNs) stopping short of defining their status as refugees. The government's reluctance to acknowledge their refugee status limits their access to several international protection measures. Even the Rohingya survivors of conflict-related sexual violence- a crime against humanity- face challenges to accessing justice due to the intricate legal response required to address these alleged violations and their status of statelessness.
- **Insufficient safeguards:** Repatriation has been documented as a critical objective in the government and humanitarian actors' Joint Response Plan (JRP) for the Rohingya refugees. However, advocacy and safeguards for their protection as part of the voluntary repatriation process are inadequate. Besides, with the escalating conflict on the other side of the border, for most refugees, there are no immediate prospects for voluntary repatriation. Coupled with limited prospects given the lack of formal educational opportunities, skills development, and livelihood options in the camps, protection risks and negative coping mechanisms are escalating.





GBV GUIDING PRINCIPLES¹⁸

Addressing gender-based violence is at the heart of achieving the Sustainable Development Goals (SDGs). Across the humanitarian and development contexts, GBV hinders the achievement of the SDGs because it infringes upon girls' and women's full and equal social, economic, and political inclusion and participation. Reaching the vision, goals, and targets of the SDGs depends on girls' and women's safety, empowerment, and freedom from violence. Ending GBV will contribute directly to achieving gender equality (SDG 5) and to promoting peaceful and inclusive societies (SDG 16). Empowered women living free from violence can also contribute to the achievement of other sustainable development goals – such as ending poverty, ensuring healthy lives and well-being at all ages, and ensuring inclusive and equitable quality education.

In a bid to eliminate gender-based violence, all GBVSS partners, commit to ensuring that their staff sign and comply with a Code of Conduct (CoC) in line with IASC standards for the Protection from Sexual Exploitation and Abuse (PSEA), the Core Commitments for Children in Humanitarian Action (CCCs), the Humanitarian Charter, the Core Humanitarian Standards (CHS), and Sphere Protection Standards guide responses.

They must adhere to these core principles:

- **Humanitarian Principles:** Adhere to humanity, impartiality, independence, and neutrality to ensure effective access and response to affected populations.
- **Do No Harm:** Take all necessary measures to avoid causing further harm through humanitarian actions.
- **Accountability to Affected Populations (AAP):** Ensure communities are continuously and meaningfully involved in decisions impacting their lives, aiming for the best possible outcomes for all groups affected by a crisis

¹⁸Standard Operating Procedures for GBV Interventions in Humanitarian Setting

All GBVSS partners adhere to the following guiding principles and approaches essential for all GBV programming:

- 1. Survivor-Centered Approach:** All GBVSS partners commit to deliver their interventions in accordance with a survivor-centered approach that aims to create a supportive environment in which survivors' dignity, rights and choices are respected.

To ensure survivor centered approach, the following core guiding principles should direct all interventions:

 - **Confidentiality:** Information should be shared only with those who need to know in order to aid or as requested and agreed by the survivor. All actors must adhere to agreed protocols for sharing GBV-related information. Further, services will be delivered in private settings to the utmost degree possible, so as to prevent others from hearing conversations and identifying survivors.
 - **Respect:** All actors' actions and responses must be directed by respect for the survivor's wishes, rights, decisions, and dignity.
 - **Security and Safety:** All service providers should be sensitive to survivors' needs for immediate care while aiming to prevent further harm and distress. All services and support should only be implemented with the survivor's consent, and survivors' expertise should guide any safety planning.
 - **Non-Discrimination:** All GBVSS members must commit to providing services without discrimination based on ethnicity, clan, age, religion, gender, marital status, wealth, language, nationality, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) status, political opinion, or any other basis.
- 2. Rights-Based Approach:** Address root causes of discrimination and inequality, ensuring everyone lives free from violence, exploitation, and abuse, in line with human rights principles.
- 3. Child-Centered Approach:** Create a supportive environment involving children in decisions affecting them, tailored to their unique needs and capacities.
- 4. Best Interests of the Child:** Ensure that the best interests of children and adolescent survivors of GBV are a primary consideration in all decisions affecting them.
- 5. Community-Based Approach:** Engage affected populations as partners to identify protection risks and solutions and the development of protection strategies and humanitarian assistance against gender based violence, involving women, girls, and other at-risk groups at all the stages of GBV prevention, mitigation and response.
- 6. Age, Gender, and Diversity (AGD) Considerations:** Understand and analyze how age, gender, and diversity impact experiences of displacement, statelessness and gender based violence for an effective response.



1 Coordination and Collaboration

The GBVSS shall prioritize the establishment of strong and effective coordination and technical collaboration to ensure quality standards for GBV action in the protracted humanitarian context of the Rohingya refugee camps and host communities, with relevant humanitarian sectors on a needs basis.

- Review and update key documents of GBVSS: membership directory, the terms of references (ToR) of the GBVSS, Strategic Advisory Group (SAG). While UNFPA shall retain the role of chairing, the role of Co-chair can be agreed upon among the other agencies and actors in line with the principle of localization.
- Articulate the SOP for the GBV SS including the from the Gender Based Violence Information Monitoring System (GBViMS) task team, Case Management Working Group (CM WG), and Prevention Working Group.
- To strengthen the GBV referral pathways in collaboration with child protection and protection actors through coordinated and regular service mapping exercise and updating as needed in line with the referral pathways.
- Collaboration and coordination with the PSEA Network and capacity building of the focal points on a survivor-centered approach to handling SEA involving humanitarian actors. Close coordination among the field coordinators with corresponding field actors from protection, child protection, and PSEA sectors and relevant government stakeholders (e.g. CiC and APBN) will also be prioritized.
- Support and build the capacity of the GBV SS and its memberships to deliver effective and consistent core functions of coordination as underlined in the handbook for coordinating GBV in emergencies²².
- Strengthen the quality of the GBV information management with emphasis on the identification, analysis, and monitoring of GBV risks and needs to enhance the quality, timeliness, and effectiveness of GBV response. This includes the setup of GBV risk monitoring systems across the response sites (e.g. regular KIIs/FGDs and GBV Camp Focal Point surveys), regular GBViMS analysis workshops with Data Gathering Organizations (DGOs), inter-linkages of risk identification platforms/mechanisms (e.g. Joint Protection Monitoring, Child Protection Situation Monitoring) among others.

2 Prevention and Risk Mitigation

GBVSS shall ensure promotion and implementation of structured GBV prevention and risk mitigation activities. This includes but is not limited to promoting learning, setting quality standards, sharing good practices and lessons for inclusive GBV prevention programming for improved risk mitigation. This will be done through:

- Development of guidelines for community engagement activities; contextualization of the prevention sessions.
- Capacity building of the Government and non-government stakeholders.
- Implementation of GBV safety audit, risk assessment, and GBV mainstreaming in other sectoral programs.
- Advocacy at the camp level and beyond for inclusive GBV prevention programming catering to the diverse groups of people at greater risk of GBV.
- Collaboration for resource mobilization for prevention interventions among the organizations conducting structured prevention and GBV risk mitigation programs.

¹⁹ ISCG (2023). Transitional Action Plan.

²⁰ GBV Sub-Sector ToR (2023).

²¹ Cox's Bazar GBV Sub-Sector (2023). Interagency Gender-Based Violence (GBV) Standard Operating Procedure (SOP).

²² https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fi

STRATEGIC PRIORITIES

3 Response

GBVSS shall ensure GBV survivors will have access to quality and timely response services. It will follow the global standards, and share best practices for inclusive GBV response services and service delivery.

- The promotion and adoption of the Inter-Agency Minimum Standards for GBViE programming.
- Establishment of accountability mechanisms to uphold these standards, and enhance evidence-based quality GBV response services
- Scale up accessibility, and inclusive approaches learned from ongoing & past initiatives to support survivors and those at heightened risk across all diversities.
- Finalization and implementation of the GBV SoP.
- Development and implementation of streamlined communication platforms and channels to ensure technical resources, guidance materials, best practices, and other relevant resources are readily accessible to all GBV actors
- Strengthening methodologies to capture and communicate diverse GBV risks and needs, as well as the challenges and gaps, to advocate for better integration into humanitarian strategies to ensure quality and accurate GBV information and analysis.

THIS WILL BE DONE THROUGH:

1. Enhanced GBV Risk monitoring mechanisms

- Quarterly KII, FGD
- Technical collaboration with the annual MSNA/ISNA (inter-sector needs assessment at the household level)
- GBV-focused and gender-sensitive Secondary Data Review (SDR) led by the GBVSS with member participation

2. Enhanced case management quality and standards across GBV actors

- Monthly Case Management Working Group (CM WG) coordination meetings.
- Develop Case Management Modules focused on intimate partner violence(IPV), Persons with Disabilities (PWD), Gender Diverse Populations(GDP), etc.
- Coordinate with other technical groups e.g. forming focused groups for GDP and PwD module adaptation in coordination with the GDP WG and ADWG.
- Review and standardize Case Management (CM) supervision tools across all agencies.
- Disseminate updated GBV CM tools, guidelines, and information biannually, ensuring consistent use of formats like consent forms, assessments, safety plans, action plans, follow-ups, case closures, and client feedback.



STRATEGIC PRIORITIES

3. Safety audit across sectors & other Inter-sectoral GBV mainstreaming /GBV risk mitigation

- Livelihood & Skill Development Sector (LSDS)
- Youth Working Group, Education sector
- Health sector & SRH Working Group

4. GBVIMS Legacy and GBVIMS+/Primero uptake

- Increase the number of GBV actors adopting GBVIMS as their case management data management and reporting system, with technical support from the GBVSS for onboarding requirements and quality assurance of implementation.

4 Capacity Building

GBVSS shall engage with the GBV, child protection, protection, gender-diverse working group, and other relevant sector actors to identify key learning priorities for both GBV and non-GBV actors and facilitate joint capacity-building initiatives to mainstream GBV prevention, risk mitigation, and response into the capacity development plans of the protection and the emergency preparedness and response areas of work. This will be done through:

- GBV Sub-Sector long term capacity building strategy (e.g. addressing sustainability through ToT, localisation, innovative modalities of cascading training with less resources, etc)
- Roll-out of the second edition Caring for Child Survivors - collaboration with CP SS
- Capacity building on survivor-centered approach on responding to disclosures including SEA cases involving humanitarian actions; engaging and collaborating with PSEA actors.
- Continuous capacity building on GBV Guiding Principles, case management, ethical data collection and use.
- Clarification of terminologies among and between GBV, Child Protection, Protection and PSEA actors.

5 Advocacy

Strengthen partnerships for advocacy for the integration of GBV action into all humanitarian responses. Collaborate with the protection sector actors to amplify messages in collaboration with the protection sector actors.

- Joint messaging with Protection, CP, and GBV (protection)
- GBV quarterly risk analysis, GBVIMS factsheets
- GBV Sub-Sector quarterly bulletin
- Response dashboard and 3W/5W
- Advocacy brief for donors, field administration, and non-GBV actors

To successfully execute this strategy, the GBVSS commits to following enabling factors:

Accountability: In all scope of work, members of GBVSS will prioritize accountability to the community it serves, particularly survivors and those at risk of GBV. The GBVSS is field-driven, responding to the needs of those in crisis, and feeding upwards to ensure global guidance and leadership are reflective of these needs. This commitment aligns with the IASC principles, the primary coordination body of the humanitarian system.

Advocacy and governance: Members of the GBVSS share the duty to advocate for women and girls' access to services in line with the local, national, and international laws to that effect. Responsive, effective, and representative decision-making enables GBVSS to act timely and flexibly to crises and emerging priorities. The GBVSS Strategic Advisory Group (SAG) will review decision-making procedures to ensure they are fit for purpose. GBVSS shall lead the evidence-based approach with donors about funding priorities.

STRATEGIC PRIORITIES

- **Localization:** The GBVSS will adhere to the Principles of Partnership²³, enhancing local and national capacities for GBV prevention and response through collaboration with women-led organizations, NGOs, Community-Based Organizations (CBO), and relevant government bodies. This approach ensures humanitarian principles are upheld and survivors' needs are prioritized. Sustained localization efforts and dedicated activities are essential, and these principles will be applied across all areas of work and levels of engagement. By bringing the women's and girls' voices and choices at the center and shifting power to affected communities, the GBVSS aims to effectively prevent, mitigate, and respond to GBV in humanitarian contexts.
- **Coordination:** Multi-sectoral coordination is at the core of GBV prevention, mitigation, and response interventions. Given the magnitude of needs amidst shrinking resources, rationalization of services within more efficient and effective coordination structures is a must. GBVSS shall collaborate with the various sectors that are part of the humanitarian coordination structures in Cox's Bazar to mainstream considerations around GBV prevention and response in their interventions. GBVSS shall also provide capacity development support to the GBV actors to align the GBV responses with the global standards. Similarly, the sub-sector shall engage with the non-GBV actors through service audits, training on GBV foundational principles as well and orientation on the joint referral pathway enabling them to make appropriate referrals to the available services. GBVSS shall lead the coordination of advocacy and resource mobilization with actors across the humanitarian and development nexus to ensure systems strengthening and the sustainability of impact.
- **Systematize GBV data collection, management and sharing through investment in the GBV Information Management System (GBVIMS):** Following a decade-long iterative piloting and modification process, GBVIMS was launched in Cox's Bazar in May 2018. Currently, 20 organizations are signatory members of the GBVIMS' Information Sharing Protocol (ISP).²⁴ Grounded in confidentiality and privacy, the ISP outlines the guiding principles and procedures for sharing GBV data among the 4 UN agencies and 16 National NGOs (NNGOs) and International NGOs (INGOs). GBVSS shall promote its usage for uniformity of data collection, analysis and comparability.
- **Prioritize full geographic coverage:** Full geographic coverage of basic services in the affected areas is the first step towards enhancing access. More community-based outreach programming is critical, as is implementing innovative integrated approaches to addressing challenges related to space and mobility. For example, there are Women and Girl's Safe Spaces, Male/Community Engagement Centers for engaging men and boys on GBV prevention and response, and safe houses available for GBV survivors and their family members. There are also several community mobilization and engagement initiatives, like SASA! Together, Engaging Men in Accountable Practice (EMAP), the Male Role Model project, Champion of Change and the Girl Shine curriculum, which aim to prevent violence against women and girls, engage men and boys in GBV prevention, and empower young Rohingya girls, respectively.
- **Technical assistance:** GBVSS shall provide technical assistance to GBV service delivery partners in Bangladesh to improve service delivery in line with global standards. As part of their coordination function, they shall lead service and response coordination by setting service quality standards, setting up monitoring mechanisms, and joining forces with the protection sector actors for joint advocacy for resource mobilization not only for the firewalled lifesaving GBV services but also the critically important gender transformative approaches to GBV prevention and mitigation.
- **Continuous monitoring and evaluation:** The Strategic Advisory Group (SAG) for the GBVSS shall create mechanisms and timelines for monitoring this strategy's implementation, to identify accomplishments, lessons learned, challenges, and bottlenecks for implementation. The monitoring mechanism for the strategy shall synchronize with the Joint Response Plan (JRP) monitoring tools and GBV "5W" tracking tools to maintain consistency and mitigate redundant reporting for GBV partners. The findings from monitoring will continuously inform the adaptation of implementation and shall constitute an agenda item during the GBVSS meetings.

²³ Principles of Partnership by Global Humanitarian Platform

²⁴ Cox's Bazar GBV Sub-Sector (2024). GBV Information Management System (GBVIMS) Information Sharing Protocol between Data Gathering Organizations in Cox's Bazar, Bangladesh.

²⁵ GBVIMS Annual Report 2022



WORK PLAN

The work plan below follows the Strategic Priorities:

- Coordination and collaboration
- Prevention and risk mitigation
- Response
- Capacity building
- Advocacy

The table of action below includes agency commitments under the GBVSS strategy:



