



GENDER BASED VIOLENCE SUB-SECTOR

COX'S BAZAR, BANGLADESH

QUARTERLY BULLETIN, Quarter 2 (April-June), 2026



Photo: PSEA Training for GBVSS volunteers at Camp-18 (credits: IOM)

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1. GBVSS COORDINATION UPDATES

The Gender-Based Violence Sub-Sector (GBVSS) currently comprises 24 partner organizations, alongside observers and standing members. This collective platform remains committed to deliver quality, survivor-centered services that uphold minimum GBV and ethical standards, while proactively monitoring and addressing emerging GBV risks faced by the affected communities.

1.1 Support Service Delivery

Coordination Meetings: The 24 GBVSS partners attended three monthly coordination meetings to strengthen their collaboration, address operational field challenges, and enhance GBV prevention, response, and risk mitigation services. Key discussion points included field observations, updates on child protection (CP) and GBV integration both at the programmatic and governance levels and adoption of GBV risk monitoring protocols. Emergency preparedness and response, coordination regarding facility closures, incident tracker reporting, and the GBV Safety Audit with the Food Security Sector were further discussed.. The June meeting included discussion on the priority activities for July to December as part of the 2026 GBVSS Annual Work Plan finalization, in order to ensure strategic alignment with cross-sectoral humanitarian response priorities and reinforcing accountability mechanisms across the sub-sector.



Members attend the GBVSS monthly coordination meeting on 9th June 2026. (Credits: UNFPA).

GBV Camp Focal Points Meeting: The GBVSS convened three monthly coordination meetings with the 33 GBV Camp Focal Points (CFPs) to strengthen field-level coordination and address emerging challenges. Discussions focused on PSEA training for volunteers, CP-GBV integration, referral pathway access, and the monthly guidance sheet. It also included discussion on the identified areas of collaboration between the GBVSS and legal actors to strengthen the survivors' access to justice, GBV Safety Audits of Food Security Sector and Education Sector, GBV risk monitoring, Housing, Land & Property (HLP) training, and the Anti-trafficking Working Group (ATWG) Validation Workshop of Anti-trafficking training module. Partners reviewed field-level challenges, including reporting barriers and community concerns, while addressing urgent protection risks. The June meeting reinforced the discussion of challenges regarding access to the One Stop Crisis Centre and Cells (OCC), the safe shelters, clinical management of rape (CMR) and evidence collection services, and identified the



way forward. These meetings reinforced accountability, enhanced service coordination, and ensured alignment of GBVSS priorities with the broader humanitarian response efforts.

GBVIMS Task Team Meeting: Two GBVIMS Task Team meetings were convened in April and June to strengthen partner coordination, review the data gathering organizations (DGO) status and optimize the quality and safety of GBV data. Key discussions included GBVIMS reporting, Primero/GBVIMS+ expansion and challenges, the Q1 2026 factsheet review, and information sharing protocol (ISP) adherence. Additionally, a bilateral trend analysis of GBV incidents in refugee settings was conducted with the GBVIMS global team on April 28; the resulting consolidated report is pending operational review to ensure contextual accuracy.

GBV and Child Protection Integration: As part of governance-level integration, the GBV and CP sub-sectors launched a Call for Expression of Interest to become members of the Joint CP-GBV Strategic Advisory Group (SAG). The nomination and election process was completed in June 2026. Furthermore, the integration agenda was formally embedded into the Refugee Coordination Platform's transformation matrix, with focus on programmatic integration of GBV and CP services, Joint CP-GBV SAG, and development a Joint Prevention Toolkit led by the the Protection Sector to enhance operational coherence and efficiency with the sub-sectors.

GBV Risk Monitoring: A guideline for quarterly GBV risk monitoring was developed to systematically track emerging GBV risks and analyze factors influencing reporting trends. This data-driven approach ensures GBV strategies remain responsive and evidence-based, while supporting the triangulation of GBVIMS data to strengthen programmatic accountability. Findings inform quarterly advocacy products—including Fact Sheets, Bulletins, and Joint Protection Monitoring Reports—to guide strategic decision-making and donor engagement.

GBV Safety Audit for the Food Security Sector: As a critical GBV risk mitigation strategy, the GBVSS and the Food Security Sector have initiated a GBV Safety Audit to identify programming-related GBV risks and develop actionable mitigation recommendations. Upon finalization of the data collection tools, the enumerator orientation and field data collection are scheduled in July.

JRP Funding Analysis: In collaboration with the Rohingya Coordination Platform (RCP), the GBVSS finalized the JRP 2026 funding analysis as of 30 April 2026. The data indicates that the GBVSS has secured **48%** of the required funding, with a remaining funding gap of **52%**.

Gender Based Violence: 48% funded 52% gap					
Priority	Required	Received	Committed	Gap	% Gap
Priority 1	9.5M	5.9M	1.2M	2.4M	25%
Priority 2	6.0M	2.3M	0.0K	3.6M	61%
Priority 1&2	15.4M	8.2M	1.2M	6.0M	39%
Priority 3	4.6M	910.0K	0.0K	3.7M	80%
R/S	1.6M	87.3K	0.3K	1.5M	95%
Total	21.7M	9.2M	1.2M	11.3M	52%



Legal and GBV Collaboration: The GBVSS strengthened the collaboration with the UNHCR Legal Unit for strengthening the legal-GBV collaboration and referral pathways across 33 camps. Key initiatives this quarter included delivering legal services awareness sessions within GBV facilities and conducting legal literacy courses for volunteers. To support caseworkers, a one-page guidance note on counseling and legal assistance is under development, with partner orientations scheduled in July. Additionally, the Sub-Sector is establishing quarterly meetings between GBV and legal actors in the camps to further improve field-level coordination.

Inter-Sector Needs Assessment (ISNA): The GBVSS collaborated with the RCP to review the indicators and questionnaires for the 2026 ISNA.

Bhasan Char Inclusion: Bhasan Char operations were formally integrated into the GBVSS coordination mechanism as the 34th camp. The Bhasan Char focal point was oriented on coordination protocols, including monthly GBVSS and Camp Focal Points (CFP) meeting participation and 5W reporting. To ensure standardized practice, key guidance—including CFP Terms of Reference and selection procedures—was disseminated, and collaborative efforts established area-specific GBV logframe targets.

GBV Service Mapping: In June, the GBVSS coordinated with its partners to share the updated GBV service mapping for Q2 2026.

GBV Referral Pathway Updates: To ensure timely, safe and survivor-centered access to essential GBV services, the GBVSS regularly updated the life saving [GBV Referral Pathway](#) across 33 Rohingya camps. The process was accomplished with dedicated support of the 33 GBV Camp Focal Points (CFP).

Support through GBVSS Working Groups: The GBVSS provides ongoing technical and capacity development support via its two Technical Working Groups (TWG) . During Q2, the Prevention TWG collaborated with the Child Protection Sub-Sector (CPSS) to develop key messages on child marriage. Additionally, the GBV Case Management TWG, with technical support from the Age and Disability Working Group (Humanity & Inclusion), developed a specialized training package on GBV case management for persons with disabilities, building upon existing UNFPA modules.

1.2 Capacity Building

To enhance programmatic quality and address capacity gaps, and to identify and meet critical needs, the GBVSS continued to provide capacity building to 1006 (female:759, male:244, gender-diverse:3) GBV and non-GBV actors through training, workshops and orientation sessions, in collaboration with partner organizations, Sectors and Working Groups. The GBVSS collaborated with a dedicated pool of trainers to provide technical capacity development to partners, focusing on GBV prevention, case management, GBVIMS/GBVIMS+, and foundational GBV principles. More in detail:

- 663 volunteers (F:470, M:190, GDP:3) were trained on Protection from **Sexual Exploitation, Abuse and Harassment** (PSEAH), supported by GBV Camp Focal Points and facilitated by volunteers previously trained by the PSEA Network.
- 14 GBV Camp Focal Points (F:12, M:2) received Training on **Human Rights Standards and Approaches** facilitated by OHCHR. The training strengthened participants' understanding of human rights-based approaches in addressing protection risks and human rights violations affecting Rohingya refugees.
- 20 technical staff (F:13, M:7) from four GBVSS members - BRAC, Nari Maitree, CODEC and World Vision - received a refresher on **GBVIMS**, facilitated by GBVSS and organized by BRAC, to increase knowledge on safe, ethical and standardized GBV data collection, storage, analysis and sharing as per global guidelines.
- 22 case workers (F:18, M:4) were trained on **Caring for Child Survivors (CCS V2)** organized by World Vision and Caritas Bangladesh. The sessions increased the knowledge of case workers while enhancing cross-sectoral coordination between GBV and Child Protection actors.
- 179 medical professionals (F:164, M:15) benefitted from a Training on **Clinical Management of Rape (CMR)** and **Intimate Partner Violence (IPV)** facilitated by GBVSS and organized by WHO with the Health Sector. The session strengthened safe referral of GBV survivors and advanced cross-sectoral collaboration.
- 33 Mobile Medical Team (MMT) members (F:16, M:17) received **training on the Minimum Initial Service Package (MISP)**, organized by the SRH Working Group and the Health Sector, and co-facilitated by the GBVSS. The sessions enhanced participants' knowledge on preparedness and delivery of life-saving SRH services during emergencies, including CMR and safe referrals for GBV survivors.
- GBVSS coordinated a **Validation Workshop on Anti-trafficking Training Module** with 9 GBV Camp Focal Points (all female), followed by a training on 17–18 June for 50 GBV case workers (F:43, M:7), organized by the IOM Counter-Trafficking Team to enhance participants' abilities to identify cases of human trafficking and smuggling, strengthening referral mechanisms, and improving the quality of support services for trafficking survivors.
- 13 GBV Camp Focal Points and three GBVSS National Field Coordinators were trained on **housing, land and properties (HLP) issues** by the HLP Working Group in coordination with GBVSS. The training included sessions on challenges related to eviction and the intersectionality of HLP issues with GBV risks.



PSEA training for volunteers at camp-14. (Credits: Mukti Cox's Bazar).



1.3 Emergency Preparedness and Response

In preparation for the monsoon season, the Sub-Sector updated the [GBV Focal Points \(CFP\) list within the Protection in Emergencies Response Unit \(PERU\)](#) across 33 camps. Furthermore, in coordination with the Emergency Preparedness and Response (EPR) Working Group, the GBV service facilities which were previously identified as Emergency Communal Relocation Centre (ECRC) have been reassessed. Ninety two GBV facilities were designated as emergency communal relocation centers, complemented by the dissemination of [Key Messages for GBV Prevention and Response During Monsoon/Heavy Rains](#) and the [Dignity Kits Guidance Note](#).

GBVSS maintains a monthly Dignity Kit prepositioning tracker to strengthen emergency preparedness, coordination, and timely response. By the end of the quarter, GBVSS mapped **11,992** Dignity Kits in stock to support women and girls affected by emergencies, those at heightened risk, and GBV survivors in need. During the quarter, GBVSS coordinated with partners to distribute **4,202** Dignity Kits to women and girls affected by heavy rains and other vulnerable situations, including **1,313** newly arrived women and girls, helping them access essential supplies during periods of heightened vulnerability.

1.4 Information Management

The GBVSS systematically collected monthly 5W and incident reports (IR) to support strategic decision-making and strengthen information management. Furthermore, the GBVIMS Task Team (TT) reviewed and updated the Information Sharing Protocol (ISP) to formally incorporate Bhasan Char.

1.5 Advocacy

In Q2 2026, the GBVSS released key Q1 2026 advocacy products—the [GBVIMS Fact Sheet](#), [GBVSS Bulletin](#), and [Joint Protection Monitoring Report](#) in collaboration with the Protection Sector and the CPSS—to support evidence-based planning and strengthen donor engagement. The GBVSS also actively engaged in the newly established Protection Advocacy Working Group, ensuring the consistent prioritization and promotion of GBV services throughout the quarter.

2.GBV SITUATION UPDATE

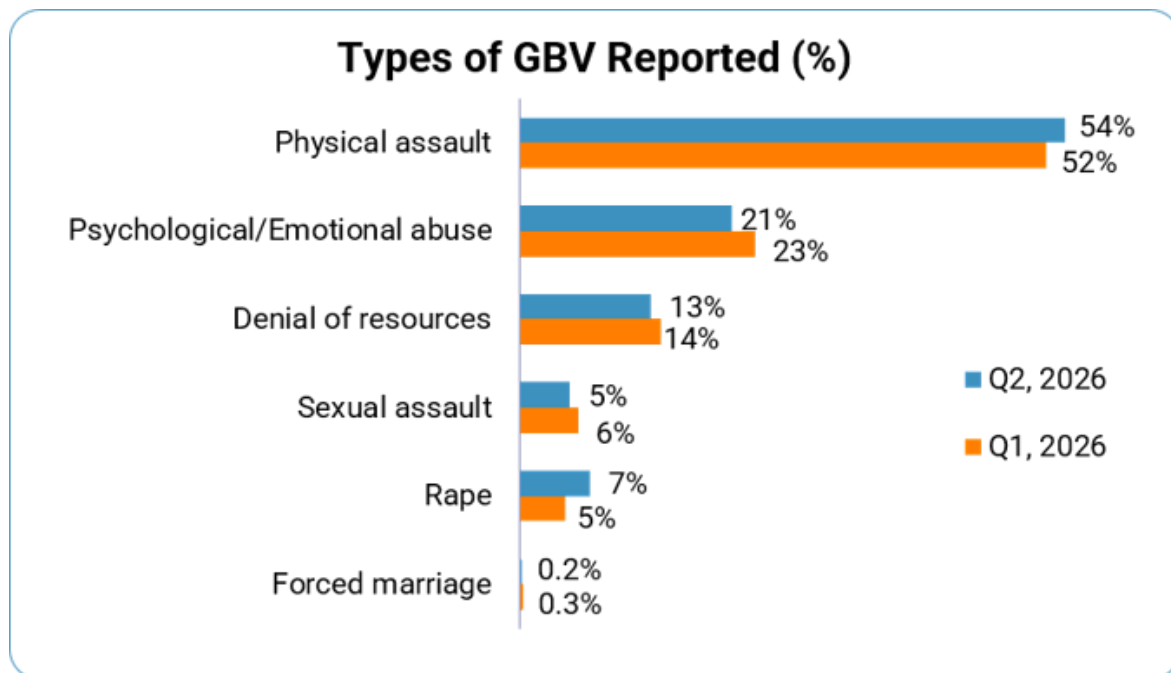
2.1 GBV Types and Trends: Reported in GBVIMS

In Q2 2026, reported GBV cases **increased by 10%** compared to Q1 2026, according to the GBV Information Management System (GBVIMS). The increase in recorded incidents primarily reflect less systemic barriers to disclosure and growing access to GBV case management services but also a likelihood of increased prevalence. In parallel, field observations, focus group discussions (FGDs) and camp focal points (CFP) indicated **heightened GBV risks** in the Rohingya camps, driven by interconnected factors - worsening economic hardship, unemployment, substance abuse, online gambling and financial extortion contributing to increased household stress and tension leading to high levels of intimate partner violence



(IPV)-72% of all cases received in Q2 2026 (73% in Q1). The growing criminal activities including gambling, human trafficking, kidnapping and drug use further contribute to insecurity in the camps and increased protection risks for women and girls. Three cases of **femicide** were reported during the quarter, including a case where a young child was murdered alongside the mother. In another case, a drug dependent husband killed his wife following altercations when she refused to give him money to buy drugs. The cases highlight the extreme consequences of substance abuse intersecting with economic stress leading to fatal consequences of intimate partner violence (IPV) .

Newly arrived Rohingya families continue to face intense protection risks due to limited shelter capacity and insufficient resources. With no clear solution to the shelter issue, many new arrivals are attempting risky return to Myanmar, having overstayed the initial welcome of their relatives, with whom they sought temporary accommodation. . Many new arrivals are also residing in rented accommodation outside the camps near the border, where men often work as day labourers and women engage in domestic work. These arrangements expose women and adolescent girls to heightened risks of sexual exploitation, sexual assault, and human trafficking. Beyond shelter needs, these vulnerable households remain at high risk of exploitation, protection violations, and continued suffering, including housing, land and property (HLP) concerns, particularly financial demands and exploitation by members of the host community.





Physical violence remained the most reported form of GBV in Q2 2026, accounting for **54%** of all types of GBV cases. This is largely driven by IPV— 72% — which emerged as the most prevalent form of GBV across camps and surrounding host communities. Field observations, focus group discussions (FGDs) and feedback from camp focal points (CFPs) indicate that physical violence is increasing in both frequency and severity. This escalation reflects the combined impact of worsening socio-economic conditions and a deteriorating protection environment. Persistent drivers include family conflict, household tensions linked to reduced and stratified food rations under the Targeting and Prioritization Exercise (TPE), prolonged displacement, unemployment, gambling-related disputes, substance abuse, and limited social acceptance and awareness regarding gender-diverse populations. In addition, harmful gender norms and household dynamics such as extramarital affairs, polygynous relationships, dowry-related disputes, and unequal distribution of household responsibilities continue to intensify physical violence against women. Beyond the household, the growing influence of organized groups has contributed to increased incidents of assault, intimidation, and extortion, indicating that physical violence has evolved into a broader protection concern. Furthermore, physical violence is frequently used as a means of coercion and control, particularly when women resist exploitative demands or challenge abusive behaviour, reinforcing existing power imbalances and increasing their protection risks.

Emotional and psychological violence remained the second most reported form of GBV, accounting for **21% of reported incidents in Q2 2026** (23% in Q1). Field observations, FGDs and CFPs feedback indicate the pervasiveness of this form of GBV. Women and girls frequently experience intimidation, verbal abuse, threats of divorce or abandonment, social isolation, coercive control, insults, and other forms of psychological abuse. Many also face emotional abuse related to fertility, including not having children or giving birth to daughters instead of sons. Technology-facilitated abuse has expanded psychological violence through persistent online harassment, unwanted communication, and threats to disclose private images or videos, particularly affecting adolescent girls and young women. Gender-diverse individuals experience emotional distress linked to discrimination based on their gender identity and expression.

Denial of resources represented **13%** of reported cases in Q2 2026 (14% in Q1), closely interlinked with IPV and economic abuse. At the household level, economic control and financial deprivation, including the diversion of household income and rations to gambling, limited women's access to basic needs and financial resources. These resource constraints also contributed to harmful coping mechanisms, including child marriage, trafficking, and transactional sex to meet basic survival needs.

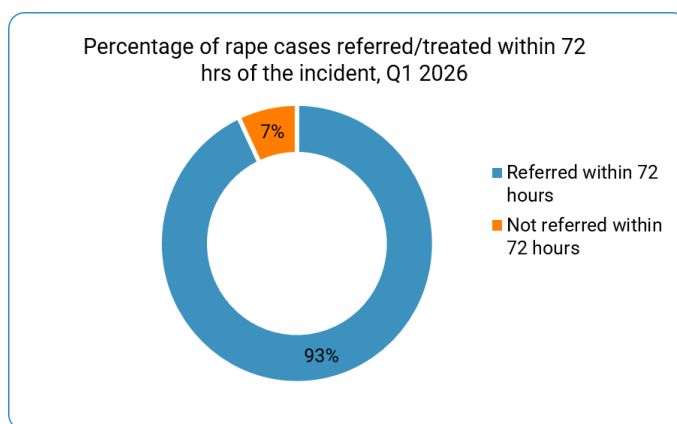
Sexual violence accounted for **12%** of all reported cases, including 7% **rape** and 5% **sexual assault** 5%. This is an increase from Q1, 2026 when 5% rape and 6% sexual assault cases had been reported. Organized and/or armed groups were consistently identified as key perpetrators, reportedly entering shelters at night to commit rape—including gang rape, sexual assault, intimidation and extortion. Female-headed households, and shelters where male family members were absent, were particularly targeted. Adolescent girls were increasingly lured



through online relationships, resulting in sexual exploitation after leaving the camps. Technology-facilitated sexual violence also emerged as a growing concern, including online harassment, cyber abuse, blackmail, technology-enabled exploitation, online gambling, and pornography-related exploitation. Environmental factors, such as limited privacy, insufficient or distant latrines, continued to increase the risk of sexual assault. Substance abuse was also frequently reported in connection with sexual violence incidents. Gender-diverse populations (GDP) remained at heightened risk of sexual violence due to social exclusion and limited livelihood opportunities. GDP who engage in dancing and singing performances to earn an income frequently experienced bullying, sexual harassment, and unwanted sexual advances, and faced an increased risk of sexual assault and rape while returning home at night, heightening their exposure to sexually transmitted infections (STIs) including HIV. Survivors of sexual violence also endure severe psychological distress, stigma, fear of retaliation, and pressure from family or community members to remain silent or adopt harmful coping strategies to include unsafe migration to marry off the survivor in other country.

Child/Forced marriage accounted for **0.2%** of reported GBV cases in Q2 2026 (0.3% in Q1). The primary contributing factors included family pressure, concerns about girls' safety and family honor, harmful social norms, limited access to education, and low awareness of the risks associated with child marriage. Key drivers included financial hardship, poverty, and entrenched cultural practices that encourage child or forced marriage. Families often arranged these marriages due to economic constraints, the perceived burden of supporting multiple daughters, inability to finance girls' education, fears of social stigma or loss of honor, and longstanding beliefs that child marriage is acceptable or beneficial.

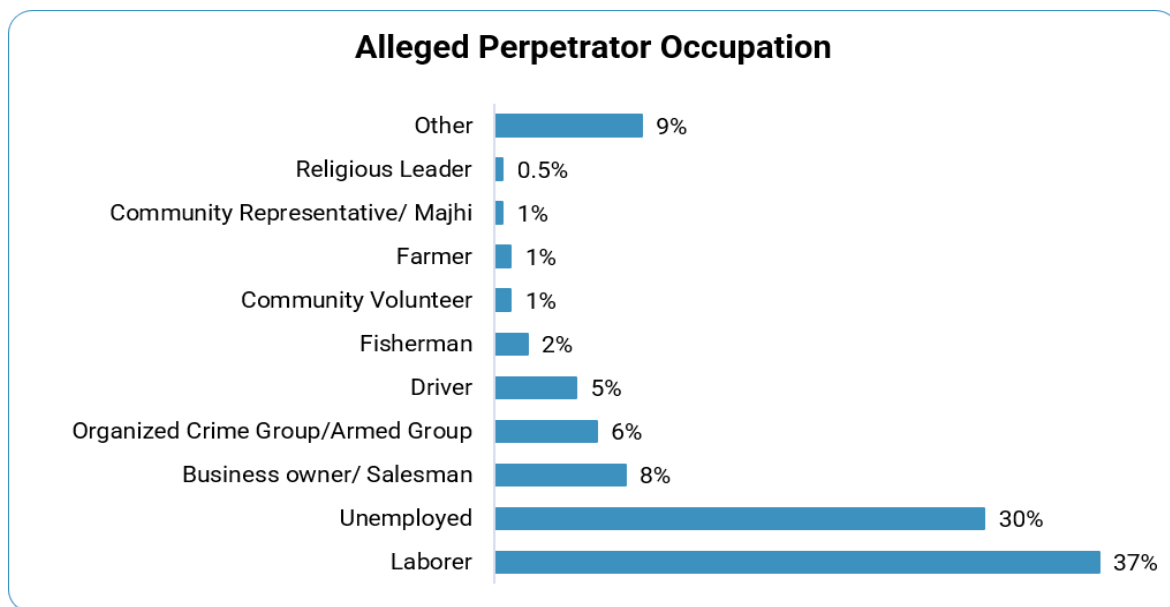
In Q2 2026, **93% of rape survivors were able to access lifesaving Clinical Management Rape (CMR) services within 72 hours.** Fear of medical examinations, forensic evidence collection, and misconceptions about the legal procedures continue to discourage many GBV survivors from seeking services within the critical time frame. Reporting is further hindered by fear, shame, embarrassment, and concerns about the non-consensual disclosure of sexual violence through digital platforms or leaked videos. Limited confidence in accountability mechanisms also reduces survivors' willingness to access available services. In addition, family and community pressure to remain silent in order to preserve family honour or protect future marriage prospects often delays disclosure. These challenges are further compounded by insecurity, movement restrictions, and administrative barriers that limit access to protection





services, increasing the likelihood that survivors will miss timely medical care, psychosocial support, protection, and legal assistance.

In Q2 2026, the perpetrator and survivor relationship profiles indicated that **72%** of incidents were perpetrated by **intimate partners**, 6% by other family members, 9% by family friends/neighbors. Notably, **87%** of all reported incidents occurred within the **survivor's residence**, while 4% of incidents occurred in the perpetrators residence, 3% in the street/pathway and 1% at a friend or relative's residence. Furthermore, 1% of the alleged perpetrators were community volunteers at the camp's level.



2.2 Emerging GBV Risks: Reported in GBV Perception Survey by GBV Camp Focal Points

Online Gambling and Gaming: Online gambling and gaming are increasing triggers of household conflict, coercion and exploitation. Key contributing factors include frustration from severe economic hardship and ration reductions, which lead families to resort to gambling as a maladaptive coping mechanism. The resulting debt and poverty often pressure women to sell assets or borrow money, which in turn escalates intimate partner violence (IPV), domestic violence, and denial of resources. Widespread unemployment fuels frustration, further driving gambling and domestic violence.

Economic Stress: Severe economic stress resulting from reduced food rations under the Targeting and Prioritization Exercise (TPE) and limited livelihood opportunities have intensified household tensions and contributed to increased GBV risks. The resulting strain has prompted many male household members to seek work outside the camps, exposing families—particularly women and girls—more exposed to safety concerns, including harassment and intimidation by armed groups. Community women reported that the transition to the



Targeting and Prioritization Exercise (TPE) system has limited some of their previous coping mechanisms, such as selling a portion of ration items for essential goods, in some cases leading to illegal migration. This economic strain has escalated domestic disputes, manifesting as IPV, including physical assault and coercive threats. Divorce requests are reportedly rising as families attempt to reclassify as women-headed households to access more benefits or food ration. The combination of aid reduction and economic desperation is eroding family coping mechanisms, resulting in a direct increase in physical and psychological violence against women. Some families are also relying on negative coping strategies to reduce household expenses, such as child labour, withdrawing children from school or stopping their tuition.

Armed Groups: Reports indicate a rise in armed group activities in the camps, characterized by incursions into shelters at night, leading to sexual assault including rape, gang rape, extortion, and intimidation. Incidents are exacerbated by weak security enforcement, movement restrictions, and overcrowding, which displace families into insecure environments and limit access to protective services. Beyond direct physical assaults, there is a pattern of exploitation where perpetrators introduce individuals with histories of abusive behavior into homes to coerce women and adolescent girls into sexual relationships in exchange for benefits. Resistance to such coercion frequently triggers further physical and psychological violence. Many survivors remain reluctant to seek assistance or report these violations due to entrenched power imbalances, fear of retaliation, threat of rape video leak, social stigma, and a lack of confidence in existing accountability mechanisms. As noted by GBV Camp Focal Point in the perception survey, *“Currently, the activities of organized group members have increased in the camp—they enter homes at night, sexually abuse and beat women, and extort money”* .

Polygamy and Extra-Marital Relationships: Reports indicate a rise in polygamy and extra-marital relationships of husbands, in and outside of the camps. These dynamics are complicated by the influx of new refugees, which often serve as a catalyst for increased intra-household conflict, e.g. extra marital affairs between old and new refugees. Frequently, male heads of households enter into secondary marriages or relationships in camps different from their residence; upon their return, the men often employ coercive tactics against the first wife, including severe physical assault and threats of divorce to manipulate the allocation of limited household food rations. These protection risks are deeply rooted in broader structural challenges, including a lack of educational opportunities, limited livelihood options, and insufficient law enforcement, which leave women and girls increasingly vulnerable to abandonment, resource denial, and domestic violence.

Substance Abuse and Addictive Behaviors: A concerning trend of substance abuse and addiction among men has emerged as a significant catalyst for gender-based violence (GBV) within the camps. When combined with severe economic stress and food ration reductions, these behaviors—including drug misuse —directly exacerbate household conflict and intimate partner violence (IPV). Perpetrators often neglect household responsibilities and face financial instability, leading to coercive resource extraction such as dowry demands or the sale of essential household assets. These environments have resulted in an increase in severe physical assaults and fatal domestic violence incidents. The volatility associated with these addictive behaviors leaves



vulnerable family members at extreme risk, with reports including cases of severe bodily harm, critical injuries to spouses.

Early, Child and Forced Marriage: Reports indicate rising GBV concerns regarding early, child and forced marriages, driven by severe economic vulnerability and insecurity. There is an increasing trend of families arranging marriages for adolescent girls, both domestically and abroad— particularly Malaysia—as a negative coping mechanism to purportedly improve economic stability and physical safety. Simultaneously, increased interest from the host community in marrying Rohingya women raises significant risks of exploitation as economic desperation leaves families and adolescent girls vulnerable to coercive practices and child protection violations.

Trafficking and Irregular Migration: Economic vulnerability and the pursuit of better living conditions have exacerbated risks related to human trafficking and irregular migration, disproportionately affecting women, adolescent girls, and children. Brokers frequently exploit these families, leading to severe instances of sexual exploitation, abuse, and violence. As described in the paragraph above, there is a documented trend where families are coerced or feel compelled to send adolescent girls abroad through brokers for marriage or employment. Tragically, in cases where an adolescent has survived sexual assault or rape, some families—driven by stigma and the desire to “resolve” the situation—forcefully send the survivor abroad or arrange for irregular migration, which often results in the survivor leaving the camp and facing further harm. These dangerous migration routes are creating a cycle of exploitation where vulnerable individuals are trapped in situations of extreme risk.

Technology and Digital Platforms: There is a growing trend of technology-facilitated GBV, with increased online harassment directed primarily at adolescent girls and young women. Mobile phones and social media platforms are increasingly used as tools for intimidation and abuse, characterized by persistent unwanted contact, the dissemination of inappropriate messages, and coercion. Pornography addiction has emerged as a contributing factor to abusive and exploitative behavior, exacerbating the risks of harassment and online victimization. These digital threats create a pervasive sense of insecurity, significantly impacting the safety and well-being of women and girls in the community.

3. CHALLENGES AND RECOMMENDATIONS

In Q2 2026, the GBVSS partners reported the following challenges and barriers that survivors have faced in accessing GBV services. Recommendations and mitigation measures are also provided:

Funding Shortages and Service Reduction: Funding constraints have significantly impacted the provision of GBV services, leading to service reduction and facility closures. These include the discontinuation of GBV case management services by BRAC-UNICEF in Camps—20 extension and 8 West—and the closure of a Care Bangladesh facility in the Jaliapalong host community. Most partner organizations have reduced staffing levels to one case worker per facility with the notable exception of Mukti Cox’s Bazar (funded by UNFPA—they have



two case workers per facility. As a result, the caseload increased thus compromising the quality and severely limiting the accessibility of essential case management for survivors. Concurrently, reduced humanitarian aid has exacerbated household stress, increasing the vulnerability of women and girls to GBV and driving a higher demand for services at a time when operational capacity is diminishing. **Mitigation:** The GBVSS is actively advocating with donors to secure sustained funding for life-saving GBV services. The sub-sector is optimizing available resources through inter-agency coordination, streamlining referral pathways, and strengthening community-based support networks to maintain essential coverage for the most vulnerable.

Administrative Barriers to Referral Pathways: Camp authorities occasionally impose inconsistent documentation requirements, such as mandating One Stop Crisis Center/Cell (OCC) reports to refer survivors to a safe shelter. This administrative hurdle prioritizes rigid documentation over urgent survivor risk assessment, delaying access to critical protection services. **Mitigation:** The GBVSS is conducting bilateral advocacy and planning for capacity building sessions for CiC officials to promote survivor-centered referral protocols. Partners who are operating safe shelters (UNHCR and IOM) and OCC (MOWCA with UNFPA technical support) are standardizing the referral criteria to overcome the challenges faced by survivors and actors during referrals to safe shelters and OCCs.

Refusal of Legal Assistance: Survivors often refuse legal assistance due to fear of retaliation, stigma, and community pressure, under the presumption that there is an obligation to pursue legal action after receiving counseling. **Mitigation:** The GBVSS is working with the UNHCR Legal Unit to foster GBV and legal integration, strengthen awareness campaigns and community engagement to reduce stigma and promote survivor rights.

Threats to Access: Threats from armed groups and community leaders discourage survivors from accessing GBV services. **Mitigation:** The GBVSS is enhancing community-based protection mechanisms, engaging men and boys in prevention, and advocating with camp authorities for stronger accountability.

Inclusion and Accessibility: Persons with disabilities and gender-diverse individuals face continued discrimination and accessibility challenges. **Mitigation:** The GBVSS encourages partners to provide inclusive GBV services, conduct technical staff training, and perform targeted outreach. The GBVSS Case Management WG developed a training module for frontline staff on GBV case management for the gender-diverse population with UNFPA and IRC technical support; partners are urged to ensure accessibility for persons with disabilities through assessments and by collaborating with the Age & Disability WG.

Safety and Security in Public Spaces: Movement restrictions, poor lighting, and insecurity limit safe access to services. **Mitigation:** The GBVSS advocates with CiCs and relevant sectors for the installation of solar streetlights and increased security patrols to improve the safety of women and girls.

Socio-Economic Vulnerability: Economic dependency, debt, and ration stress heighten vulnerability for female-headed households, widows, adolescent girls, persons with disabilities, and gender-diverse populations. **Mitigation:** The GBVSS promotes the engagement and integration of skill development and income generating



opportunities—based on Livelihood and Skill Development Sector guidelines—and offers targeted assistance to reduce household stress and harmful coping strategies like polygamy and trafficking.

4. UPDATES FROM THE GBVSS PARTNERS

4.1 Mukti Cox's Bazar

Organizational objectives: A peaceful universal society free from poverty and prejudice where people will live in dignity and security.

Key Highlights

- 4,024 women, girls, men and boys completed the structured Psychosocial Support (PSS) programme across Rohingya camps, host communities in Cox's Bazar, and Bhasan Char, including 3,330 graduates from the structured group PSS programme (10 session) and 694 graduates from the Women Rise curriculum (8 session).
- SASA! Together, activities reached 103,735 community members across 23 locations in Rohingya camps, host communities in Cox's Bazar, and Bhasan Char, promoting positive social norms and collective action to prevent violence.

Major Achievements

- Mukti Cox's Bazar, in collaboration with Bandhu Social Welfare conducted 2 GBV awareness sessions reaching 40 gender-diverse individuals, enhancing their understanding of GBV, its different forms, and available support services. The sessions provided a safe platform participants to openly discuss the challenges they face, promoted peer support and inclusion, and reinforced the importance of ensuring the safety, dignity, and rights of gender-diverse individuals through joint efforts by communities and service providers.
- Four coordination meetings engaged 83 members from Community Watch Groups, Women Support Groups, Adolescent and Youth Groups, Self-Help Groups, and Community Change Makers across Camps 2W, 10, 14 and 15. The meetings strengthened coordination among community groups to identify GBV risks and promote practical actions for prevention, contributing to a safer environment for women and girls.
- 72 host and Rohingya volunteers received refresher training on PSEA, thus strengthening their knowledge of professional conduct, SEA prevention, and safe reporting mechanisms to better protect vulnerable women,



Theatre for development (TFD) performance engages community in collective action to prevent violence against women at camp-11. (Credits: Mukti Cox's Bazar).



PSEA Refresher training with Rohingya volunteers at Camp-2W. for (Credits: Mukti Cox's Bazar).



girls, and communities.

4.2 ActionAid Bangladesh (AAB)



Graduation of the Girl Shine program. (Credits: AAB)

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 supporters.

Key Highlights

- AAB delivers GBV response services across 9 Rohingya camps (1W, 4, 4ext, 8W, 12, 21, 26, 27, NRC) and Baharchara host community, providing structured PSS and PFA to 3,428 participants (2,631 women, 196 girls, 150 boys, 444 men, 7 GDP).
- 66 GBV/non-GBV actors and 490 volunteers received training on core GBV concepts, risk mitigation, PSEA, safeguarding, AAP, PFA, PSS, and referrals.
- GBV prevention activities reached 82,446 community members through outreach and awareness sessions on GBV prevention, gender equality, conflict sensitivity, and safe referral pathways.

Major Achievements

- AAB delivered 120-hour non-technical skills training to 944 individuals (695 women, 249 men), including 8 from the gender-diverse population and 56 persons with disabilities (37 women, 19 men), across Solar Maintenance and Gas Repair (105), Women's Salon Service (105), Handicraft (353), Tailoring and Dressmaking (351) and Climate-Resilient Sustainable Agriculture (CRSA) and agroecology training (30).
- To celebrate World Refugee Day, a SASA! Together event in Camp 26 united community activists, leaders, Government officials, UNHCR, and implementing actors against violence against women and girls featuring cultural performances, the launch of a community-authored book on child marriage, a Women Empowerment and Leadership program (WELP) exhibition of Rohingya women's products, and a self-defense demonstration by 10 Women-led network members and 10 adolescent girls to ~1,000 women and girls in camp 4ext, reinforcing community ownership and a commitment to safer communities.



4.3 World Health Organization (WHO)

Organizational objectives: 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 Highlights

- On 12-22 April, WHO in collaboration with GBVSS and Health Sector boosted the knowledge through training on Clinical Management of Rape and Intimate Partner Violence (CMR&IPV) of 179 health providers (164 women, 15 men) including medical doctors, nurses and midwives across 84 health facilities that provide CMR & IPV to Rohingya refugees and host community. Two-days capacity building sessions aimed to strengthen health facility system response to GBV and IPV survivors in humanitarian context.
- For continuous quality assurance of GBV service delivery, WHO distributed 3 GBV registers to 3 health facilities, and 22 CMR & IPV job aids to 22 health facilities.



CMR & IPV training for health care providers in coordination with the GBVSS. (Credits: WHO).

Major Achievements

WHO recognizes the important roles of non-clinical and non-GBV actors in responding to GBV & IPV matters. Any staff member may receive an unexpected disclosure of a GBV incident. When this happens, they must be able to listen actively and make an immediate, safe referral based on the survivor's wishes. On June 14-17 June, WHO in coordination with the GBVSS, conducted a consultation *workshop with non-clinical and non-GBV actors*



Workshop for non-clinical actors on basics of GBV and referral mechanism in coordination with GBVSS. (Credits: WHO).

on basics of GBV and referral coordination mechanisms with 136 service providers (63 women, 74 men). The workshop targeted community health workers supervisors, health facility non-clinical and some of clinical staff who do not merely manage GBV cases. The workshop briefed participants on (1) GBV basic knowledge and guiding principles, (2) GBV SOPs focusing on case transfers guidelines for a strong harmonization of referral process to ensure the continuity of GBV support services without further survivor re-traumatization, (3) how to maintain confidentiality and ethical information protection, (4) challenges in GBV referral pathways.

4.4 CODEC

Organizational objectives: To contribute to a safe, inclusive, and violence-free environment for Rohingya women, girls, men, and boys through women empowerment, capacity building, and community-led initiatives. CODEC promotes gender equality, dignity, protection, and resilience for vulnerable populations.

Key Highlights

- CODEC provided GBV services across five camps (2E, 2W, 6, 7, 27), ensuring timely and survivor-centered support.
- 100 adolescent girls and women participated in the Women's Empowerment and Leadership Programme (WELP), strengthening their knowledge, confidence and leadership skills.
- 20,716 participants were reached through GBV outreach and prevention sessions, promoting awareness, risk mitigation, and access to available GBV services.
- A network of 150 Male Role Models actively contributed to preventing GBV by promoting positive masculinity, respectful relationships, and gender equality within the community.
- 140 SASA! Together activists conducted community awareness activities to prevent violence against women and girls by challenging harmful social norms and encouraging positive behaviour change.



Girl Shine session in a WFS. (Credits: CODEC)



Celebration of World Refugee Day. (Credits: CODEC).

Major Achievements

- 120 adolescent girls and 120 caregivers graduated from the Girl Shine curriculum, while the first cohort of the Male Role Model (MRM) Workshop was completed with 60 participants, strengthening community capacity to prevent GBV.
- 22 volunteers received training on GBV core concepts, GBV risk mitigation, and referral pathways, enhancing their capacity to safely identify, refer, and support GBV survivors within the Rohingya community.

For more information on the GBV Sub-Sector: Visit the [GBV Sub-Sector Website](#)

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