

Gender Profile No.1

For Rohingya Refugee Crisis Response

Cox's Bazar, Bangladesh

(as of 24th November 2017)



Context Overview for Gender Equality among Rohingya

While there are variations based on levels of education, wealth, and urban vs rural context, gender segregation is generally common amongst the Muslim Rohingya population, closely connected to conservative cultural and religious practices such as the practice of purdah¹. **Women and girls are generally expected to stay in the home and be close to their family, whereas men and boys are more present in the public sphere**². When girls reach puberty, they are more likely to be separated from boys, and parents will mostly not send their young girls to educational or recreational activities unless they are segregated³. The majority of girls do not attend school beyond grade 5 and those who do attend up to grade 5 are usually from higher income families⁴. This is also against a backdrop where education beyond Grade 5 is not permitted for refugee children. In 2010, more than half of boys and girls age 10-15 in Rakhine State, Myanmar, are out of school, including 57% of girls and 49% of boys (an 8% gap)⁵. This is exacerbated by security concerns where women and girls are kept home to protect them from harassment and other forms of gender based violence or violent attacks. However, even before reaching puberty, there is gendered divisions among children - girls are oriented towards the home e.g. washing, cleaning and feeding backyard animals, whilst boys perform tasks such as fetching water. Boys are more likely to play and engage outside.

Marriage is very important for the Rohingya and for women it is often the only way they will achieve a sense of social and economic security given that they are discouraged from working⁶. Upon marriage, a woman becomes the responsibility of the husband's family; in addition to her husband, she becomes the responsibility of her mother-in-law who gives guidance on behaviour, childcare and other gendered tasks⁷. The median age for women's marriage in Rakhine State in 2016 was 20.7 years⁸. There is evidence that child, early and forced marriage is commonplace among the Rohingya population⁹ and that both child marriage and polygamy has been increasing in recent years among Rohingya populations due to the scarcity of men and to economic difficulties which mean girls are forced into adult roles sooner¹⁰. In addition, a UNHCR report from 2016 shows that more than half of Rohingya girls who have fled Myanmar since 2012, married prior to the age of 18¹¹. Polygamy and child marriage is not only an element of culture, but also as an adaptation for the lack of funds to pay for schooling¹². A 2015 gender analysis study¹³, which included a focused group discussion and key informant interviews among the 3,000 Rohingya refugees who were then living in Cox's Bazar's official refugee camps, revealed that 94 per cent of women respondents reported that they did not make decisions about their current marriage, and that 45 per cent were married as children. **The difficult circumstances in the camps may mean that parents push their daughters to get married earlier than they would have otherwise, because they cannot afford to provide for them.** Even though Islamic law does not allow for dowry, it is common for the family of the bride to pay dowry to the husband's family. Dowry is also practiced in the camps in Bangladesh, even though it is still illegal there¹⁴.

¹ Purdah, which literally means "curtain", is the practice of preventing women to be seen by men other than their husbands.

² "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

³ Save the Children International and UNICEF (2014) Child Protection Knowledge, Attitudes, and Practices Study Rakhine State, Myanmar.

⁴ Care International Rapid Gender Analysis (2017)

⁵ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

⁶ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

⁷ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

⁸ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

⁹ See for example: <https://www.reuters.com/article/uk-myanmar-rohingya-childbrides-insight/sold-into-marriage-how-rohingya-girls-become-child-brides-in-malaysia-idUSKBN15U009>

¹⁰ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

¹¹ UNHCR, Mixed-movements in South East Asia, 2016 http://reporting.unhcr.org/sites/default/files/UNHCR%20-%20Mixed%20Movements%20in%20South-East%20Asia%20-%202016%20-%20April%202017_0.pdf cited in GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

¹² Save the Children (2015) Youth Situational Assessment in Rakhine State, Myanmar.

¹³ UNHCR and UN Women Gender Assessment in Official Refugee Camps in Cox's Bazar, Bangladesh (2015)

¹⁴ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

Rohingya women are expected to remain inside the home and take up traditional gender roles, such as housework and childcare. In the camps women mostly also have sole responsibility for care-giving and domestic work with limited support from men¹⁵. In the camps, it is generally seen as the men's task to collect relief and water while women collect water only when there is no able-bodied man or children to do the task. Ninety-five per cent of Rohingya women and men surveyed in 2015 in the registered camps, reported that the main role of women is cooking; 53 per cent believed that women should not be allowed to leave the house - 42 per cent of surveyed women reported spending an average of 21 to 24 hours a day inside their house¹⁶ - for all these survey responses there was insignificant difference in opinion between women and men respondents. Thus, a woman mainly interacts with women in her own household, her family members if they visit, and her closest neighbours¹⁷ and her main source of information are male relatives, next-door neighbors and community leaders. **As a result, female-headed, as well as older person headed, households with no male relatives are struggling to get relief assistance due to lack of information on how where to go and who to consult**¹⁸. In the camps, women generally don't talk to men openly unless they are relatives or from their old neighborhood in Myanmar¹⁹. When women do leave the home, it is generally those who are covered by a hijab or headscarf. In this context, **being covered by a hijab or a burka can enhance a woman's movement and freedom**²⁰. It is a major determinant of the extent to which women are able to engage in work or public life outside the home. **Women rely on the women in her household for her knowledge of women's health and reproductive issues.** Rohingya women and men generally have little concept of family planning or contraception, particularly older persons – only 20-25 per cent of new generation parents use contraceptives²¹. Religious sentiment is strong as pregnancy is generally seen as "God's wish". Yet a significant cause of maternal mortality among Rohingya women is recognized as being from unsafe abortions, reported as 15% for all of Rakhine State²², and 25% to 50% of maternal mortalities in emergencies globally²³. Women have little say regarding sex with their husbands or the number or spacing of children. They had no or very limited access to contraception, sexual and reproductive health services, as well as overall health care services, in Myanmar and continue to have limited access now in the camps.²⁴

Rohingya women in Rakhine State, Myanmar, have faced significant challenges due to the disappearance and migration of men. This increases the workload of women – reproductive as well as productive. Women are driven to become breadwinners, yet the circumstances are adverse to that: they have little access to information, credit, limited skills, low literacy levels or livelihood opportunities²⁵. When pursuing work opportunities outside the home, the restrictions on movement further mean that their choices are very few, other than in their immediate neighbourhood²⁶. Rohingya women becoming economically active outside the household has also been causing increased social friction and women have been increasingly exposed to gender based violence and harassment²⁷. **Female headed households are amongst the most vulnerable in the camps, often unable to achieve family income to survive.** As a result the breadwinner role often passes to the eldest male child. However, **given the dire economic situation in camps, especially where women have stayed there longer in the older registered camps or where there are no other male family members, more women have mobilized as taking part in non-traditional informal work activities outside the household and are becoming more economically and socially empowered as a result.** In Rakhine State, Myanmar, the overall incidence of poverty is severe and increased between 2005 to 2010 from 38% to 44%²⁸. Similarly, the state has the lowest labor force participation rates in Myanmar at 58.8% (83.2% for men and 38.1% for women, the lowest for women among all states and regions) and the highest unemployment rate at 10.4% (9.1% for men and 12.8% for women)²⁹. Rohingya men in Rakhine State mostly earned an income through farming, teaching, small businesses or jobs at NGOs, whereas women rarely engaged in income-generating activities as it was generally not considered a woman's gender role³⁰. The male settlers who have been here for a longer, mostly in the older registered camps, as well as a few of the more recent arrivals who came a number of months to a year ago, who live near roadsides or main open market places, and who are able to negotiate space with the local bazar committees, are setting up small shops selling items bought from local markets, as well as mobile recharge shops, tailoring shops etc. making a minimal profit. **Both women and men who arrived a few month to a year ago have been engaged to a smaller scale in building tents for newcomers, supporting the construction of WASH**

¹⁵ Care International Rapid Gender Analysis (2017)

¹⁶ UNHCR and UN Women Gender Assessment in Official Refugee Camps in Cox's Bazar, Bangladesh (2015)

¹⁷ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

¹⁸ Care International Rapid Gender Analysis (2017)

¹⁹ Care International Rapid Gender Analysis (2017)

²⁰ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

²¹ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

²² Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

²³ International Rescue Committee (2015). Impossible Nowhere. 1st ed. [ebook] New York: IRC. Available at: <https://www.rescue.org/sites/default/files/document/467/impossiblenowherefinalhighnov15.pdf>

²⁴ Care Rapid Gender Analysis (September 2017)

²⁵ Advisory Commission for Rakhine State 2017

²⁶ Advisory Commission for Rakhine State 2017

²⁷ "Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context" (October 2017). Social Science in Humanitarian Action.

²⁸ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

²⁹ Myanmar Gender Situation Analysis (2016) Asian Development Bank, UNDP, UNFPA, UN Women

³⁰ Care International Rapid Gender Analysis (September 2017)

facilities or other repair work in the camp, as well as work as NGO community volunteers in the camps, e.g. as nutrition or hygiene promoters or as teachers in the child learning spaces. In the older registered refugee camps in Kutupalong (Ukhiya) and Nayapara (Teknaf), in addition to the above, women have been engaged in skill training and employed for small-scale production³¹ through women training centres, while men have been engaged in carpentry.³² Anecdotally, there have also been reports of women and men resorting to or being forced into negative coping mechanism as a result of economic insecurity and lack of livelihood opportunities, including survival sex³³, human and drug trafficking, forced marriage, exploitative labour, among others, both currently and prior to the most recent crisis with self-appointed community leaders amongst the perpetrators³⁴.

Adult men of the family are generally the main decision makers both before and after the crisis in Rakhine State and in camps in Bangladesh. Religious figures (imams), as well as community leaders, or *majhi*, appointed by local Union Parishad members or by the military, are mostly all men and are viewed as important people consulted for overall community decisions³⁵. However, Rohingya women who have stayed in Bangladesh for several years in the registered camps, have also been mobilized as leaders and decision makers in the camps. In the older registered refugee camps in Ukhiya and Teknaf, a formation of 35-40 women support groups³⁶ has been critical in engaging women's voice and decision-making role in the home, community and in camp management as well as in refugee food management committees. As a result, **Rohingya women and men in Kutupalong registered refugee camp as well as Nayapara registered refugee camp have a democratically elected camp council with women included as both voters and electoral candidates**.

Domestic violence is mostly understood as physical violence, and women do not necessarily perceive psychological abuse as violence – both of which are perceived as a “family affair”, to be solved by the family alone³⁷. Intimate partner violence was present within the Rohingya community prior to this humanitarian crisis taking place³⁸. This was exacerbated by long-term displacement and a lack of livelihoods. **Sexual and gender based violence is widespread in Rakhine State against Rohingya women and girls**, and approx. 100-400 incidents are being reported on a weekly basis among the new arrivals in the camps in Bangladesh³⁹. The Myanmar military has been accused of using rape as a weapon against Rohingya women and girls⁴⁰. Women and girls have experienced sexual- and gender-based violence, perpetrated by both the Myanmar army and by Rakhine locals⁴¹. There have also been widespread reports from service providers and from focus discussion groups conducted by a number of agencies in the Rohingya camps in Cox's Bazar, of multiple-perpetrator rape and sexual assault⁴². There are reports of rapes being extremely violent, with sexual violence accompanied by mutilation of the body and the face and with girls as young as 5-years of age being raped – often in front of their relatives.⁴³ There are reports of pregnant women being attacked and their fetuses removed from their bodies⁴⁴. According to community leaders and interviews with refugees, every woman and girl in the Balukhali makeshift settlements in Cox's Bazar is either a survivor or personally witnessed multiple incidences of sexual assault, rape, gang-rape, murder through mutilation or burning alive of a close family member or neighbour⁴⁵. Many women whose sexual assault resulted in conception are reported to have sought out abortions after arriving in Bangladesh⁴⁶. Some survivors who are married spoke of how they fear that their spouses would take another woman as their wife since the survivor had been “defiled”, while single women/adolescent girls worry that they may never marry for the same reason⁴⁷.

Summary of Key Needs, Issues, Gaps, Response and Recommended Actions to promote gender-responsive Rohingya crisis response in Cox's Bazar.

According to most recent family counting data⁴⁸, **approximately 52% of the Rohingya refugee population are women and girls with the largest gender discrepancy being among the population of working age** (age 18-59) where 55% are female. Overall 80 per cent of the Rohingya population are women and children. Key vulnerable groups have been identified as single mothers (11%), person with serious medical condition (4%), older persons at risk (4%), persons with disabilities (4%), child-headed households (3%), older person with child (2%), separated

³¹ Soap, reusable sanitary pads, tooth powder, etc.

³² Strengthened through a joint UNHCR-UN Women programme funded by the IKEA Foundation, implemented by Technical Assistance Inc (TAI).

³³ Child protection sub sector meeting 30th October 2017

³⁴ GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

³⁵ “Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context” (October 2017). Social Science in Humanitarian Action.

³⁶ Through a joint UNHCR-UN Women programme funded by the IKEA Foundation implemented through TAI.

³⁷ “Social and cultural factors shaping health and nutrition, wellbeing and Rohingya within a humanitarian context” (October 2017). Social Science in Humanitarian Action.

³⁸ GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

³⁹ Notably, there is currently no disaggregation of whether the incidents happened pre or post arrival in Bangladesh and who were the perpetrators. Though many survivors have identified the Myanmar military and ethnic Rakhine as the perpetrators

⁴⁰ Aljazeera (2017). UN: 'Egregious' sexual violence reports emerge from Rohingya' 14/10/2017.

⁴¹ UN Resident Coordinator Report Bangladesh (October 2017)

⁴² GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

⁴³ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September, 2017)

⁴⁴ Mission report of OHCHR rapid response mission to Cox's Bazar, Bangladesh (13-24 September, 2017)


⁴⁵ Care International Rapid Gender Analysis (September 2017)

⁴⁶ GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

⁴⁷ Report received from UNHCR.

⁴⁸ RRRRC family counting factsheet (as of 5th November 2017)

children (2%), unaccompanied children (1%), single fathers (1%). Increasing gendered isolation and restricted mobility of women and girls limits their access to life-saving assistance, services and information⁴⁹. The crisis situation disproportionately affects women, girls and the most vulnerable and marginalized Rohingya refugee population groups including older persons, persons with disabilities, children, adolescents, female headed households, single women, single parents, religious minorities, persons of diverse gender identities and sexual orientations by perpetuating and exacerbating pre-existing, persistent gender and social inequalities, gender-based violence, discrimination. **Women and girls are the most vulnerable and marginalized, and are among the first to experience additional access barriers to scarce and overstretched humanitarian relief services. Integrating gender equality measures into the refugee crisis response is critical** to ensuring that women, girls, boys, and men — particularly the most vulnerable and marginalized — have equitable access to (and benefit from) relief, services and information. **Humanitarian responses often miss opportunities to transform gender relations through the leadership and empowerment of women and girls** in their role as decision makers, first responders and economic actors — notwithstanding the fact that these are key to response effectiveness and to communities' longer-term resilience.

| Sectors | Needs/Issues/Gaps | Response | Recommended Actions |
|--|---|---|--|
|  <p>Site Management</p> | <p>Women and girls who are SGBV survivors have very few safe havens. Overcrowding in make-shift settlements and rapid population movement in spontaneous settlements and other new camp sites challenges the ability of service providers to identify private, safe service points for GBV case management and psychosocial support services⁵⁰.</p> <p>The lack of sufficient lighting in camps further exacerbates protection risks and negatively affects women and girls sense of safety, including putting them at risk of sexual harassment and assault, and human trafficking⁵¹. Women respondents mentioned darkness as one of the main reasons why they are not comfortable going out at night or using showers and latrines.⁵²</p> <p>Fear of getting lost reportedly limits the movement of women and girls⁵³.</p> <p>Virtually all majhis are men and there are overall no women or marginalized and vulnerable population groups engaged in site management.</p> <p>There is an imbalance between allocation of spaces dedicated to men (e.g. mosques) and spaces dedicated to women, children and older persons.</p> | <p>Solar street lights have been installed in certain zones and some Rohingya populations have received solar lamps.</p> <p>Some sign-posts include Myanmar language and the use of symbols.</p> <p>Some earmarking of appropriate locations for Safe Spaces for women and girls and child-friendly spaces are being conducted in coordination with the GBV sub-sector and the child protection sub-sector.</p> | <p>Ensure appropriate lighting in the camps.</p> <p>Install sign-posting in camps to provide mapping of services to communities and as sign posts to demarcate services using Myanmar language and symbols/pictures.</p> <p>Consult with communities to identify preferred solutions to keeping safe, e.g. establishing safety committees comprising of women, girls, boys and men to regularly monitor protection concerns, including SGBV risks.</p> <p>Ensure site management staff and safety committee members are trained on gender-sensitivity, protection of sexual exploitation and abuse (PSEA), and are equipped with SGBV and SEA referral pathways to make appropriate response.</p> <p>Ensure camp management structures comprise of women's representatives and other underrepresented groups, particularly across age, disability and religious differences. Ensure participation of women and men as camp focal points, nominated to engage with relevant authorities.</p> <p>Site Management sector and Protection WG (including GBV and child protection sub sectors) to coordinate to advocate for more balanced allocation of safe spaces for all different population groups with a focus on the most vulnerable and marginalized, including women, GBV survivors, children (boys and girls), adolescent girls, older persons, persons with disabilities, etc.</p> |

⁴⁹ ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 29 October 2017

⁵⁰ ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 5 November 2017

⁵¹ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁵² UNHCR, TAI, Save the Children, CODEC (October 2017) Rapid Protection Assessment, Cox's Bazar, Bangladesh

⁵³ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh



Education

There is a lack of latrines for schoolgirls at learning centres in new camp sites and makeshift settlements⁵⁴, which is very relevant to access to education particularly during menstruation.

Fewer adolescent Rohingya girls are attending the temporary learning spaces due to gendered restrictions.

Girls and boys are engaging in collecting fire wood and other household work and income generating activities instead of going to the temporary learning spaces.

Education is limited to Grade 7. Many parents do not see the purpose of sending their children to school due to a lack of continuity, as well as due to day to day survival needs and girls are the first to be taken out of school due to gender norms.

Volunteer female teachers are recruited for child learning spaces.

Gender-segregated toilets are being installed in learning centres in camps.

Gender tipsheet for education sector prepared.

Provide targeted support to ensure that girls as well as boys return to and are retained in schools, including awareness raising with parents and potentially gender segregated education.

Strengthen the capacity of teachers to address risks to child marriage, trafficking, child labour, through monitoring attendance trends for girls and boys. Work with the refugee community to develop and implement a code of conduct for teachers and other education personnel that addresses sexual harassment, and sexual abuse and exploitation.

Train female and male teachers to provide psychosocial support to address effects of trauma on girls and boys.

Recruit and train female teachers to facilitate full participation of girls in learning.

Encourage establishment of student groups/networks (separate for girls and boys) to raise relevant issues and concerns.



Health

Sexual and reproductive health services are limited and there is a lack of knowledge and socio-cultural acceptance of sexual and reproductive health and family planning.

Women face social and safety barriers to accessing health care clinics which are not gender-segregated.

Older women are especially facing significant barriers to accessing health care services, although older women are generally more likely to face chronic illness than older men.

There is limited female doctor in primary health care.

Reproductive health mobile clinics are in place.

Psychosocial support is being provided through safe spaces for women and girls, child-friendly spaces, old-age friendly spaces, among others.

Door-to-door mobile health care service provision is being provided to older persons, especially older women.

Gender tipsheet for health sector prepared.

Ensure that all women have access to free sexual and reproductive health services by scaling up services and ensuring community outreach to women. Ensure the availability of 'Minimum initial service package' (MISP) for reproductive health in crisis situations. Offer technically equipped medical staff to assist SGBV survivors.

Scale-up targeted assistance to all persons with specific needs, including psychosocial First Aid (PFA), Psychosocial Support (PSS) and counseling services with a focus on the high number of female single-head of households and separated and unaccompanied children.

Invest in recruiting and training both female and male health workers, including recruiting as volunteers the many Rohingya health workers amongst the displaced population. Consult with communities to identify preference for establishment of gender-segregated health care facilities.

Ensure coverage of HIV/AIDS control and prevention methods, with particular attention to responding to GBV and women's health risks such as sexually transmitted infections (STIs), including HIV/AIDS.

Train staff of medical and PSS services on PSEA and the complaint pathways in CXB so survivors who come for services are offered information on how to report abuse

⁵⁴ Education Sector Meeting 2nd November 2017.



Food Security & Nutrition

Lack of access to livelihood opportunities for displaced Rohingya populations are putting women and girls at increasing risk of being forced into survival/transactional sex⁵⁵, illegal drug trade, debt bondage/household debts, human trafficking and early, child and forced marriage⁵⁶.

Gender inequalities in intra-household food distribution puts women and girls at higher risk of food insecurity and malnutrition especially as food is scarce.

Gender inputs are integrated in ongoing assessments: e.g. UNDP Early Recovery Assessment, WFP and FSS Rohingya Emergency Vulnerability Assessment (REVA).

The Food Security Sector is initially focused on general food distribution to address immediate food security needs, and providing porter assistance to vulnerable groups. Additionally, use of e-vouchers is being scaled up, allowing them to purchase food in quantities which are easier to carry, and promoting women's empowerment through listing women as the principal recipient for the household

The Nutrition Sector is targeting pregnant and lactating women, adolescent girls and children for blanket and targeted nutrition support, including behavioural change communications targeted not only at mothers but also men.

Women are being provided skills training and engaging in small-scale production as employment in women training centres in the registered camps. Women are provided small-scale crafts and tailoring skill training in the women safe spaces.

Gender tipsheet for food security and nutrition sectors prepared.

Food security sector will be piloting the IASC gender and age marker for the Humanitarian Response Plan 2018 planning process.

Identify and provide livelihood opportunities for women after consultation with women in order to ensure that the opportunities are viable and feasible. Promote gender-transformative and non-household based activities where possible. Ensure wider consultation and sensitization with family and community members when engaging women in livelihoods to ensure a do no harm approach and to not risk putting the woman at risk of gender based violence, including sexual exploitation and abuse (SEA). At the same time, provide assistance with care work so that women are able to engage in livelihood activities despite their gendered care burden.

Establish prioritization criteria for food assistance and nutrition requirements that takes into account gender, age and disability - with priority for children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups.

Examine whether at-risk groups (e.g., Children, Pregnant and lactating women, female headed households, older women and men) are accessing adequate food and the food basket meets their specific needs and consult with them to identify effective and accessible supplementary feeding interventions.

⁵⁵ <https://www.reuters.com/article/us-bangladesh-rohingya-sexworkers/clandestine-sex-industry-booms-in-rohingya-refugee-camps-idUSKBN1CS2WF> and ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 29 October 2017 and Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁵⁶ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh



Protection

In some reported cases, women with humanitarian goods in hand were targeted for theft, harassment, and assault.

Women and girls face safety and security risks when collecting firewood from the forest including due to risk of trafficking, sexual assault, sexual violence and tension with host community, whereas men and boys also face risks of kidnapping and trafficking⁵⁷.

Reported Instances⁵⁸: abduction of Rohingya men for exploitation overseas, recruitment of young women to work as domestic help and after forced into prostitution, abduction of adolescent girls with the purpose of early, child and forced marriage and forgery of travel documents with the purpose of employment abroad.

Alarming Trends⁵⁹: cheap and exploitative labor, debt bondage, forced labor, survival sex, child labor, abusive working conditions for men, women, and children.

A prevalence of life-threatening risks in camps including sex and human trafficking, sexual harassment, assault and sexual violence⁶⁰.

Reportedly, men do not sleep at night to ensure the safety of their family. This has a direct impact on men's general mood and increases the risk of violence against women in the home, including intimate partner violence, during day and night time⁶¹.

Some of the Safe Spaces for Women and Girls (SSWG) are not active on sites though there are infrastructures. One of the reasons is sudden pop up of Mosques near to SSWG or men and male aid workers entering the spaces which make women and girls uncomfortable to enter⁶².

Protection, GBV and Child Protection Referral Pathways, Bangladeshi Legal Justice system, and Inter-agency PSEA are the mechanisms to report persons at heightened risk arising from gender related considerations as well as GBV incidents in the crisis response.

GBV Referral Pathways ToR has been circulated to humanitarian actors. Safe Spaces for Women and Girls (SSWG) Technical Guidance Note has been circulated.

Women and girls, including those that are GBV and trafficking survivors, are accessing peer support and recreation, case management, and GBV emergency referral services in safe spaces for women and girls. Men, women, boys, and girls are receiving GBV service information through outreach and awareness raising sessions.

Security enforcement is present in some zones.

Dignity kits are being distributed to women and girls.

Gender tipsheet for protection sector prepared. Protection WG will be piloting the IASC gender and age marker for the Humanitarian Response Plan 2018 planning process.

More safe spaces for women and girls needed following gender based violence (GBV) sub sector technical guidelines.

Engage with and provide income generating activities for men and boys. Provide male support groups with focus on promoting positive masculinities.

Interventions should be immediately implemented which specifically target the prevention, mitigation and response to GBV intimate partner violence for both the short to long term⁶⁵.

GBV sub-sector needs to coordinate with the PSEA Network to prevent the entrance of any male humanitarian staff in the safe spaces for women and girls.

Ensure minimum standard for Child Friendly Spaces including to ensure gender-responsive

For child protection services, explore specific needs and risk for girls and ensure child friendly spaces and child protection case management addresses specific gendered barriers and risks for girls especially.

Scale-up provision of dignity kits and other targeted relief and services for women and girls.

Recognize and take action to raise awareness of and to end the broad spectrum of GBV, including early and forced marriage, discriminatory and harmful practices, dowry practices, trafficking, domestic violence, and violence based on sexual orientation and gender identity.

Support the establishment of multi-purpose support centres to address women's and girls' protection, psychosocial and livelihood needs. These support centres should be one-stop service centres that prepare the most vulnerable women (e.g. elderly; pregnant; lactating mothers; and weak, stressed women with many children) for livelihood activities, that raise awareness on WASH, nutrition, health, and that link medium-to-long-term needs to other services.

⁵⁷ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁵⁸ Child protection sub sector meeting 30th October 2017

⁵⁹ Child protection sub sector meeting 30th October 2017

⁶⁰ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁶¹ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁶² GBV sub sector meeting 30th October 2017

⁶⁵ GBV Policy and Advocacy Task Team Inter-agency Briefing Paper (October 2017), GBV Sub Sector, ISCG, Cox's Bazar, Bangladesh

Reportedly, most refugee women did not carry their burka when they fled from Myanmar and, due to upholding of purdah, they have very limited freedom of movement within the camps⁶³. Female single-headed households feel especially unsafe and at risk of GBV as they are forced to move outside to access relief, WASH facilities, markets etc alone and break purdah due to the lack of culturally appropriate clothing. Reportedly, transgender women also feel particularly vulnerable and unsafe moving around the camps without burka due to social stigma.

Reported sexual harassment of Rohingya and Bangladeshi women at police checkpoints near camps.

Due to overcrowding and safety threats, women have reported an increasing risk of SGBV for women and girls in the camps, with female single-headed household being particularly vulnerable⁶⁴.

Due to gendered roles, men and male youth who have suffered /witnesses trauma have little space to express their struggles and obtain appropriate support (e.g, men/male youth groups/ men friendly spaces).


Due to not feeling safe, men tend to stay awake at night to safeguard their family and the shelter and thus become sleep deprived and stressed.

Gender roles, as well as loss/absence of adult male family members in a situation of displacement have resulted in young boys especially having to work.

Provide orientation to police on gender and GBV awareness and ensure increase in number of women in the police force and at police checkpoints.

⁶³ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁶⁴ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

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|  <p>Water, Sanitation & Hygiene (WASH)</p> | <p>WASH facilities lack the basic protection measures including gender segregation and are in locations not easily accessible for women given gendered mobility restrictions⁶⁶. The risk and fear of SGBV for women when accessing latrines by night has been reported⁶⁷. To avoid open bathing and defecation, women reportedly wash and defecate inside their shelters, restrict food and water intake, and restrict movement during the menstrual period exacerbated by the lack of clothes, undergarments and sanitary wear. This poses severe hygiene and health risks on women. Other women who have not managed the space or items to set up facilities inside their homes, report using the shared facilities at night only where they cannot be easily seen.</p> | <p>Some women-only bathing and toilet facilities have been installed.</p> <p>Gender tipsheet for WASH sector prepared.</p> <p>WASH sector will be piloting the IASC gender and age marker for the Humanitarian Response Plan 2018 planning process.</p> | <p>Ensure well-lit, lockable and gender-segregated toilet and bathing facilities that are safe and accessible across all ages, disabilities and other diversities.</p> <p>Promote outreach to men to ensure they are not using or entering bathing and toilet facilities for women and girls.</p> <p>Provide outreach messaging to women and girls to promote their use of bathing and toilet facilities for women and girls.</p> <p>Ensure equitable and dignified access to distributions of hygiene-related materials for women and girls of reproductive age and private spaces to wash or dispose of them; ensure materials are appropriate for users. Consult with women on appropriate menstrual cloths.</p> |
|  <p>Shelter & Non-Food Items</p> | <p>Due to overcrowding, lack of doors on shelters and total darkness, women and girls do not feel safe in shelters, including due to the risk of GBV⁶⁸.</p> <p>The large need for alternative fuel and improved cooking stoves⁶⁹ is a key practical and strategic gender issue for Rohingya women and girls' empowerment and well-being, as well as for those who are physically unable to reach sites for firewood collection. As a result of their gendered roles and burdens of household work and spending significant amount of time inside the houses, Rohingya women report inhaling toxic emissions and suffering from the high heat as serious concerns which are already having negative impact on their health (respiratory problems, eye infections etc.). The assessments report that current local market supply of wood fuel does not meet the increased demand since the Rohingya refugee influx and the self-collection of firewood from nearby forests are reportedly linked with severe safety risks especially for women and girls, including gender based violence, trafficking, elephant attacks, threatening and theft of machetes by host communities whose lands are being trespassed and</p> | <p>Gender aspects are being integrated into shelter improvement assessment.</p> <p>Gender tipsheet and gender and diversity tool for shelter/NFI sector prepared.</p> | <p>Prioritise and provide additional targeted support when providing shelter and NFI relief to women, female headed households, older persons and persons with disabilities.</p> <p>Ensure temporary shelters have locks and privacy partitions that consider women and girls' need to change clothes; and have appropriately located windows and doors that ensure privacy and protection while also providing ventilation to mitigate women's health risks from staying indoors.</p> <p>Distribute specific materials to women and adolescent girls directly, such as materials for partitions inside temporary shelters, blankets for pregnant and lactating women and solar lights / torches.</p> <p>Provide households with alternative fuel, improved cooking stoves or community kitchens to ease the gendered burden and health impacts on women from cooking.</p> <p>Consider grouping of temporary shelter side-by-side for female-headed households or single women to provide a neighbor support network for jointly accessing basic services, relief and information, provision of shared childcare and household work support, as well as overall mental support.</p> |

⁶⁶ ISCG Situation Report: Rohingya Refugee Crisis, Cox's Bazar | 29 October 2017

⁶⁷ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁶⁸ Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁶⁹ FAO/IOM Woodfuel & deforestation (July 2017); FAO/IOM rapid assessment after influx (October 2017); WFP Rapid Safe Access to Fuel and Energy assessment (October 2017); IOM, Save the children and UNHCR Assessment of Shelter Upgrade Needs (October 2017)

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| | <p>livelihoods are being depleted. Lack of sufficient cooking fuel results in households skipping meals (to 10-15 meals a month), with women and girls being the first to eat less or last within households, or undercooking food. Further, the loss of forest has far-fetching environmental consequences as this area functions as a buffer to natural hazards and disasters, including exacerbating risks of landslides, which women and girls tend to be disproportionately impacted by.</p> <p>Shelter and NFI material often too heavy to carry for women, older persons and persons with disabilities. They resort to paying others to carry their loads if they have the means.</p> <p>Women rely on the kindness of male relatives or neighbors to build shelters for them⁷⁰.</p> | | <p>Shelter and settlement solutions should meet the needs of the refugees and are agreed upon by women, girls, boys and men across diversities and age groups.</p> <p>Give priority for shelter to female headed households, child-headed households, older persons headed households, the sick or malnourished, pregnant and lactating women, GBV survivors, and other vulnerable groups.</p> <p>Distribute appropriate clothes, undergarments, reusable sanitary pads, female cloth (Thami) and torch light as NFI materials.</p> |
|  <p>Logistics and Distributions</p> | <p>Blanket distribution of relief is ongoing but there is an urgent need for specific targeted and needs based distribution.</p> <p>In military distribution, there is a not always segregated lines for men and women, priority line for vulnerable people such as pregnant and breastfeeding mothers and older people, a lack of access to latrines and drinking water or privacy for breastfeeding, and distribution of heavy items is being conducted to people of all ages including young children.</p> <p>Considering women's double burden carrying children and carrying relief items, distribution line waiting time at military distributions is generally twice as long for women.</p> <p>Distribution packages are often too heavy to carry for women, older persons, children, persons with disabilities.</p> <p>As confirmed by assessment by HelpAge, older refugees are especially facing severe difficulties accessing very basic services, including healthcare and are exposed to heightened protection risks.</p> | <p>Training and sensitization with military on protection (including GBV and child protection) is being planned.</p> | <p>Blanket distributions to be supplemented by targeted distributions for missed and most vulnerable persons (including extra provision of labour for transportation and construction of shelters).</p> <p>Provide orientation to military to ensure distributions are gender-sensitive including segregated lines for men and women, priority line for vulnerable people such as pregnant and breastfeeding mothers and older persons, access to latrines and drinking water and privacy for breastfeeding, and avoiding the distribution of heavy items to women, older persons, children, and persons with disabilities.</p> <p>Distribution staff should be trained in, and enumerators should look out for, proper behavior when working with beneficiaries, to reduce the risk of inadvertent or intentional inappropriate touching or behavior</p> |

⁷⁰ Care Rapid Gender Analysis (September 2017)



Access to Cash and Markets

Gender norms limit the options for women to engage in cash-for work (CFW) activities as well as going to markets to purchase items outside the home. Women have little experience or skills for engaging in paid work outside the home. CFW activities take place during the hours when women are heavily engaged in care work. Women targeted for cash assistance are at potential risk of being exposed to increased GBV, including intimate partner violence at home as men in the family may feel resentful of changing gender roles which can be seen as undermining their gender role as breadwinner and head of household.

Lack of money contributes to expose women to corrosive coping mechanisms such as survival sex, reduction of food intake, as well as the re-sale of humanitarian assistance and borrowing.

Women and persons with diverse gender identities and sexual orientations report obstacles to safely accessing markets or traders. Married women do not culturally go to markets, preferring their husbands to undertake this task. It is female single-headed households who feel especially unsafe and at risk of GBV including SGBV as in order to buy food they are forced to access markets alone and break purdah due to the lack of culturally appropriate clothing. Elderly women are less affected by this situation as purdah is seen as less compulsory for them but distance has an impact on their ability to access markets⁷¹.

Reportedly, female single-headed households hand over their money to male neighbours to buy products in local market at the risk of misappropriation of precious disposable income⁷².

Some women, especially those single women, are being engaged in cash for work along with men for construction of WASH and other camp facilities. Other women are being engaged along with men as volunteer work as community health, nutrition and WASH promoters, as well as teachers in child learning spaces.

The most vulnerable and marginalised affected populations get priority for unconditional cash grant, e-vouchers for food assistance and/or participate in CFW.

Gender tipsheet for cash programming prepared.

Identify cash-for-work activities that are culturally acceptable and safe for women through community consultations (e.g. homestead based activities, or activities in women safe spaces); whilst at the same time working to promote women's rights and equal opportunities to engage in more gender-transformative livelihoods.

Train women and men equally with the skills to safely and effectively carry out cash-for-work activities.

Actively engage women and men from both the refugee and host community in cash for work activities for camp infrastructure construction work, distributions, volunteer work as health workers and teachers, etc.

Provide childcare as a cash-for-work opportunity for mothers who are exclusively home-based, freeing up women to participate in other cash-for-work activities and enhancing the value of women's care work.

Create flexible schedules for women and men to participate.

Consult with communities and investigate further to explore feasibility of doing cash based interventions targeting women to build the self-reliance and resilience of women by helping them to meet their own basic needs.

Involve women in consultation on preferences of assistance, and information about cash assistance and how to engage with markets, especially for single women headed households.

Ensure markets are nearby, well-lit, safe and accessible for women. Explore options to set up women's corners in market spaces.

Provide targeted cash assistance with priority for the most vulnerable and marginalized population groups, including women headed households.

⁷¹Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

⁷²Oxfam Rapid Protection, Food Security and Market Assessment (November 2017), Cox's Bazar, Bangladesh

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|  <p>Communicating with Communities & Accountability to Affected Populations</p> | <p>Women, girls, female headed households, single women, pregnant and lactating women; persons with diverse gender identities and sexual orientations; children; child-headed households, older persons; older-person headed households, persons with disabilities, chronically ill persons, injured persons and other vulnerable and marginalized, face additional access barriers accessing information.</p> <p>There is a lack of complaint/feedback mechanisms for affected Rohingya communities, and those that are there are not accessible as they are in inconvenient locations and without proper inclusive sign-posting. There is a lack of mechanism in place to address negative or false rumour spreading, including those with potential negative gendered impacts, within both affected Rohingya populations and host communities.</p> <p>There is an observed risk of growing tensions, resentment and violence between host and displaced communities with particular gendered impacts on women and girls, e.g. through the increase in GBV including intimate partner violence.</p> | <p>Communicating with Communities Working Group functional and providing regular messaging with communities.</p> <p>Protection WG participatory community consultations with separate focus group discussions with women, men, boys, girls of different age groups (adults, children, adolescents, older persons) and persons with disabilities.</p> <p>Internews Cox's Bazar Information Ecosystem assessment on information sources and methods provide important analysis for ensuring gender-responsive and inclusive communication with communities.</p> | <p>Ensure clear, safe, accessible and inclusive communication with communities (both Rohingya and host communities) through participatory consultations, community feedback mechanisms and information dissemination and messaging through preferred communication and information channels tailored to the different needs and preferences of women, men, boys and girls across diversities with a focus on the most vulnerable and marginalised.</p> <p>Ensure systematic post-distribution monitoring including consultations with women, men, boys and girls of all ages and diversities equally, and ensure feedback feeds into future response and contingency planning.</p> <p>Routinely monitor women's, girls', boys' and men's (across age groups and diversities) access to relief services through spot checks, consultations with refugees, etc. to ascertain if/how their needs have been addressed and correct any reported negative impact of relief services on women's, girl's, boy's and men's vulnerability.</p> <p>Coordinate with the PSEA Network to raise community awareness on their right to assistance, acceptable behavior of aid workers, where to report inappropriate behavior by aid workers, and building trust through 2-way communication to allow those reports to come.</p> |
|  <p>Coordination</p> | <p>Women, girls, female headed households, single women, pregnant and lactating women; persons with diverse gender identities and sexual orientations; children; child-headed households, older persons; older-person headed households, persons with disabilities, chronically ill persons, injured persons and other vulnerable and marginalized, face additional access barriers accessing relief and services.</p> <p>Limited amount of local female staff who speak chittagonian engaged in response efforts limits adequate information dissemination, outreach, communication, consultation with and targeted service delivery to women and girls.</p> <p>There is limited information on key gender needs, risks, barriers, capacities, preferences and vulnerabilities</p> | <p>Family Counting Exercise and Needs and Population Monitoring provides disaggregated data for Rohingya populations across sex, age and vulnerable groups.</p> <p>Inter-sector and sector-specific technical support on gender integration being provided through Inter-Sector Gender in Humanitarian Action WG and Sector Gender Focal Points, including through ISCG sector gender tipsheets and the gender profile.</p> <p>All sectors will be applying the IASC gender marker for the Humanitarian Response Plan 2018 planning process.</p> | <p>Provide targeted support to the most marginalized and vulnerable among affected populations, including girls and adolescent girls (especially those unaccompanied); single women; female-headed households; pregnant and lactating women; persons with diverse gender identities and sexual orientations; children; older persons; and persons with disabilities.</p> <p>Ensure all assessments collect, analyse and use disaggregated data and analysis on gender (female, male and other), age and disability and equally consult with women (and girls as appropriate) through female enumerators and gender-segregated focus group discussions, as well as key vulnerable and marginalized groups. Apply the guidance from the Protection WG assessment lessons learned brief⁷³.</p> <p>All sectors to apply the IASC Gender Marker and select sectors to apply IASC Gender and Age Marker in response proposals.</p> |

⁷³ <https://www.humanitarianresponse.info/en/operations/bangladesh/document/assessment-registry-protection-working-group>

across age, disability, gender identity and sexual orientation, and other diversities and factors of vulnerability and marginalisation.

Not all ongoing assessment, monitoring and reporting by sectors and across sectors includes gender, age, disability and diversity disaggregated data and analysis. Not all assessments ensure gender balance among enumerators or adequate number of female staff.

Not all sectors have gender expertise or gender focal points in place.

There is a general lack of information or knowledge of where and how to report incidents of sexual exploitation and abuse both among affected populations and humanitarian workers.

There is a lack of local female staff who speak chittagonian and female staff face specific safety and protection issues in relation to accommodation and transportation.

The training manual for the new IASC Gender in Humanitarian Action Handbook will be piloted in Cox's Bazar for the Rohingya Refugee Response.

A PSEA Network is being established. An accountability mechanism will be implemented to prevent and respond to SEA against Rohingya Population the affected population in CXB. There will be trainings for humanitarian actors on PSEA. Referral Pathways will be established.

Protection WG (including GBV and Child Protection sub-sectors) are promoting protection mainstreaming across sectors.

All sectors to use gender profile, sector gender tipsheets and IASC GiHA guidance.

Ensure the leadership and meaningful equal representation of women and marginalised groups, as well as civil society organizations representing these population groups, in assessments, planning, management, implementation, relief distribution and monitoring of humanitarian response activities.

Ensure gender balance and adequate numbers of trained female staff as aid workers, interpreters, assessors and security staff, health staff; that female staff members are available at any time to support women; and that female staff are provided with necessary safety and security measures including for housing and transportation. Wxplore setting up a joint mechanism for outreach to networks and institutions where local female staff could be recruited from, e.g. local universities.

All humanitarian workers to engage and familiarize themselves with the Protection, GBV and Child Protection referral pathways and PSEA and incorporate PSEA and protection (including GBV and child protection) mainstreaming into all ongoing cross-sector planning, assessment and implementation and monitoring.

Developed by the Inter-Sector Gender in Humanitarian Action Working Group under the Inter-Sector Coordination Group in Cox's Bazar, Bangladesh with technical support from UN Women and GENCAP.

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