Learning Product

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A woman and her husband in Rohingya, Bangladesh © UN WOMEN / 2019

Gender-based violence: what is working in prevention, response and mitigation across Rohingya refugee camps in Cox's Bazar, Bangladesh?

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This learning product draws on research conducted by the Gender and Adolescence: Global Evidence (GAGE)/ODI programme, with support and oversight of the UK's Foreign, Commonwealth and Development Office (FCDO). It elicits key learning on which elements of programming work well in responding to gender-based violence (GBV) in the Rohingya camps in Cox's Bazar, Bangladesh, as well as identifying some limitations of programming. This learning product draws primarily on qualitative data collected from GBV sub-sector (GBVSS) partners, including United Nations (UN) agencies, international and national non-governmental organisations (NGOs), humanitarian donors, camp-level leadership structures (including Camp-in-Charge officers), staff from the Office of the Refugee Relief and Repatriation Commissioner (RRRC), majhis (Rohingya community leaders), religious leaders and members of the Armed Police Battalion (APBn), as well as Rohingya women and men, adolescent girls and boys. This is the companion product to the full research report, which is available online.

1. Scope of the challenge

Gender-based violence (GBV)[1] is endemic in the Rohingya camps in Cox's Bazar, Bangladesh, yet it remains difficult to identify. The most recent trends reported through the GBV Information Management System (GBVIMS) in 2021 reveal that intimate partner violence (IPV) remains the most prevalent form of GBV in Cox's Bazar. In 2021, 84% of all reported GBV incidents were perpetrated by intimate partners, a trend that increased dramatically during the Covid-19 pandemic, when IPV accounted for 94% of reported cases (UNFPA, 2022; Gerhardt, 2021). Survivors of IPV most often report having suffered physical assault and emotional abuse (International Rescue Committee (IRC), 2021). Beyond intimate partners, GBVIMS data documents that over 1 in 10 survivors is abused outside of the domestic sphere by friends and neighbours (in 7% of cases) and other members of the family (4%). Women report most GBV cases.

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1   Gender-based violence in the Rohingya context includes physical violence, mental and emotional abuse, sexual violence, child, early and forced marriage, and denial of resources and opportunities.

In the second half of 2021, 98% of survivors were female; and 96% of survivors were adults (the remaining 4% were children or adolescents, aged up to 17 years) (UNFPA, 2021; 2022).

GBVIMS trends must be viewed with caution, however. First, the data is limited in its ability to present a comprehensive picture of GBV in the camps, as trends are aggregated to include cases reported by Rohingya living in camps and those reported by Bangladeshis living in host communities. Second, the GBVIMS captures only reported cases, which means it reflects only a fraction of GBV incidences due to severe under-reporting in the Rohingya context, due to gender and age-related social norms and the precarious situation that the Rohingya face in Bangladesh. This is particularly pronounced for forms of community violence perpetuated beyond intimate partners, which is pervasive but remains under the radar; and GBV perpetrated against adolescent girls and males, who remain particularly silenced (see companion report).

## 2. Existing approaches to GBV programming

Humanitarian partners noted that ongoing GBV programmes in Rohingya camps are organised according to three major pillars: prevention activities, response activities, and risk-mitigation activities. They target a broad range of camp-based people, including Rohingya women, men, girl and boys, community leaders, religious leaders, government officials, and partners from other sectors. Figure 1 provides an overview of the three pillars, their target groups, and the environment in which they are rolled out.

Data for 2022 from the GBVSS 5W Dashboard (OCHA Humanitarian Response 2022) highlight that within the three major pillars, 51 partners currently implement 9 activity categories across 33 camps. Figure 2 presents the types of GBV activities currently ongoing in the camps, by number of implementing partners and camp presence.

Figure 1: Overview of GBV prevention, response and risk-mitigation activities

Target groups:
Rohingya women, men, girls, boys, community leaders, community volunteers, religious leaders, leaders and government officials

Target groups:
GBV survivors

GBV prevention
Aim to build awareness on the nature of GBV, including root causes, promote gender equality and share information on GBV services

GBV response
Aims to provide confidential, survivor-centred care including assessment of security needs, psychosocial needs, health needs and legal support

ACTIVITIES

Aims to include cross-sectoral GBV safety audits, risk mapping at the camp level, GBV mainstreaming

GBV risk mitigation

Target groups:
A broad range of stakeholders including but not limited to other sectors, e.g. Child Protection, Education, Food Security, Site Management, Shelter, Shelter, water, sanitation and hygiene (WASH)

Figure 2: GBV activities currently ongoing, by number of implementing partners and number of camp locations
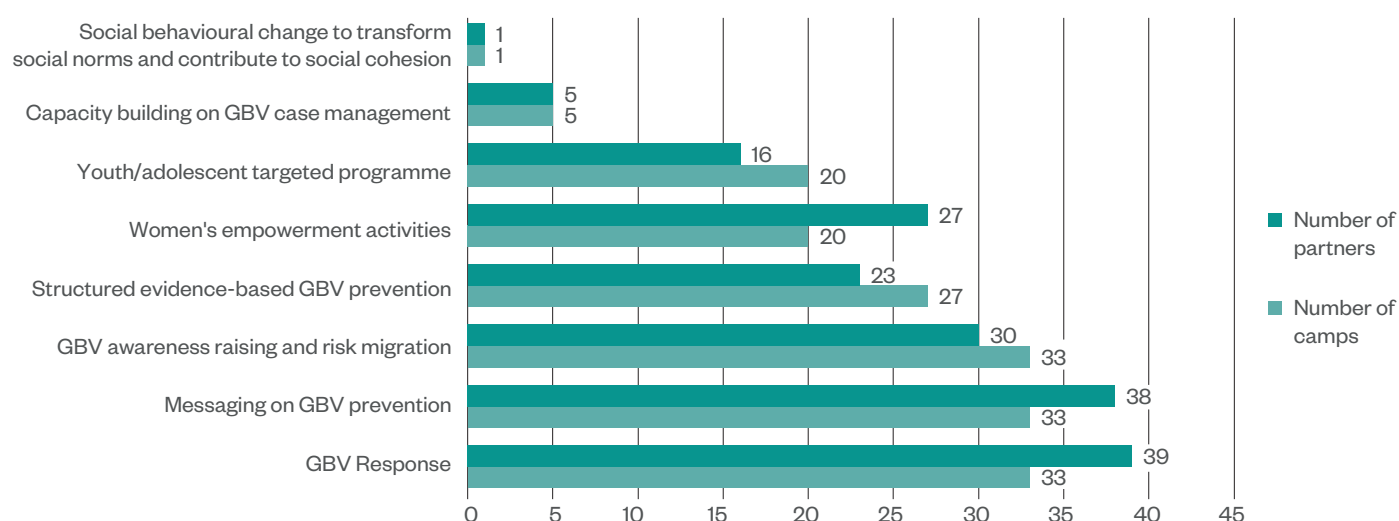
A further breakdown is provided in Table 1, which describes individual activities within the broader GBV activity categories currently rolled out in the Rohingya camps and the number of implementing partners.

Table 1: GBV activities currently ongoing by name of activity categories, name of individual activities and number of implementing partners

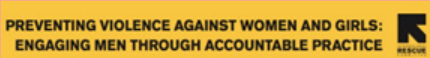| Activity category	Number of activities	Name of activity	Number of partners
GBV Response	6	Psychosocial support Capacity building for community members Capacity building for refugee volunteers Capacity building for international organizations Women's empowerment activities Capacity building for local organizations	39
Messaging on GBV prevention	7	Outreach sessions at facility and community level Youth/Adolescent programming Awareness sessions on suicide prevention, stigma and discrimination Outreach sessions with men, boys, women, girls and GDPs at the facility level and community level Women's empowerment activities Messaging on sexual and reproductive health Women's empowerment programme	38
GBV awareness raising and risk mitigation	3	GBV awareness raising & risk mitigation Outreach sessions at facility and community level Women's empowerment activities	30
Women's empowerment activities	1	Women's empowerment activities	27
Structured & evidence-based GBV prevention	5	Engagement of men and boys Awareness sessions EMAP with men and boys Awareness sessions with community leaders (SASA!) Awareness sessions with institutional allies (SASA!) Awareness sessions with local activists (SASA!)	23
Youth/adolescent targeted programme	1	GBV awareness raising & risk mitigation	16
Capacity building on GBV case management	4	Training on basic GBV Training on psychological first aid (PFA) Training on self care/stress management Capacity building on GBV case management following inter-agency SOPs and guidelines	5
Social behavioural change to transform social norms and system strengthening contributing to social cohesion	1	Initiatives to strengthen systems and build social cohesion	1

3. What works in GBV prevention, response, and risk mitigation

This section draws on primary data collected with humanitarian partners, government leaders and Rohingya girls, boys, women and men, and highlights promising practices across the three GBV programming pillars.

3.1 Promising GBV prevention activities

Partners noted that structured prevention approaches – often, but not exclusively, global programmes tailored to the Rohingya context – targeting a broad range of community members showed promise in this context. Table 2 sets out the most commonly cited promising approaches and why they are described as such in the Rohingya context.

Table 2: Promising GBV prevention activities

Type of programme	Name of programme	Implementation
Community mobilisation approach	SASA! Together	SASA! Together is currently implemented in 32 camps. Implementing partners include: United Nations Population Fund (UNFPA), United Nations High Commission for Refugees (UNHCR), United Nations Childrens' Fund (UNICEF), Mukti Cox's Bazar (MUKTI), Research, Training & Management International (RTMI), EDUCO, Samaj Kallyan O Unnayan Shangstha (SKUS), Gana Unnayan Kendra (GUK), Health Management BD Foundation (HMBD), SAINT-Bangladesh (Saint BGD), Association of Workers for Alternative Rural Development (AWARD), Dan Church Aid (DCA), BRAC, Young Power in Social Action (YPSA), International Rescue Committee (IRC), Relief International (RI), PRANTIC, Bangladesh Nari Progati sangha (BNPS).
Objectives	SASA! Together is a social mobilisation approach developed by the NGO Raising Voices. It seeks to spark community-wide change and transform imbalances of power.	
Target groups	By initially targeting Rohingya community leaders and institutional allies, the SASA! programme scales individual behaviour change to the community-wide level.	
Activities	The full programme takes between 3 and 5 years, across 4 phases: • In the Start phase, community activists, community leaders and institutional allies are identified, and spend time exploring community norms about violence against women. • In the Awareness phase, activists, leaders and allies use a variety of provocative and interactive activities to encourage a critical analysis of men's power over women and the community's silence about this. • In the Support phase, more and more people engage with activists, leaders and allies, to support women experiencing violence, couples trying to change, and activists speaking out and holding to account men who perpetrate violence. • In the Action phase, activists, leaders and allies lead efforts to support community members' power to take action and sustain that change for years to come – consolidating new norms in which violence against women is never acceptable and women can live safe, fulfilling and dignified lives.	
Key components that make it work	• Community-led by community activists, community leaders and institutional allies in the community who are supported by trained SASA! Together staff. • Specific focus on IPV. • Elevates and strengthens engagement with informal and formal community leaders and institutions. • The coordination and procedural rollout of SASA! Together was mentioned as being particularly successful as it was tailored to Rohingya realities. It also limited duplication at the camp level and increased the potential for learning, both at the individual camp level and at the GBVSS level.	
Engagement of men and boys	Engaging Men through Accountable Practice (EMAP)	EMAP is currently implemented in 10 camps. Implementing partners include Action Aid Bangladesh (AAB), UNICEF, Aid Comilla, IRC, Nari Maitree, Prottyashi, DCA, BNPS, Care International (CARE) and Shushilan.
Objectives	This one-year intervention designed by the International Rescue Committee (IRC) seeks to address internalised male behaviour that leads to GBV against women and girls, while honouring women's leadership in this process.	
Target groups	EMAP engages Rohingya men and women, separately. Men engage in behaviour change processes, guided by the opinions and concerns raised by women.	
Activities	Through single-sex weekly dialogues, men and women are guided to question harmful gender norms, the causes and consequences of GBV, and masculinity, while discussing healthy relationships and healthy communication strategies for men with their partners, and creating positive male role models.	
Key components that make it work	Promoting men's and boys' role in enhancing gender equality, challenging gender stereotypes, and reducing the risk of GBV. Honouring culturally relevant content by allowing Rohingya women to raise the key thematic areas that will be discussed by the men's groups.	

Type of programme	Name of programme	Implementation
Youth/adolescent-targeted programme	Girl Shine **Girl Shine**	Girl Shine is currently implemented in 30 camps. Implementing partners include UNFPA, IRC, CARE, UNHCR, BRAC, Relief International, Nari Maitree and Aid Comilla.
Objectives	Adapted for Rohingya adolescent girls, the Girl Shine programme developed by the IRC works to reduce their risk of GBV, including sexual violence, exploitation and child marriage. The programme helps Rohingya adolescent girls build the skills, knowledge, social networks, and self-confidence they need to protect them from GBV.	
Target groups	Adolescent girls and their caregivers	
Activities	Tailored to the Rohingya context, Girl Shine covers: • 20 girl-only sessions on topics that include: trust; social and emotional skills (decision-making, communicating choices); health (including menstruation and contraception); safety (safety maps, early marriage); solidarity (role models); and vision (life journeys). • The 14-session curriculum for caregivers addresses broader issues of gender inequality within the family structure, with the goal of impacting girls' experience of GBV inside the home.	
Key components that make it work	• Advancing the skills, knowledge, safety and empowerment of adolescent girls, who remain particularly vulnerable and marginalised in the Rohingya context. • Girls themselves – including the most vulnerable and isolated girls – work alongside practitioners to identify the risks and dangers in their lives, and are supported to improve their own well-being. • Targeting girls' caregivers to facilitate programme access for girls, and committing to the do no harm principle. • The curriculum helps to improve girls' and caregivers' (including male caregivers') understanding of adolescent girls' specific needs and how to provide a supportive environment during adolescence.	

Messaging on GBV prevention	MaBoinor Rosom (MBR) (translated to "Mother's and Sister's Way" or "Mother's and Sister's Traditions") **MaBoinor Rosom Mother's & Sister's Ways**	MaBoinor Rosom (MBR) is implemented 7 camps under the operational and implementation leadership of the International Organization for Migration (IOM)..
Objectives	Led by the International Organization for Migration (IOM), the Rohingya curriculum MaBoinor Rosom (Mother's and Sister's Ways) is a resource package developed in and for the Rohingya context. It aims to share knowledge about sensitive topics while also increasing confidence among women, girls, and female facilitators.	
Target groups	Rohingya women and girls.	
Activities	Interactive group activities with Rohingya women and girls, run over 8 weeks by Rohingya female facilitators: • The first MBR edition covers hygiene, coming of age, and menstruation. • The second MBR edition focuses on marriage practices and sexual and reproductive health, including family planning, pregnancy and childbirth.	
Key components that make it work	• MBR aims to discuss culturally sensitive topics in a safe, culturally appropriate and accessible way. • Being co-created with the Rohingya community adds nuance and accessibility in this specific context.	

Raising awareness of GBV	Listening groups **BBC MEDIA ACTION**	Listening Group activities are currently implemented in 3 camps as many others await approval. Operational partners include IRC and BBC Media Action for technical support, and take place under the BPRM Project (Bureau of Population Refugees & Migration). Implementing partners include Aid Comilla, BNPS, Shushilan, Nari Maitree and Prottyashi.
Objectives	Listening Groups aim to provide the Rohingya community with critical information to help keep themselves and their families safe, healthy and informed, via BBC Media Action-led and Rohingya co-designed audio programmes that are followed up by facilitated discussions.	
Target groups	Rohingya women (aged 18–59) and men (the same age group), engaged separately.	
Activities	Multimedia products delivered through single-sex Listening Groups to communicate about various forms of GBV in the Rohingya camps, including where and how victims can seek assistance as well as safety advice. Female and male ommunity volunteers and activists then lead participants through facilitated discussions on key themes.	
Key components that make it work	Listening Groups have been successful in: • Promoting dialogue and reflection at the camp level on sensitive topics, including IPV. • Challenging norms that perpetuate violence and power imbalances in the communities. • Raising awareness on GBV services. • Appealing to a wide range of audiences due to the multimedia content, co-designed with the community (for example, Listening Groups have broadcast Aa'rar Kissa (Our Story), the first audio-drama produced in the Rohingya language, covering themes related to combating GBV and child marriage.)	

3.2 Promising GBV response activities

GBV response activities in the Rohingya context are governed by the Interagency Gender-Based Violence Case Management Guidelines (Gender-based Violence Information Management System (GBVIMS) Steering Committee 2017) and adhere to a survivor-centered approach. GBV response activities take place primarily in women and girls' safe spaces, in integrated women's centres, or in the few men and boys' centres that exist where humanitarian partners are able to offer confidential services to anyone wishing to disclose experiences of GBV to a case manager. Integrated health centres also increasingly offer GBV case management support. Within the context of this broader programming landscape, practitioners working in GBV response highlighted the following promising approaches:

Table 3: Promising GBV response activities

Approach	Overview
Streamlined service delivery	'One-stop shop' approaches to GBV response activities, providing for all the diverse needs of a GBV survivor at one service point (including GBV case management, psychosocial support, health services, and legal counsel) can offer a simplified process for survivors. By limiting the survivor's interactions with multiple centres and multiple case workers, the benefits of reporting violence are likely to increase. Accordingly, investing in evaluations of this modality, with a view to potentially scaling up the approach, should be considered.
Coordination between large and small agencies	Although not all GBVSS partners have the capacity to conduct multi-modal GBV delivery, successful approaches were highlighted whereby UN agencies or large NGOs partner with smaller NGOs in the daily running of centre-based activities, and in the rollout of programmes. Rather than simply funding and sporadically monitoring the activities of smaller NGOs, such an approach could also increase the capacity and effectiveness of local organisations working on GBV prevention and response.
Mixed-methods reporting to gain a fuller picture of survivors accessing services	Although GBV programme impacts are neither easy nor quick to assess, our data finds that when response programmes triangulate qualitative, quantitative and case study or observational data, they are able to yield a fuller picture of programme impacts. Many quantitative indicators more common to monitoring and evaluation templates cannot always capture real change taking place through successful implementation of GBV programming – for example, quantitative methods cannot account for the many GBV survivors who visit services or facilities and share their stories but do not want to formally report abuse.

3.3 Promising GBV risk-mitigation activities

Identifying and mitigating GBV risks before violence occurs is the third pillar of programming within the GBV sub-sector. Primarily, this involves mapping risks in the camp context and mapping the services in place to respond to those risks, as well as working with a range of sectors to mitigate GBV risks.

Table 4: Promising GBV risk mitigation activities

Activity	Overview
The reliance on female and male Rohingya volunteers	As the backbone of the GBV response is working well in terms of identifying at-risk groups and at-risk areas at camp level, which would otherwise remain obscured. Rohingya volunteers are also raising awareness of GBV within the community through door-to-door visits, successfully reaching marginalized individuals or groups who are currently not accessing centre-based programming, such as adolescent girls and anyone unable to move easily within the camp.
GBV safety audits	While successfully mainstreaming GBV into other sectors requires more reflection and work, conducting cross-cutting GBV safety audits with the water, sanitation and hygiene (WASH) and education sectors was viewed as a promising step in integrating GBV awareness and mitigation.

4. Recommendations for GBV prevention, response and risk mitigation

4.1 Recommendations for actors working on GBV prevention

The data collected through this research study highlighted some key recommendations for those developing future GBV prevention programming:

- **Deepen contextualisation of global evidence-based GBV prevention programmes to the Rohingya context** so that they can be gender transformative for the Rohingya population. Programming should address how characteristics such as age, marital status, disability status, gender and sexual identity intersect with dynamic concepts of sex and gender. Organisations that form the GBV sub-sector need to work with the Rohingya community to co-create GBV prevention modules that are culturally relevant and specific, based on a broad consultative process with Rohingya women and men, adolescent girls (including married girls) and adolescent boys.

- **Work with men and boys to increase their engagement in GBV prevention programmes and in community outreach activities.** Programming should target adolescent boys, community and religious leaders (including female religious teachers), and government officials (including female and male APBn officers) as change agents and community activists. It should also invest in increasing the number of centres catering for adolescent boys' needs so that GBV activities targeting boys can be integrated into the activities at those centres. Linked to this, it is also essential to undertake further investigation and research into understanding long-term change and effectiveness attributed to existing positive male leadership programmes linked to GBV prevention and mitigation – such as Plan International's Champions of Change programme and UNHCR's dedicated Religious Affairs Officer outreach initiative.

- **Scale-up gender-transformative activities** including SASA! Together, EMAP, Girl Shine as well as Listening Groups and MaBoinor Rosom, among others, and couple these with skills-building components for both female and male participants.

- **Engage with research initiatives to evaluate the impacts of community-based GBV prevention and awareness-raising programmes as an effective way to reach individuals who are not able to access centre-based programmes,** including adolescent girls, people with disabilities, and people with diverse gender or sexual identities.

- **Amplify community-wide GBV campaigns,** such as 16 Days of Activism, where a diverse range of activities (including art competitions, songs and drama) are conducted in a range of community spaces, appealing to those with restricted mobility, such as adolescent girls.

4.2 Recommendations for actors working on GBV response programmes

There are also a number of actions that organisations working on GBV response programmes could take to make programming more effective:

- **Harmonise intended outcomes for GBV response activities to ensure complementarities in the sector by playing to organisational strengths.** Some humanitarian partners are best placed to disseminate knowledge on GBV response activities and referral protocols, so that the Rohingya are aware of the structures and systems for GBV reporting, whereas others can complement these efforts by working to increase GBV reporting.

- **Increase coordination between GBV humanitarian partners, Camp-in-Charge (CiC) and RRRC (Refugee Relief and Repatriation Commissioner) officials, majhis and other stakeholders** – for example, through increased collaboration during the design phase of GBV interventions to increase buy-in at the camp level.

- **Increase the availability of safe shelters for GBV survivors** requiring accommodation, following global best practice guidelines. Linked to this, more evidence on the short and long-term impacts of safe shelters on GBV survivors is required.

- **Consider whether or not to include legal counsel** in the GBV case management package. Some GBV sub-sector partners recommend survivors to dedicated organisations for legal services, as legal support may necessitate a wider understanding of the situation, including the perpetrator's motivations, which may offset the survivor-centred approach.

4.3 Recommendations for actors working on GBV risk-mitigation activities

There are a number of actions that organisations working on GBV risk-mitigation programming could take to enhance effectiveness:

- **Increase funding to escalate interagency cooperation to ensure that GBV remains a cross-cutting issue** and to ensure that other sectors can identify and mitigate GBV risks in their respective programming.

- **Adapt and scale up GBV mainstreaming strategies,** including developing the capacity of staff working in health, education and WASH sectors, without compromising the quality of GBV services.

- **Continue to investigate the feasibility of humanitarian agencies working alongside the Government of Bangladesh to reduce economic precarity of the Rohingya population (and host community residents).** This would involve advocating for the Rohingya to have access to livelihood training and to engage in income-generating activities. It would also mean increasing the education and skills-building offer to adolescent girls and boys to advert their reliance on negative coping mechanisms. Linked to this, advocate for substantial investments in social protection with a cash transfer-approach that combines economic support with violence-prevention and risk-mitigation services and support.

5. Generating more evidence to maximise the impact of investments

Drawing on the findings reported in this learning product and in the companion report, we propose the following recommendations to advance learning about what works in the GBV response in the Rohingya context.

- **Invest in robust independent (carried out by non-operational entities) and longitudinal programme evaluations** that include mixed-method baselines and control/ treatment cohorts, so that more robust evidence can tease out what is working in the short term and the longer term in the Rohingya context, while ensuring close collaboration between researchers and programme implementers pre-programme design and rollout. Programme evaluations should assess the changes that can be attributed to particular GBV interventions and assess specific elements of current approaches (including those listed in Table 2) that show the greatest potential to reduce and respond to GBV. Impact evaluation results should drive policy and programming decision-making and investment into what works in this context.
- **Advocate for further research to understand the collective impact and cost-effectiveness of GBV prevention programming in a meta evaluation,** and ensure donor-wide and GBV sub-sector buy-in at the outset to increase uptake of research findings at diverse intervals of evaluation work.
- **Further understand the extent of coverage of Rohingya volunteers across the camps, and whether specific sub-blocks are not reached by door-to-door community-based prevention and response activities.** Also gain further understanding of Rohingya volunteers' needs for training, mentoring, support and stipends.
- **Assess how the concept of gender is evolving** in the Rohingya context, and how GBV programming can better address dynamic concepts of gender and intersecting characteristics – such as age, marital status, location, gender and sexual identity, and level of empowerment and community engagement – to reduce risks of GBV.
- **Conduct further research to address concerns around accountability and data-sharing by CiCs and majhis to effectively respond to GBV.** Linked to this, further investigate the social dynamics around survivors' preference to report abuse to CiCs and majhis, and the interaction between the GBV sub-sector and camp-level leadership.
- **Further explore the role of community violence,** and investigate the need for GBV programmes focusing on community-based GBV, particularly violence that is perpetrated against adolescent boys and men. Also prioritise in-depth tailoring of existing global programmes to the Rohingya context and/or co-designing interventions with the Rohingya community.
- **Assess the impact of the work of human rights organisations** in the camps, which are currently operating under the radar.

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Further background