



University of Chittagong



Gender-based violence

What is working in prevention, response and mitigation across Rohingya refugee camps, Cox's Bazar, Bangladesh

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Executive Summary

Introduction

More than five years on from the mass influx of Rohingya people into Cox's Bazar, Bangladesh, gender-based violence (GBV) remains endemic and protection needs remain acute. Recent trends from data in the Gender-Based Violence Information Management System (GBVIMS) reveal that the overwhelming majority of survivors of gender-based violence in the Rohingya refugee community are women and adolescent girls (United Nations Population Fund (UNFPA), 2021; 2022) and that intimate partner violence (IPV) continues to be the most common form of gender-based violence perpetrated in the camps (UNFPA, 2022; International Rescue Committee (IRC), 2021a). Trends notwithstanding, under-reporting means that the cases documented in the GBVIMS represent only a small fraction of actual cases. This under-reporting is due to various factors, including the normalisation of intimate partner violence, community stigma around reporting gender-based violence, perceptions of ineffective or lengthy referral processes, and perceptions of lack of access to (or availability of) appropriate GBV services (UNFPA, 2022). Echoing this, in the case of adolescent girls and young women, Guglielmi et al. (2021) find that early-married adolescent girls (aged 15–18) remain at particularly high risk of intimate partner violence, yet GBVIMS data overlooks adolescent-specific risks. Moreover, gender-based violence within the community at large that impacts men and boys continues to go largely undocumented and under-reported.

Since the outset of the Rohingya response, humanitarian organisations with relevant capacity and experience have provided GBV prevention, response and mitigation activities, including during the Covid-19 pandemic restrictions (Refugee Relief and Repatriation Commissioner (RRRC), 2020), but there is still no comprehensive understanding of what works in the GBV response in the Rohingya refugee camps of Cox's Bazar. This research study, conducted by the Gender and Adolescence: Global Evidence (GAGE) programme, with support and oversight of the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), seeks to fill this gap by providing an in-depth understanding of what works in responding to GBV in the camps, and what prevents further progress on GBV interventions.

Methods

In order to explore the extent and uptake of GBV programming, and identify what works to mitigate gender-based violence and where the major gaps are in programming and research, the research team reviewed existing literature and trend-based data on gender-based violence in the Rohingya camps of Cox's Bazar. They also re-analysed existing GAGE baseline and Covid-19 datasets to understand adolescent-specific experiences of gender-based violence. The team also collected primary data for this study, including the following:

1. *Promising practices and interventions analysis aiming to understand the breadth, effectiveness and impact of current GBV interventions in Cox's Bazar.* This involved interviewing a range of GBV sub-sector humanitarian partners, asking them to nominate promising approaches currently rolled out in the camps and exploring the elements that make those approaches promising.
2. *Qualitative data collection:* Tailored in-depth qualitative tools (in-depth individual interviews (IDIs), key informant interviews (KIs) and focus group discussions (FGDs)) were designed to understand key areas of interest to the study: where the major gaps in the GBV response lie and the barriers to a more adequate response; whether there are community mechanisms for responding to and preventing GBV and, if so, their degree of uptake and impact; the intersectional risks facing women and girls, including the factors that heighten their vulnerability (such as poverty, gender power relations and gender norms); and whether more effective coordination mechanisms can be designed and implemented to facilitate cross-agency programming and harmonisation. The research sample for this study included KIs with humanitarian partners (United Nations (UN) agencies, and national and international non-governmental organisations (NGOs)), donors, Bangladeshi government counterparts (Camp-in-Charge (CiC) officers – all male – and the RRRC), Rohingya community leaders (majhis and sub-majhis), Rohingya religious leaders, and members of the Bangladesh Armed Police Battalion (APBn). We also conducted IDIs and FGDs with Rohingya girls, boys, women and men.

Findings

How is gender-based violence understood among the Rohingya community in Cox's Bazar?

Personal experiences of gender-based violence in the Rohingya community vary greatly depending on a person's gender, age and other intersecting characteristics such as marital status. Although intimate partner violence remains the most common type of gender-based violence mentioned by Rohingya women and married adolescent girls, unmarried girls, adolescent boys and men did not themselves perceive this as a direct risk. Men and boys mentioned gender-based violence as occurring beyond the Rohingya community, perpetrated by others outside their community, though women and girls did not mention this. All respondent types commented on community violence and the deteriorating security environment within the camps. Although the triggers and causes of gender-based violence vary according to the type of respondent, the most commonly cited triggers across our sample were lack of education, poverty and lack of livelihood opportunities.

According to camp leadership structures, notably Camp-in-Charge (CiC) officers, majhis, religious leaders and the APBn, the most common forms of gender-based violence are child marriage and polygamy. It is hypothesised that child marriage and polygamy are mentioned by camp leadership as they require some form of redress, whereas instances of intimate partner violence (for example) may not. In fact, across all types of Rohingya respondents, intimate partner violence is considered a personal affair that should remain a private matter, rather than a form of gender-based violence that should be reported to the authorities.

What GBV programming exists in the Rohingya camps?

GBV sub-sector programming covers three main pillars: GBV prevention activities; GBV response activities; and risk-mitigation activities. Activities under all three pillars complement one another.

GBV prevention activities often act as the first contact point between the GBV sub-sector and the community, targeting a broad range of camp-based residents, including refugee women, men, girl and boys, community leaders, religious leaders and CiC officers. The most commonly cited GBV prevention activities tend to be structured, evidence-based approaches – often, but not exclusively, global evidence-based programmes that are contextualised to the Rohingya context. The Rohingya

community largely views GBV prevention programmes positively, although tailoring of such programmes to the Rohingya context needs to be deepened if they are to be gender transformative in this context. Moreover, although humanitarian partners were unanimous that training and relying on Rohingya volunteers to conduct GBV prevention outreach is vital to the success of the response, gaps emerged on the intended outcomes of engaging volunteers and how best to support and mentor them.

GBV response activities in the Rohingya context reflect the survivor-centred approach and take place primarily in Women and Girls' Safe Spaces, in Integrated Women's Centres, or in the few Men and Boys' Centres that exist. In these spaces, humanitarian partners are able to offer confidential services to anyone wishing to disclose experiences of gender-based violence to a case manager. Our research found that GBV response activities lack harmonised outcomes across the sector. Although some humanitarian partners see their main aim as disseminating knowledge on GBV activities and providing structures and systems for GBV reporting, others aim to increase reporting levels. We also found that adolescent girls remain largely excluded from centre-based GBV response programming due to cultural restrictions on their mobility, which remains an obstacle to their seeking support. Overall, the Rohingya community remained confused about GBV response activities in terms of roles and responsibilities; their preference is to report cases of gender-based violence to majhis, CiCs or other community members rather than humanitarian partners – and there is a perception among the community that response programmes are less pertinent and less effective.

Identifying and mitigating GBV risks before they occur is the third pillar of programming within the GBV sub-sector. A nuanced approach to mainstreaming GBV programming into other sectors without compromising quality was viewed as a promising approach to risk mitigation, and the impetus was to keep improving ways of doing this. Please refer to the companion Learning Product to find out more about promising practices within these three pillars of GBV programming (prevention, response and risk mitigation).

How well do humanitarian partners engage with camp-level leadership?

The working relationships between camp-level leadership structures (including CiCs, majhis, religious leaders, APBn officers and humanitarian partners) are complex. Humanitarian partners largely view the CiC structure

as opaque and time-consuming, presenting particularly pronounced obstacles around data-sharing protocols (for example) that are seen to contradict the principles of survivor-centred care. CiC officers often request the sharing of data from the GBV sector, discounting or overriding confidentiality guidelines. However, partners noted stark differences between camps that are run by CiCs who demonstrate a particular interest in gender and gender-sensitive issues and those that do not, where the former are able to streamline approval processes to conduct GBV activities and understand the sensitivities of data-sharing, while the latter impede the smooth running of GBV programmes. On the other hand, CiC officers are perceived by the Rohingya community as the highest authority at the camp level, and the only entity with legal jurisdiction, leading many survivors to prefer reporting to them directly.

The relationship between humanitarian partners and majhis is particularly strained. Partners largely view majhis as ‘gatekeepers’ of GBV programme uptake and as perpetuating gender inequalities in the camps, while majhis and religious leaders remain largely distrustful of GBV sub-sector partners’ response activities, and feel they are out of touch with the real and very pressing needs of the Rohingya for education, livelihoods support and repatriation. Additionally, majhis see humanitarian GBV interventions as contradicting the community’s cultural values, such as dealing with intimate partner violence as a private affair that is not to be disclosed. During a key informant interview, one majhi crystallised this view: *‘We eagerly try to sustain the family but NGOs try to break up the family.’* Finally, there are mixed findings as to whether female and male APBn officers tasked with maintaining law and order in the camps are sufficiently trained and supported to understand Rohingya culture and language, and to deal with sensitive issues such as gender-based violence.

Coordination and funding of the GBV sub-sector

Findings highlight that the GBV sub-sector was considered to be well-organised, well-coordinated and helpful in knowledge management and dissemination of useful information. The GBV sub-sector oversees the Bangladesh Refugee Response 4W and 5W dashboards relative to GBV – databases that provide key information on which organisations (who) are carrying out which activities (what) in which locations (where) over which period of time (when), and with which beneficiaries (for whom) – which

are regularly updated and provide useful information on partner presence at the camp level. That said, partners reported that evaluation, accountability and learning fora at the GBV sub-sector level seemed lacking, with partners missing a critical opportunity to learn from each other and assess the collective impact of their interventions. Problems with duplication of activities at the camp level were also mentioned. Moreover, the forthcoming GBV sub-sector standard operating procedures (SOPs), which should further harmonise the sub-sector’s work, were reported to be both much-needed and much-anticipated.

All partners mentioned that humanitarian staff turnover is an obstacle for programming, presenting particularly pronounced hurdles in building trust with the Rohingya community at the camp level. It was reported that for the Rohingya community to feel able to disclose accounts of gender-based violence, there would need to be rapport-building with humanitarian staff over time – something that is difficult to achieve when there is high turnover of staff and volunteers. Finally, rationalisation and localisation approaches are being discussed to offset the anticipated funding cuts across the response and in the GBV sub-sector, but while rationalisation guidelines have been agreed, the localisation agenda remains ambiguous in terms of its rationale and implementation.

Who is left behind and why?

Although it is important to understand who is left on the margins of GBV programming and who remains hard to reach, a common sentiment across our KIs was that under-reporting of gender-based violence is a more pressing issue than understanding who is left behind. That said, anyone who is unable to attend centre-based GBV programmes (in Women and Girls’ Safe Spaces, for example) remains excluded from much GBV programming – and this particularly impacts the ability of adolescent girls to engage with GBV interventions. Other groups – such as people with disabilities, sex workers, members of the LGBTQI+ community, members of female-headed households, older women, women volunteers, and adolescent boys and men – also face discrete GBV risks that are under-researched and under-serviced.

Recommendations

The data collected through this research study underscores what works well in the current GBV programming landscape across the Rohingya camps in Cox’s Bazar, Bangladesh, but also highlights the challenges that exist. Our findings

suggest some priority actions for humanitarian partners to consider (these are grouped below, according to the three GBV pillars) as well as recommendations for how to improve GBV partnerships and sector-wide collaboration.

Recommendations for GBV prevention activities:

- **Deepen contextualisation of global evidence-based GBV prevention programmes to the Rohingya context** so that they can be gender transformative for the Rohingya population.
- **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.
- **Scale up gender-transformative activities**, including programmes such as SASA! Together, Engaging Men in Accountable Practice (EMAP) and Girl Shine as well as BBC Listening Groups and MaBoinor Rosom, and coupling these with skills-building components for 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.

Recommendations for GBV response activities:

- **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, CiCs, majhis and other stakeholders** – for example, through increased collaboration during the

design phase of GBV interventions to increase buy-in at the camp level.

Recommendations for GBV risk mitigation activities:

- **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 programming.
- **Continue to rely on Rohingya volunteers to identify at-risk** groups and at-risk areas at the camp level.
- **Adapt and scale up GBV mainstreaming strategies**, including developing the capacity of staff working in health, education, and water, sanitation and hygiene (WASH) sectors, without compromising the quality of GBV services.

Recommendations for improving GBV partnerships and coordination:

- **Expedite the launch of the GBV sub-sector standard operating procedures** to increase harmonisation, partnership and coordination among sub-sector partners.
- **Further explore avenues to build trust and cooperation between CiC officers and humanitarian actors** to ensure complementarity in their work on GBV issues.
- **Tackle the challenges caused by humanitarian staff turnover** in the context of GBV service provision, including addressing diminishing levels of trust on the part of the Rohingya community, by taking effective measures to retain trained and experienced staff. Linked to this, continue to recruit, train and retain Rohingya volunteers in humanitarian programming to reduce national and international staff turnover and embed localisation principles in programming.
- **Consider increasing partnerships between large and small agencies in GBV programme rollout**, as the GBV sub-sector works through appropriate rationalisation and localisation roadmaps.

Finally, the findings collated in this executive summary, research report and companion *Learning Product* highlight gaps in the evidence base on what works in GBV prevention, response and risk mitigation in the context of the Rohingya camps in Cox's Bazar. The authors propose generating further evidence in a second phase of this research study.

1 Introduction

More than five years on from the mass influx of Rohingya people into Cox's Bazar, Bangladesh, gender-based violence (GBV) remains endemic and protection needs remain acute. Since the outset of the Rohingya humanitarian response, organisations with relevant capacity and experience have provided GBV prevention, response and mitigation activities, including during the Covid-19 pandemic restrictions that led to closure or partial suspension of some activities. Since 2017, partners working in the GBV sub-sector have intensified their activities, including establishing Women and Girls' Safe Spaces, Integrated Women's Centres and Shantikhana (Peace House) as places to conduct GBV activities, as well as increasing the network of trained Rohingya volunteers¹ to conduct community-level and door-to-door outreach. Despite the increased presence of GBV sub-sector partners throughout all Rohingya camps, incidences of GBV remain high, reporting remains relatively low, and particular groups – including adolescent girls – remain difficult to reach.

This research study, conducted by the Gender and Adolescence: Global Evidence (GAGE) programme, with support from and oversight of the United Kingdom's Foreign, Commonwealth & Development Office (FCDO), provides an in-depth understanding of what works in responding to gender-based violence in the Rohingya camps of Cox's Bazar, as well what prevents progress on GBV interventions.

For the purposes of this research study, gender-based violence includes physical assault, emotional abuse, denial of resources or opportunities, child, early and forced marriage, and all forms of sexual violence.

1.1 Research aims

This report aims to provide an in-depth understanding of the GBV response in the Rohingya refugee camps of Cox's Bazar, Bangladesh. It is based on a literature review and primary qualitative data collected with Rohingya women, girls, men and boys, with Bangladeshi camp-level authorities (including Camp-in-Charge (CiC) officers), Rohingya community leaders (majhis), religious leaders, partner organisations working on GBV, and humanitarian donors. The aim is to help practitioners understand which approaches to GBV are most likely to have an impact, as well as to provide a snapshot of structural and context-specific limitations to tackling gender-based violence. It is envisaged that this study will be the first phase of a longer-term approach to evaluating the impact of different GBV interventions in Cox's Bazar over time, and will contribute to broader learning about what works for GBV interventions in humanitarian settings more broadly. The companion Learning Product distils the key components of the specific prevention, response and risk mitigation activities that have shown greatest potential in this context.

1.2 Report structure

The report is organised as follows. Section 2 describes the background and context of the Rohingya camps in Cox's Bazar. Section 3 presents findings from the literature review. Section 4 describes the research scope and methodology. Section 5 presents our research findings, and Section 6 sets out some recommendations for practitioners and donors.

¹ Often described as the backbone of the humanitarian response, Rohingya volunteers are members of the community who help to ensure the delivery of critical humanitarian services at the camp, block and sub-block levels. Rohingya volunteers help to strengthen and secure links between humanitarian partners and the Rohingya community, helping to overcome linguistic barriers, increasing trust, and helping to identify the most at-risk groups (Lough, et al., 2021)

2 Background

Close to 950,000 Rohingya live in 33 congested camps across Cox's Bazar, Bangladesh, constituting the largest refugee settlement in the world (United Nations High Commissioner for Refugees (UNHCR), 2022). In 2017, the largest influx of displaced Rohingya² arrived in Bangladesh from Myanmar, fleeing what the Independent International Fact-Finding Mission on Myanmar reported as '*crimes against humanity and other grave human rights violations*' (Inter-Sector Coordination Group (ISCG) et al., 2022a). Alongside displaced Rohingya (of whom just over half, 52%, are women and girls), approximately 540,000 Bangladeshi host community residents need humanitarian assistance. The protracted nature of the crisis, the fact that displaced Rohingya lack many of the rights that come with official refugee status, and the suspension of non-essential services during the Covid-19 pandemic³ all add complexities to the refugee response.

Gender-based violence has been, and continues to represent, a constant threat to the security of the Rohingya, both before and after the mass influx. In 2016, the International Rescue Committee (IRC) conducted a study in Rakhine state, Myanmar, which revealed that women and girls were already subject to different forms of gender-based violence prior to displacement, including child marriage, sexual abuse (including rape and sexual exploitation), and other forms of physical violence (as cited in CARE, 2017). The presence of military and paramilitary actors during the conflict exacerbated the risks, as sexual abuse and rape were used as weapons of war (CARE, 2017; Priddy et al., 2022). Shortly after the mass influx of Rohingya into Cox's Bazar, humanitarian partners expressed the need for services that could provide adequate response to '*high levels of violence against women and girls*' (IRC and Relief International, 2017), and the GBV sub-sector was established in 2017. Moreover, it quickly became clear that under-reporting was a significant concern, leading the United Nations Population

Fund (UNFPA) to state that the cases registered were '*just the tip of the iceberg*'. Under-reporting was attributed to stigmatisation of survivors, isolation, and fear of reprisals (UN, 2017; Gerhardt et al., 2020).

Today, the Rohingya continue to experience human rights abuses, domestic violence, denial of opportunities, child marriage, and they are also at risk of trafficking. Under-reporting means that only a fraction of cases of gender-based violence are being documented (Gerhardt, 2021; ISCG et al., 2021). UNFPA leads the GBV sub-sector, falling under the Protection sector led by UNHCR, and it also heads up the GBV Information Management System (GBVIMS)⁴ in Cox's Bazar. Despite the intensified efforts of partners working on GBV, critical gaps remain in terms of coverage, harmonisation, service uptake and funding. Moreover, the pandemic has exacerbated the risks of GBV (ISCG et al., 2021). Suspension of GBV activities in order to mitigate the spread of Covid-19, as well as diminished surveillance, decreased referrals and increasing fear of stigmatisation by the community, all served to increase the risks facing women and girls, particularly around intimate partner violence (IPV) (ISCG, et al, 2021).

There are also accounts of the Rohingya facing a deteriorating protective environment in Cox's Bazar, as the protracted nature of the crisis has reduced hopes for repatriation, and the lack of income-generating activities and educational progression continue to limit people's chances for self-reliance and development. Moreover, the reduced humanitarian presence during the pandemic has led to a perceived decline in safety and a spike in criminal activity (ACAPS, 2020; Human Rights Council, 2022). Results from the most recent Joint Multi-Sector Needs Assessment (J-MSNA) demonstrate that protection needs are among those that are most commonly cited by the Rohingya population, with security concerns particularly pronounced for women and girls (International Organization for Migration (IOM), 2022).

² The Bangladesh government refers to the Rohingya as '*forcibly displaced Myanmar nationals*' while the United Nations system refers to them as refugees (ISCG et al., 2020).

³ In March 2020, the Government of Bangladesh and the Refugee Relief and Repatriation Commissioner (RRRC) charged with overseeing the Rohingya response issued directives closing all non-essential services in Cox's Bazar to contain the spread of Covid-19 (RRRC, 2020). Following these decrees, the humanitarian footprint became extremely limited in scope; all education facilities, girl-friendly and woman-friendly spaces, menstrual hygiene management (MHM) and sexual and reproductive health (SRH) services either closed completely or became very difficult to access (ISCG et al., 2020).

⁴ The GBVIMS enables those assisting gender-based violence survivors to safely collect, store, analyse and share data on reported incidents.

3 A review of the literature: gender-based violence in the Rohingya camps in Cox's Bazar

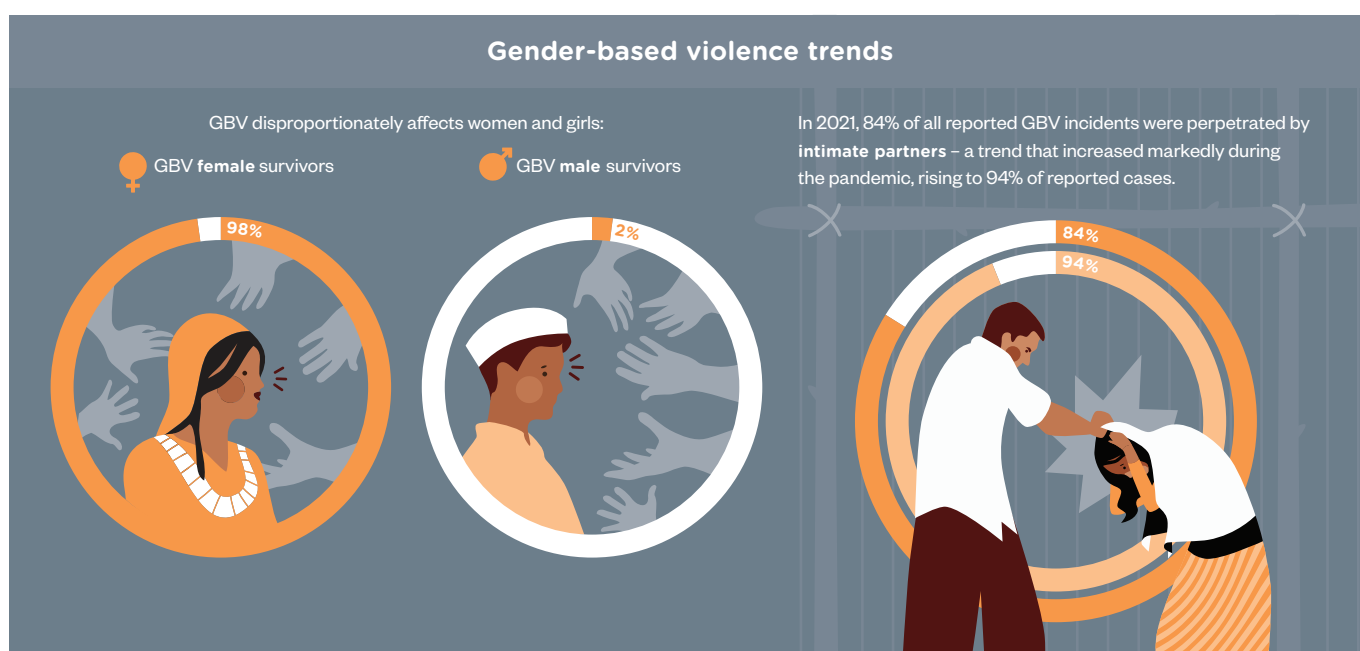
3.1 Gender-based violence trends

It is clear that gender-based violence in the Rohingya camps is endemic. The overwhelming majority of survivors of gender-based violence in the Rohingya refugee community are women and adolescent girls (98% of reported cases in 2021) (UNFPA, 2021; 2022) and data reveals that since the influx to Cox's Bazar in 2017, intimate partner violence continues to be the most common form of gender-based violence perpetrated in the camps. In 2021, 84% of all reported incidents were perpetrated by intimate partners – a trend that increased markedly during the pandemic, rising to 94% (UNFPA, 2022; Gerhardt,

2021) (see Figure 1). Survivors of intimate partner violence most often report having suffered physical assault and emotional abuse (IRC, 2021). Beyond intimate partners, evidence on reported cases taken from the GBVIMS⁵ documents that over 1 in 10 survivors is abused outside of the domestic sphere – most often by friends or neighbours (in 7% of cases) and other members of the family (4%) (UNFPA, 2022).

Reported cases of gender-based violence (as documented in the GBVIMS) present a small fraction of actual cases. There are many reasons for this, including the normalisation of intimate partner violence, community stigma around reporting gender-based violence,

Figure 1: Gender-based violence trends



⁵ It is critical to note that data reported from the published GBVIMS factsheets does not disaggregate between Rohingya and host community residents. Although data highlights that in the last quarter of 2021, for instance, 80% of survivors were Rohingya and 20% were from host communities, individual trends are not disaggregated by nationality. We can only infer, therefore, that the majority of trends reported here reflect the Rohingya, as they report GBV incidences with more frequency; yet this remains an assumption.

perceptions of ineffective or lengthy referral processes, and perceptions of lack of access to (or availability of) appropriate services (UNFPA, 2022). Echoing this, in the case of adolescents and young women, Guglielmi et al. (2021) find that early-married adolescent girls (aged 15–18) remain at particularly high risk of intimate partner violence; yet GBVIMS data does not reflect this.

3.2 Who are the survivors and which people are most vulnerable to gender-based violence?

Although survivors of gender-based violence are women and girls, the phenomenon is more nuanced; it is therefore fundamental to take an intersectional approach to the analysis of GBV trends and its impacts in order to understand how a range of characteristics such as age, disability, gender identity, sexual orientation, location and family structure may increase an individual's vulnerability (Women's Refugee Commission (WRC), 2019).

3.2.1 Incidence of gender-based violence by sex, gender identity and sexual orientation

The most recently available data (UNFPA, 2021; 2022) confirms that gender-based violence disproportionately affects **women and girls**: in the second half of 2021, 98% of survivors were female, 2% male (as depicted in Figure 1). It is important to note that all Rohingya women are potentially vulnerable to gender-based violence irrespective of their age, marital status and household's social standing (BBC Media Action, 2018; Reach Initiative and UNHCR, 2020; Parray et al., 2022). However, these factors influence a person's vulnerability to gender-based violence alongside other factors such as degree of literacy, location, access to information on available services, and freedom of movement (Karin et al., 2020). For example, extreme restrictions on the mobility of Rohingya adolescent girls, due to cultural norms, present one of the biggest challenges to their uptake of GBV services, including reporting (Guglielmi et al., 2021; ACAPS, 2019; Karin et al., 2020).

Evidence suggests that three other factors increase the risk of gender-based violence for Rohingya women and girls in Cox's Bazar: marriage; intermarriage (or '*mixed marriage*') with host community members; and belonging to (or leading) a female-headed household (UNHCR, 2019; UNHCR et al., 2020; ACAPS, 2019). Marriage increases exposure to gender-based violence, as testified by the prevalence of intimate partner violence among married women and girls (Parray et al., 2022).⁶ Available evidence on causes of intimate partner violence in this context suggest that the main trigger is wives neglecting their '*duties*', which include cooking, childcare and housekeeping (Guglielmi et al., 2020a; Holloway and Fan, 2018; Hossain et al., 2017). For example, women can be subject to physical violence by husbands or in-laws if they are not diligent in preparing meals (Toma et al., 2018; Al Mamun et al., 2018). Violence is also a common response to behaviour that is considered disrespectful to husbands and relatives. For instance, if a married woman is caught talking with other men, if she leaves the house too frequently or without asking permission, or if she is not obedient to her relatives' demands, this may result in her being subject to gender-based violence. Moreover, since a woman is expected to fulfil her husband's needs, the denial of sexual intercourse can be a trigger for sexual abuse; other sources of tension include infringement of dowry agreements (Al Mamun et al., 2018).

Married adolescent girls also face very pronounced risks, as documented by GAGE's mixed-methods research conducted in 2019 and during two intervals of the Covid-19 pandemic (see Guglielmi et al., 2020a; 2020b; 2021). It highlights that married girls are four times more likely to experience gender-based violence than unmarried girls (as depicted in Figure 2).

GAGE's qualitative data underscores these risks, with one unmarried adolescent girl saying: '*I don't get beaten, as I don't have a husband*' (Guglielmi et al., 2021). When exploring adolescent married girls' personal experiences of gender-based violence, GAGE data finds that married girls prefer to share community-level experiences rather than disclose personal accounts. In fact, among married Rohingya adolescent girls, less than 2% mentioned having experienced rape or sexual abuse, while 71% reported hearing about such incidents. This finding is common across all GAGE data with Rohingya adolescents – not

⁶ It should be noted that intimate partner violence does not only include violence perpetrated by husbands. According to the definition adopted by the World Health Organization (WHO), IPV 'covers violence by both current and former spouses and partners'. For full definition and further information, see WHO website, 'Intimate partner violence' (<https://apps.who.int/violence-info/intimate-partner-violence>).

Figure 2: GAGE data on the heightened risks facing married girls



just married girls – and is further discussed in Section 3.2.2, 'Incidence of gender-based violence by age'.

Finally, GAGE data also finds that adolescent girls who experienced child marriage before age 18 are an under-researched and under-served cohort, often overlooked by research and services targeting children, adolescents and women.

GBVIMS data shows that **men and boys** also experience gender-based violence, though of all reported cases, men and boys account for just 2% (UNFPA, 2021; 2022). Qualitative data suggests that gender-based violence perpetrated against men and adolescent boys includes abuse, exploitation, rape and sexual assault (UNHCR, 2021; WRC, 2018). Perpetrators are usually male members of refugee or host communities. There is limited evidence on gender-based violence against men and boys – something that is reflected in the near absence of services for male survivors, lack of awareness of the risks among men and boys, and cultural taboos on reporting. For these reasons, gender-based violence against men and boys is under-researched, and it remains difficult to understand how personal characteristics (such as age, disability and sexual orientation) intersect to influence vulnerability (UNHCR, 2021).

People with diverse gender identities and sexual orientation also remain under-researched and under-served in relation to gender-based violence. Hijras – also called hizara in Rohingya or 'the third gender' – are defined as 'people of diverse gender identities and

expressions, including transgender (male to female) and intersex individuals' (WRC, 2021; 2019). Data published by the GBVIMS in 2021 does not mention the impact of gender-based violence on gender-diverse populations, therefore excluding people with non-binary, transgender and third gender identities. Previous literature highlights that the needs of gender-diverse populations and hijra communities are not well understood, across sectors, because the response in Bangladesh and globally reflects a binary understanding of gender (Cheong, 2022; WRC, 2019). Gaps linked to the GBV response include: the limited availability of safe spaces; the absence of dedicated basic services, with only two organisations offering dedicated sexual and reproductive health services and psychological counselling; and the issuance of identity cards, whereby the assigned gender differs from the person's gender identity – a problem recently drawn to the attention of UNHCR (UNHCR et al., 2020; UNHCR, 2021; WRC, 2021).

What is known, however, is that people with diverse gender identities experience discrimination on the basis of gender. Hijras have reported experiencing community harassment and violence linked to widespread transphobia (Toma et al., 2018; WRC, 2021). The limited research that exists documents cases of violence against hijras, including physical and sexual violence, psychological and emotional abuse, and denial of resources and services (UNHCR, 2021). The high risk of gender-based violence has a profound impact on hijras; it limits their access to public spaces (to avoid harassment and abuse), and they

refrain from dressing according to their preferences and from openly expressing their identity in public, which would increase their vulnerability. Hijras have also resorted to negative coping mechanisms such as sex work, further exacerbating their risk of gender-based violence. Hijra sex workers are often survivors of violence perpetrated by clients, family members, armed forces or other community members, and thus avoid clinical treatments in order not to be identified (Toma et al., 2018).

Overall, information on gender-diverse populations and lesbian, gay, bisexual, transgender, queer and intersex plus (LGBTQI+) populations is limited, and further research is needed. In particular, while the reviewed literature provides a basic understanding of the needs and vulnerabilities of hijras, much less is known about members of the LGBTQI+ community, including their experiences of gender-based violence (ACAPS, 2019). There is also no evidence on how gender-based violence impacts kothi (homosexual men), homosexual women or people with other sexual orientations.

3.2.2 Incidence of gender-based violence by age

Disaggregated GBVIMS data from 2021 shows that 96% of survivors of gender-based violence are adults, while the remaining 4% are children (up to 17 years old) (UNFPA, 2021; 2022). The evidence base on the incidence of gender-based violence among **children and adolescents** is growing, and focuses on various forms of abuse, including child marriage. In general, GBVIMS data provides only limited insights into the experiences of children and adolescents, as under-reporting among these age cohorts is particularly pronounced; more nuanced data comes from discrete studies exploring children's and adolescents' vulnerabilities. Even in adolescent-specific studies, however, Rohingya adolescents do not readily disclose personal experiences and much prefer discussing community trends. For instance, and similarly to GAGE data on married girls in section 3.2.1, GAGE data also finds that while 3% of adolescent girls reported experiencing rape or sexual abuse, 72% reported hearing about someone being raped or sexually abused in the community. Similarly, while only 5% of Rohingya adolescent boys and girls reported experiencing any kind of gender-based violence, 67% reported experiencing or witnessing violence at home (Presler-Marshall et al., 2022). These findings provide further evidence of under-reporting of gender-based violence in the Rohingya community among

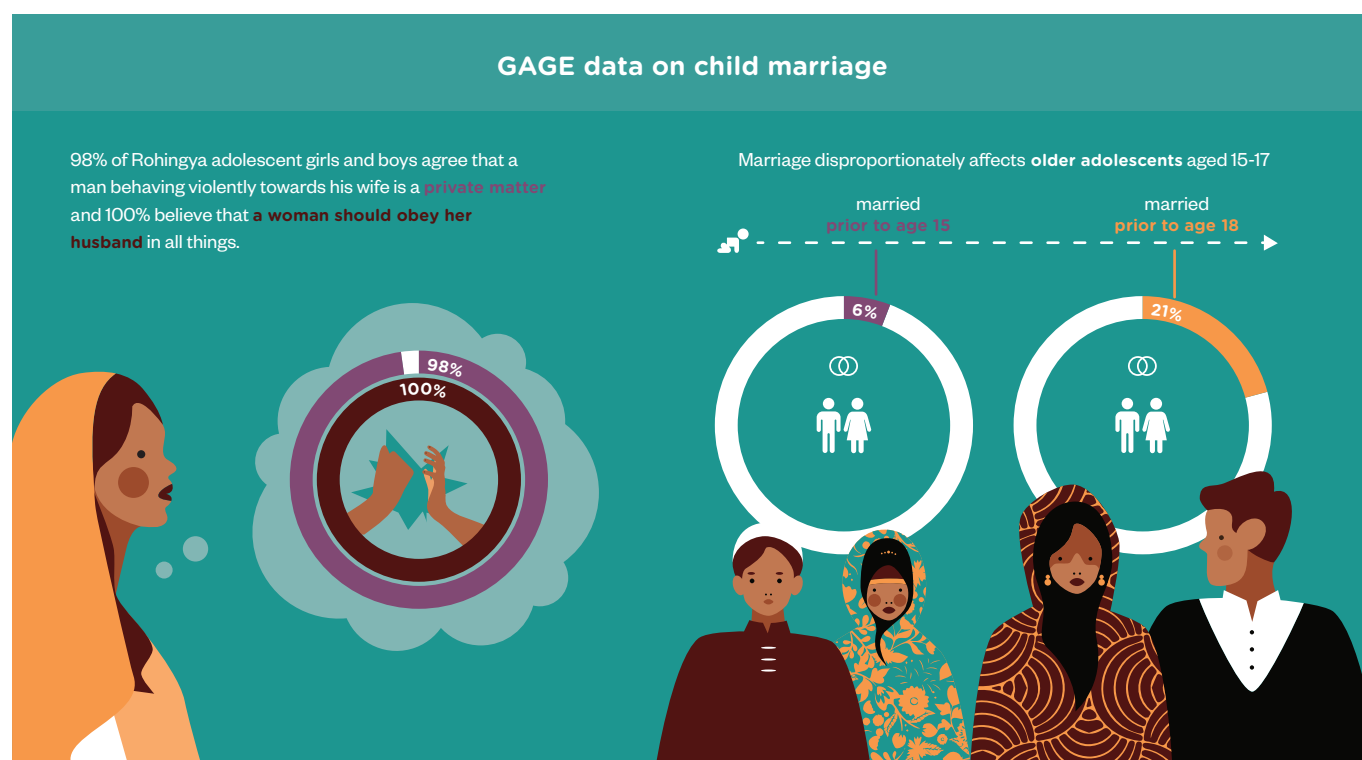
adolescent cohorts. Other evidence finds that sexual harassment and abuse are relatively common among children and adolescents involved in exploitative labour (WRC, 2018), although more research would be needed to further nuance this finding.

In line with global data, which finds that **child marriage** increases during displacement, the practice has increased among the Rohingya refugee community since the 2017 influx into Cox's Bazar (ACAPS, 2019). This is for a variety of reasons, including less stringent enforcement of the law prohibiting under-age marriages, households' increased financial distress, and increased protection risks facing adolescent girls following the humanitarian crisis (UNFPA Asia Pacific Regional Office, 2020; Guglielmi et al., 2021). GAGE baseline findings indicate that 16% of adolescent girls aged 12–19 years, and close to 2% of adolescent boys the same age, were ever married. However, marriage disproportionately affects older cohort adolescents aged 15–17; of this cohort, 21% were married before age 18 and 6% were married before age 15 (as depicted in Figure 3).

GAGE found that on average, married adolescent girls had married by the age of 15 years, but girls can even marry as young as 11 years (Guglielmi et al., 2021). Adolescents seem to understand that married girls are at high risk of intimate partner violence, with one girl stating that, *'It is very common for husbands to torture their wives'*. Yet reporting of such violence is shunned. GAGE data further indicates that although 61% of Rohingya adolescents know where to seek support if they are beaten, 98% of adolescents (girls and boys) agree that a man behaving violently towards his wife is a private matter, and 100% believe that a woman should obey her husband in all things (see Figure 3).

GAGE data presents mixed findings as to whether child marriage and the pressure to marry increased during the pandemic. During Covid-19 data collection, approximately 10% of Rohingya adolescent girls were worried they would be married earlier than would otherwise have been the case, yet approximately 45% said that pressure to marry had decreased. Overall, although we observed only slight increases in the rates of child marriage during Covid-19 compared to baseline (2019), GAGE qualitative data finds that child marriage during the pandemic less well-monitored due to restrictions on humanitarian staff presence, leading to less authoritative control over marriages and fewer avenues through which to disclose the practice.

Figure 3: GAGE data on child marriage



For additional information on the GAGE survey findings from baseline (2019) and Covid-19 data collection (2020 and 2021), see the quantitative tables in Annex 1.

3.2.3 Incidence of gender-based violence by other characteristics

Other factors shape the likelihood of individuals experiencing gender-based violence. GBVIMS data indicates that **prior survivors** accounted for 61% of cases reported in the past three months (UNFPA, 2021; 2022). **People with disabilities** also face discrete risks. Although less than 1% of incidents of gender-based violence registered in the last quarter of 2021 were perpetrated against people with disabilities (UNFPA, 2022), actual incidence is most likely higher. The literature confers that people with disabilities are at greater risk of gender-based violence, particularly women and girls with cognitive disabilities. This is in line with global data published by UNFPA in 2018, which found that the risk of abuse for girls and women with disabilities was 10 times greater than that of their peers (ACAPS, 2021). However, it is not possible to correctly estimate the impact of gender-based violence on people with disabilities due to the unavailability

of evidence, such as the exact number of people with disabilities in Rohingya camps, disaggregated by gender, age and type of disability.

3.3 Who perpetrates gender-based violence?

Evidence suggests that incidences of gender-based violence are most often committed by **one person** (88% of the cases registered cited one perpetrator) while only a minority of perpetrators act in groups (UNFPA, 2022). GBVIMS data reveals patterns around the social and employment status of perpetrators: in 42% of cases, the perpetrator was **unemployed**, and in 34% of cases they were employed as a labourer. Although these figures would seem to suggest that there might be a link between unemployment and perpetrating gender-based violence, fear of denouncing perpetrators with higher employment status⁷ may negatively affect the willingness of survivors to report abuse. Community volunteers (1.7% of cases), religious leaders (0.6%), armed forces (0.3%) and staff of national and international non-governmental organisations (NGOs) (0.2%) were also reported as perpetrators (UNFPA,

⁷ Such as business owners, drivers and fishermen, who were cited as perpetrators in just 7%, 6% and 2% respectively of all GBV cases registered.

2022). In terms of age, most perpetrators (61%) were aged between 26 and 40 years, but 21% were younger, between 18 and 25 years (UNFPA, 2022; UNHCR et al., 2020).

It is important to note that males among the host community also perpetrate gender-based violence (including verbal harassment, rape and other forms of sexual violence) against Rohingya women and girls. An example taken from UNHCR et al. (2020) concerns the involuntary detention of women and adolescent girls in local villages for the purpose of sexual exploitation. Survivors of such practices face additional consequences when they are released back to the refugee camps, as their prior exploitation reduces their possibility of marriage, resulting in further isolation and disadvantage.

3.4 Types of gender-based violence

Notwithstanding the changing frequency with which cases of gender-based violence have been reported (peaking immediately after the reopening of GBV services following Covid-19 restrictions), trends in the type of violence experienced show a high degree of consistency throughout different phases of the displacement crisis.

As depicted by Figure 4, which compares types of reported gender-based violence in 2019 and 2021, **physical assault** has remained the predominant type, with 57% incidence in 2019 compared to 55% in 2021 (Gerhardt et al., 2020; UNFPA, 2021).

Denial of resources and **psychological/emotional abuse** account for most of the remaining reported cases. Between July and September 2019, 22% of reported cases of gender-based violence were the result of denial of resources, opportunities and services by domestic partners, while emotional and psychological abuse was registered at a slightly lower rate (16%) (Gerhardt et al., 2020). This situation was reversed during the same period of 2021, when denial of resources was reported in 19% of cases, and psychological or emotional abuse in 20%, rising to 22% by the end of the year (UNFPA, 2021; 2022). Other forms of gender-based violence included **rape** (3% in 2019 and in 2021) and **sexual assault** (2%) (ibid.). While forced marriage is absent in the 2019 assessment, it accounted for 1% of reported cases throughout 2021. To date, it remains difficult to obtain an exact estimate of child marriage rates among Rohingya communities.

3.5 Where and when is gender-based violence most likely to occur?

Findings on the location and times of day when gender-based violence is most likely to occur are often scarce and unsystematic, except for the latest GBVIMS reports. In 2021, virtually all reported cases of gender-based violence were perpetrated within the domestic sphere, either in the survivor's home (90%) or the perpetrator's (7%) (UNFPA,

Figure 4: Types of gender-based violence reported in 2019 and 2021



Figure 5: Reported incidents of gender-based violence by time of day



2021; 2022), with less than 1% of incidents occurring in the homes of relatives or friends. Other locations include public areas, such as streets, religious and health centres, and water, sanitation and hygiene (WASH) facilities (primarily water points, bathing facilities and latrines), although each of these accounted for 1% or less of reported cases.

Echoing previous accounts (UNHCR et al., 2020), the GBVIMS report from the last quarter of 2021 confirms that 38% of incidents registered between October and December occurred during the evening, while 34% took place in the morning (see Figure 5). These figures are in line with refugee perceptions that accessing camp services (including latrines) at night-time may be unsafe. The literature also suggests that women and girls avoid accessing WASH facilities during the day too, indicating that lack of adequate lighting at night is not the only factor hindering access. The limited availability of sex-segregated latrines and bathing facilities, the absence of toilet locks and the lack of adequate privacy are also obstacles to women's and girls' safe access to WASH facilities. Moreover, to avoid being seen by males outside their family, which would infringe Rohingya cultural norms, women tend to use the facilities at night, despite this heightening their sense of insecurity (UNHCR et al., 2020; Echegut and Sissons, 2017).

3.6 Summary of key evidence gaps

The review of the literature highlighted the following evidence gaps, suggesting that further research is needed to understand the depth and breadth of the nature of and response to gender-based violence in the Rohingya context.

The prevalence of child marriage remains difficult to pinpoint in the Rohingya context, typically occurring under the radar.

Rohingya married adolescent girls are an under-researched and under-served cohort, often overlooked or excluded by research and services targeting children, unmarried adolescents and women.

Male experiences of gender-based violence are under-researched and it remains difficult to understand how personal characteristics (such as age, disability or sexual orientation) intersect to influence boys' and men's vulnerability to gender-based violence.

The risk of gender-based violence for specific adolescent cohorts remains difficult to assess, as does how characteristics (such as gender, disability status, involvement in exploitative labour or type of family structure) intersect to amplify risk.

The impact of gender-based violence on people with disabilities remains obscure, due to lack of evidence, such as the exact number of people with disabilities in Rohingya camps, disaggregated by gender, age and type of disability.

People with diverse gender identities and sexual orientation remain under-researched and under-served in the Rohingya context.

4 Research methodology

This research study seeks to supplement the existing evidence base on gender-based violence in Rohingya camps in Cox's Bazar, Bangladesh. It aims to provide an in-depth understanding of the nature of gender-based violence in this context, and the extent and uptake of GBV programming, identifying what works to mitigate gender-based violence, and where the major gaps are in programming and research.

To achieve this aim, the research team reviewed existing evidence on gender-based violence in the Rohingya camps of Cox's Bazar and re-analysed existing GAGE datasets to understand adolescent-specific experiences of gender-based violence. To understand the full range of activities in the GBV sub-sector in the Rohingya camps, we drew heavily on certain sources: the ISCG Bangladesh Refugee Response 4W and 5W dashboards (databases that provide key information on which organisations (who) are carrying out which activities (what) in which locations (where) and over which period (when), and with which beneficiaries (for whom); the GBV sub-sector facilities mapping; and the GBV sub-sector 5W dashboard and gap analysis.

The primary data collected for this study includes the following:

1. **Promising practices and interventions analysis:**

This analysis aimed to understand the breadth, effectiveness and impact of current GBV interventions in Cox's Bazar. It involved interviewing a range of GBV sub-sector partners on Microsoft Teams, and asking partners to nominate promising approaches currently rolled out in the camps. Although most interventions are collated by the GBV sub-sector, experience suggests that some practices are less well-documented due to lack of time and capacity. For this reason, the research team investigated these practices, relying on self-assessment by partners involved in the design and/or implementation of such interventions.

2. **Qualitative data collection:** Tailored in-depth qualitative tools – a mixture of in-depth individual interviews (IDIs), key informant interviews (KIs) and focus group discussions (FGDs) – were designed to understand our key areas of interest: where the major gaps in the GBV response lie and the barriers

to a more adequate response; whether there are community mechanisms for responding to and preventing gender-based violence and, if so, their degree of uptake and impact; the intersectional risks facing women and girls, including the factors that heighten their vulnerability (such as poverty, gender power relations and gender norms); and whether more effective coordination mechanisms can be designed and implemented to facilitate cross-agency programming and harmonisation. See Annex 2 for the qualitative toolkit used, and Table 1 for details of the research sample.

It is important to note that the Bangladeshi field researchers were able to identify members of the Rohingya community in each camp location to assist with appropriate translation, terminology and cultural relevance of the qualitative toolkit. The toolkit also drew on the research team's previous experience of collecting data on gender-based violence in the Rohingya context, and all adaptations made to the current toolkit build on lessons learnt in conducting research with the Rohingya population. Finally, all field researchers are fluent in the Chittagonian dialect of Bangla, which bears similarity with the Rohingya language. These important considerations notwithstanding, any future qualitative research should seek to include, train, mentor and support a member of the Rohingya community as a fixed member of the research team.

The sample of humanitarian partners was selected on the basis of a mapping exercise, where partners active in a diverse range of GBV activities were prioritised, as well as those operating in a multitude of locations in order to best draw on a wide range of experience in this context. The community-level interviews followed snowball sampling and were initially guided by the selection of camp location. All IDIs and FGDs were conducted in-person in three camp locations in Cox's Bazar, which will remain anonymous to preserve the confidentiality of all research participants. We included diverse typologies of camps, in terms of: geographic criteria (two locations in Ukhia upazila (administrative region) and one in Teknaf upazila); lead administration (IOM-administered camps and UNHCR-administered camps); and camp permanence (two newly established camps and one registered camp). All key

Table 1: Primary data collection - research sample

Participant group	Data collection method	Total no. of participants
Implementing partners: UN agencies	KII	6
Implementing partners: international NGOs	KII	4
Implementing partners: local NGOs	KII	5
Donors	KII	3
Camp-in-Charge and Refugee Relief and Repatriation Commissioner (RRRC)	KII	4
Majhis and sub-majhis	KII	4
Religious leaders	KII	2
District security/ judiciary (including the Bangladesh Armed Police Battalion, APBn)	KII	3
TOTAL	KII	31
Adolescent married girls (aged 15–19)	IDI	9
Adolescent unmarried girls (aged 15–19)	FGD	3
Adolescent boys (aged 15–19)	FGD	2
	IDI	6
Women (aged 25+)	FGD	3
	IDI	6
Men (aged 25+)	FGD	3
TOTAL	IDI + FGD	32
OVERALL TOTAL	IDI + FGD + KII	63

informant interviews with the CiC officials, the Refugee Relief and Repatriation Commissioner, majhis, sub-majhis, religious leaders and members of the Armed Police Battalion (APBn) (a specialised unit of the Bangladesh Police force tasked with maintaining order and security across all

Rohingya camps in Cox's Bazar) were conducted in-person in the same camp locations. Nearly all humanitarian staff and donor key informant interviews were conducted in-person in Cox's Bazar, except for four interviews that were conducted remotely using Microsoft Teams.

5 Research findings

5.1 How is gender-based violence understood in the Rohingya community in Cox's Bazar?

Key findings

1. Intimate partner violence (IPV) remains the most common type of gender-based violence mentioned by Rohingya women and married adolescent girls.
2. Rohingya women, girls, men and boys all said that community violence was pervasive.
3. Rohingya men and adolescent boys mentioned gender-based violence as occurring beyond the Rohingya community, perpetrated by people outside their community, although women and girls did not mention this.
4. According to the Rohingya, major triggers for gender-based violence include: gender roles; financial crisis; lack of education; lack of livelihoods; and overcrowded living arrangements.
5. The Rohingya community and camp leaders believe that intimate partner violence should remain a private affair, within the family or close community.
6. People feel that safety and security in the camps has worsened, though neither the Rohingya community nor humanitarian partners were able to report community gang violence due to fear and politicised sensitivity in disclosing this type of information.
7. The Covid-19 pandemic contributed to a worsening of trust between the Rohingya community and humanitarian partners due to the suspension of many GBV-related activities and the decreased presence of GBV staff.

» Girls are victim at home and boys are outside of home.
(Rohingya adolescent boy, in-depth interview)

» Girls are more at risk. If she looks attractive, her parents are always worried for her. She is either kept hidden or married off early.
(Rohingya woman, focus group discussion)

5.1.1 What constitutes gender-based violence?

Data collected at the community level with Rohingya women, men, girls and boys reveals overwhelming consistency with the GBV sub-sector on what constitutes gender-based violence. It is generally understood to mean violence perpetrated at the household and/or community level, on the basis of one's gender.

However, personal experiences of gender-based violence vary greatly depending on a person's gender, age, and other intersecting characteristics such as marital status. Whereas Rohingya women and married adolescent girls spoke about various types of intimate partner violence, unmarried girls, adolescent boys and men mentioned such violence as a risk faced by married women and girls; they themselves did not perceive intimate partner violence as a direct risk. Men and adolescent boys mentioned gender-based violence as occurring beyond the Rohingya community, perpetrated by others outside their community, though women and girls did not mention this.

Community violence was mentioned across all Rohingya respondent types. Table 2 provides a breakdown of the types of gender-based violence discussed by women, married girls, unmarried girls, boys and men.

According to camp leadership structures, including Camp-in-Charge (CiC) officers, majhis, religious leaders and the APBn, the most common types of gender-based violence are child marriage and polygamy. It is hypothesised that child marriage and polygamy are mentioned by camp leadership as they require some form of redress, whereas instances of intimate partner violence (for example) may not.

5.1.2 Triggers and causes of gender-based violence

Gender-based violence is understood to be widespread in the camps, but triggers and causes vary depending on the type of respondent. Figure 6 highlights the main triggers mentioned by respondent type, and Figure 7 depicts the interconnections and frequency of triggers mentioned by respondent type.

Table 2: How Rohingya women, girls (married and unmarried), men and boys define gender-based violence

Types of gender-based violence						
		Intimate partner violence	Violence by in-laws	Other family violence	Community violence	Violence beyond the community
Groups at risk	Women	Physical violence (beatings, brutal torture)				
		Sexual violence				
		Mental and verbal abuse (forced to live with co-wives; negligence; extramarital affair; humiliation; criticism and forced to leave home for not being able to bear a child)	Mental and verbal abuse (threats to separate children from mother; instigation of marital conflict)	Mental and verbal abuse (denial of support in cases of marital abuse)	Mental and verbal abuse (verbal harassment)	
		Denial of resources/opportunities (denial to access resources; denial to access community service; seizing of personal belongings)			Denial of resources/opportunities (violence by community members for uptake of GBV services; humiliation and criticism for having a job)	
	Married adolescent girls	Physical violence (beatings)	Physical violence (brutal torture)		Physical violence (privacy invasions in the home)	
		Mental and verbal abuse (suspicion that she steals husband's income or commits adultery; negligence; extramarital affair)	Mental and verbal abuse	Mental and verbal abuse (denial of support in cases of marital abuse)	Mental and verbal abuse (verbal harassment)	
		Denial of resources/opportunities (denial to access community services; seizing of personal belongings)		Denial of resources/opportunities (denial of access to services)	Denial of resources/opportunities (violence by community members for uptake of GBV services)	
		Other (fear of abduction if marriage proposal is denied; forced abortions)				

Types of gender-based violence						
		Intimate partner violence	Violence by in-laws	Other family violence	Community violence	Violence beyond the community
Groups at risk	Unmarried adolescent girls			Physical violence (Confinement within the home for getting caught in an affair)	Physical violence (privacy invasions in the home)	
					Sexual abuse (harassment, rape)	
				Mental and verbal abuse (humiliation for being a responsibility on the family)	Mental and verbal abuse (verbal harassment)	
				Denial of resources/opportunities (restriction on movement; denial of access to services)	Denial of resources/opportunities (violence by community members for uptake of GBV services)	
	Men and adolescent boys		Child, early and forced marriage			
					Physical violence (older men beating younger boys)	Physical violence (beatings by law enforcement)
					Sexual abuse (including boys being raped by violent men including Arakan Rohingya Salvation Army (ARSA) members)	Other (kidnapping, human trafficking, smuggling, conflict between Rohingya and Bangladeshi locals, gangster grouping culture)
				Mental and verbal abuse		
				Other (child labour; ARSA terrorist group targets young boys and involves them in illegal activities)		

Figure 6: Causes and triggers of gender-based violence, by respondent type

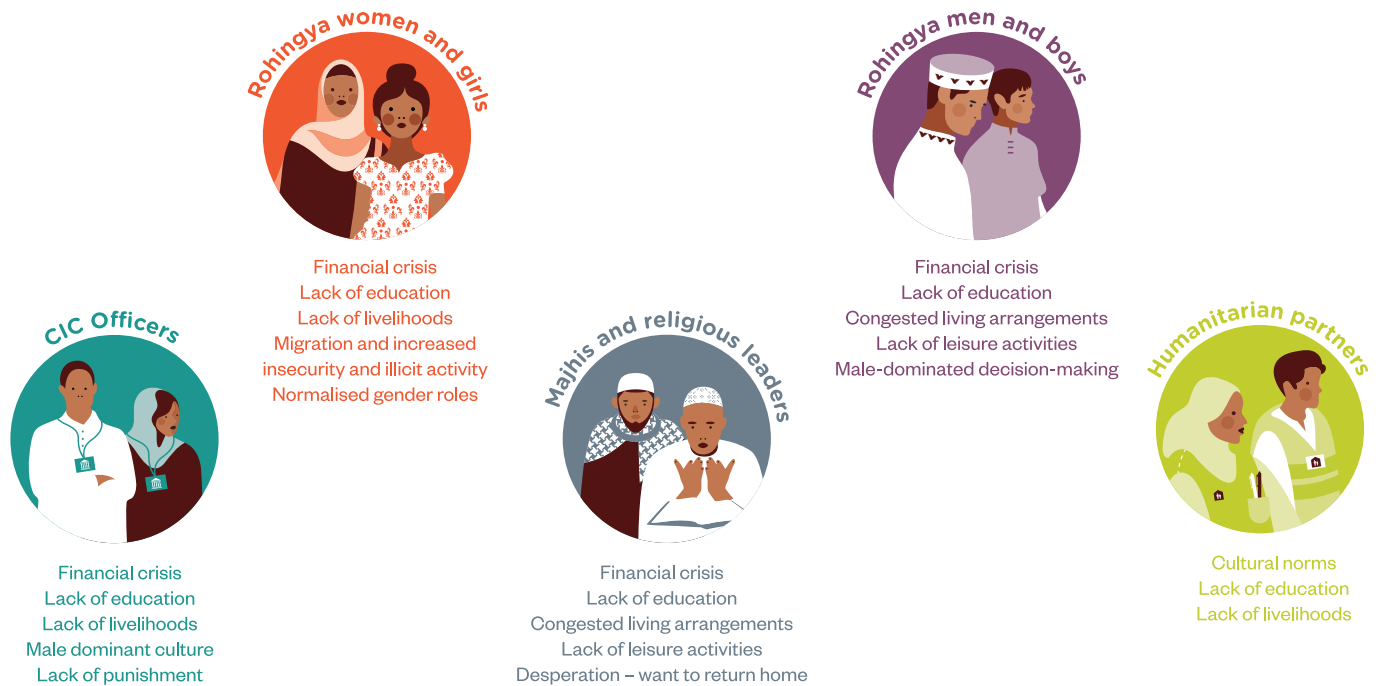


Figure 7: Interconnections and frequency of triggers mentioned, by respondent type



The most commonly cited triggers across respondent types are lack of education, poverty, and lack of livelihood opportunities. Rohingya boys and men also mentioned overcrowded living arrangements, as well as a complete lack of leisure activities, as being linked with gender-based violence. In general, Rohingya girls and women appear to have internalised that some forms of gender-based violence are normal, stating that boys are allowed to have bad habits, and that intimate partner violence in particular should remain a private matter between couples – believing that, among other things, women should be punished for their mistakes. Community data underscores that intimate partner violence has become normalised, and that men are allowed to beat their wives, either out of frustration or to punish them for minor mistakes. During a focus group discussion, one Rohingya male respondent stated that:

They [women] depend on us on the financial side and we depend on them on the domestic side. If we see anything wrong in the domestic side, we beat them.

All respondents mentioned a lack of privacy as an exacerbating factor, whereby experiences of violence have become much more common because everyone hears about them and talks about them. Privacy concerns were more pronounced in new makeshift camps as opposed to the registered camps, due to the more flimsy shelters in the former.

Women also mentioned that drug abuse was sometimes a trigger for a man to be violent towards his wife. A married adolescent girl described her experience:

He used to beat me so much that I could not even open my eyes. I have pain in my head and back... He used to take drugs and stay awake for days. Then he would lose control even if I told him to bring the groceries. Once, he broke the glass of the showcase and stabbed me in the back.

5.1.3 Security environment

Nearly all the humanitarian partners interviewed believe that security conditions in the camps are deteriorating, and majhis also mentioned this. Echoing recent media accounts (Hölzl, 2021), humanitarian informants believed that humanitarian presence is strong and systems are in place and functioning during the daytime, but everything changes at night once the humanitarian staff depart. Interviewees gave accounts of adolescent girls being trafficked overseas, reports of rape and murder in some camps, sexual violence against adolescent boys,

and harassment and intimidation of women and men. Notwithstanding the growing emergence of community-based night-watch groups – some operating with technical support from humanitarian partners – there is no community reporting of such incidences. Although it is envisioned that community watch groups will continue to be supported by humanitarian partners, one donor commented that, *'I am aware of a pilot on community policing but so far, I heard it was not that successful.'*

It seems as though there is a veil of secrecy surrounding night-time violence in the camps, and all evidence of illicit activities remains anecdotal. Accounts of night-time community violence seem to have their origins with the Rohingya insurgent group Arakan Rohingya Salvation Army (ARSA), formerly known as Harakah al-Yaqin, and the Rohingya population are fearful of disclosing any identifying information. Data gathered from the Rohingya community indicates that extremist groups are very active in the camps, and try to recruit adolescent boys in a range of illegal activities, including drug and human trafficking. There is no reporting, however, partly due to fear of retaliation by insurgent groups, and partly due to the lack of protection for Rohingya youth and harassment from the police and APBn. Rohingya women also mentioned being terrified in their homes at night as they are more vulnerable to trafficking. Adolescent girls are even more vulnerable than women, fearing trafficking and sexual violence, so they refrain from venturing outside the home – not just because of restrictions linked to cultural norms, but because they believe it is not safe to do so.

Likewise, humanitarian partners are also cognisant of the dangers of reporting this type of violence, and feel that their hands are tied. A member of staff from one NGO explained the dilemma they face:

Of course there are gangs, but no formalised reporting. [We] cannot report this. There is so much going on, there are different levels of governance. Illegal military, illegal governance, there is so much going on in the camps – but we cannot report on it. Humanitarians cannot report. It's just too sensitive. It shows the Bangladesh government... They would say 'you see, they are terrorists, send them back.' We can't mention gangs. The night government, the informal governance structures are violent and extortionate, creating militarised masculinities, creating violent men, pitting them against each other, [perpetrating] GBV against men. And this increases women's vulnerabilities. We can't report.

In addition to community and gang violence, accounts of corruption and extortion were mentioned by the Rohingya community and by humanitarian partners. Respondents cited the APBn and majhis acting together to solve cases of gender-based violence themselves in exchange for money; they also reported accounts of community volunteers building awareness against gender-based violence in the daytime, but perpetrating violence at night-time and/or intimidating women who want to report abuse. Humanitarian partner organisations know that women and men speak about these activities, but everyone steers clear of formal reporting due to fears of retaliation from 'the power structure', including backlash from majhis who will 'cut off their volunteering opportunities'.

Members of the Rohingya community recounted experiences of violence and severe limitations on their mobility at the hands of the APBn and other security and law enforcement agencies. They also gave accounts of corruption. One Rohingya woman stated that:

Police come to take action if they are offered money. Whether they can catch the criminals or not, they get compensated for the journey they have to make. We can't even eat properly, so how can we manage 500 taka for them? That's why we don't seek help from them anymore.

Rather than seek police help, the Rohingya look to the Government of Bangladesh to protect them. One woman stated that, 'If the government could stop drug addiction by arresting drug dealers and punishing them and those who buy drugs, then the environment of the camp would improve for sure.'

5.1.4 The Covid-19 pandemic

Covid-19 has, without doubt, negatively impacted the GBV response in the Rohingya camps. As one key informant said, 'Of course Covid has set us back. We have to now recover from that. It's created another emergency in an already existing emergency.' First, all humanitarian partners agreed that intimate partner violence in particular has remained at higher levels than before the pandemic. Second, partners agreed that while activities have resumed as normal since services were reopened, fewer women are attending GBV prevention sessions. In Women and Girls' Safe Spaces in particular, humanitarian partners mentioned that while sessions were often well attended before the pandemic, very few women and girls are attending now: 'We get maybe 10 women per day'.

Perhaps the most lasting effect of the Covid-19 measures is the deterioration of trust among the Rohingya community in humanitarian partners. One donor mentioned that Covid-19 sparked malcontent among the community, and generated negative perceptions towards the whole humanitarian response:

Humanitarian actors were simply not present during the Covid period. But also, as we began entering the protracted crisis state, the Rohingya began to lose hope just as the services were becoming worse in some respects due to the limitations on activities and the deprioritisation of specific sectors... Also the government is not that constructive, so refugees really began to lose trust in humanitarian actors.



Rohingya Women Volunteers are oriented on Covid-19 related precautions © Marie Sophie Pettersson/UN Women 2020

5.2 What GBV programming exists in the Rohingya camps?

Key findings

1. The Rohingya community views GBV prevention programmes positively, although contextualisation and tailoring of global evidence-based programmes to the Rohingya context needs to be deepened to be gender transformative in this context.
2. GBV response activities lack harmonised outcomes across the sector, and while some humanitarian partners believe their main aim is to disseminate knowledge on GBV activities and have structures and systems for GBV reporting, others aim to increase reporting levels.
3. Rohingya community volunteers are very helpful in identifying at-risk groups and identifying gender-based violence risks in the community.
4. Adolescent girls remain largely marginalised from centre-based programming due to restrictions on their mobility.
5. A nuanced approach to mainstreaming GBV programming in other sectors without compromising quality was viewed as a promising approach to risk mitigation.

« All the mechanisms are in place. We've been here five years, but we are not accountable to the populations we serve. It is striking, but we have no idea what these people need.

(Humanitarian partner, key informant interview)

« Males use these [GBV] programmes more. Married women use as well but unmarried girls rarely use these programmes.

(Rohingya adult male, individual interview)

GBV sub-sector partners explained that programming covers three main pillars: GBV prevention activities; GBV response activities; and risk-mitigation activities. Data from 2022 from the GBV sub-sector 5W dashboard⁸ highlights that within these pillars, 51 United Nations (UN), national and international NGO partners currently operate, and their presence is spread across 33 camps in Ukhia and Teknaf upazilas, as well as the newly established camp in Bhasan Char.

GBV prevention, response and risk-mitigation activities complement one another (as depicted in Figure 8). Risk-mitigation activities, for instance, include a mapping of Women and Girls' Safe Spaces to make sure that all camp locations are serviced – as these spaces are where much, though not all, of GBV programming takes place. Annex 3 provides the most recent mapping of Women and Girls' Safe Spaces, as well as the lead agencies for each space.

5.2.1 GBV prevention programmes

GBV prevention activities aim to:

1. Build awareness of the nature of gender-based violence, including its root causes and triggers.
2. Promote gender-equitable beliefs and behaviours.
3. Provide information on GBV services available to the community and to survivors.

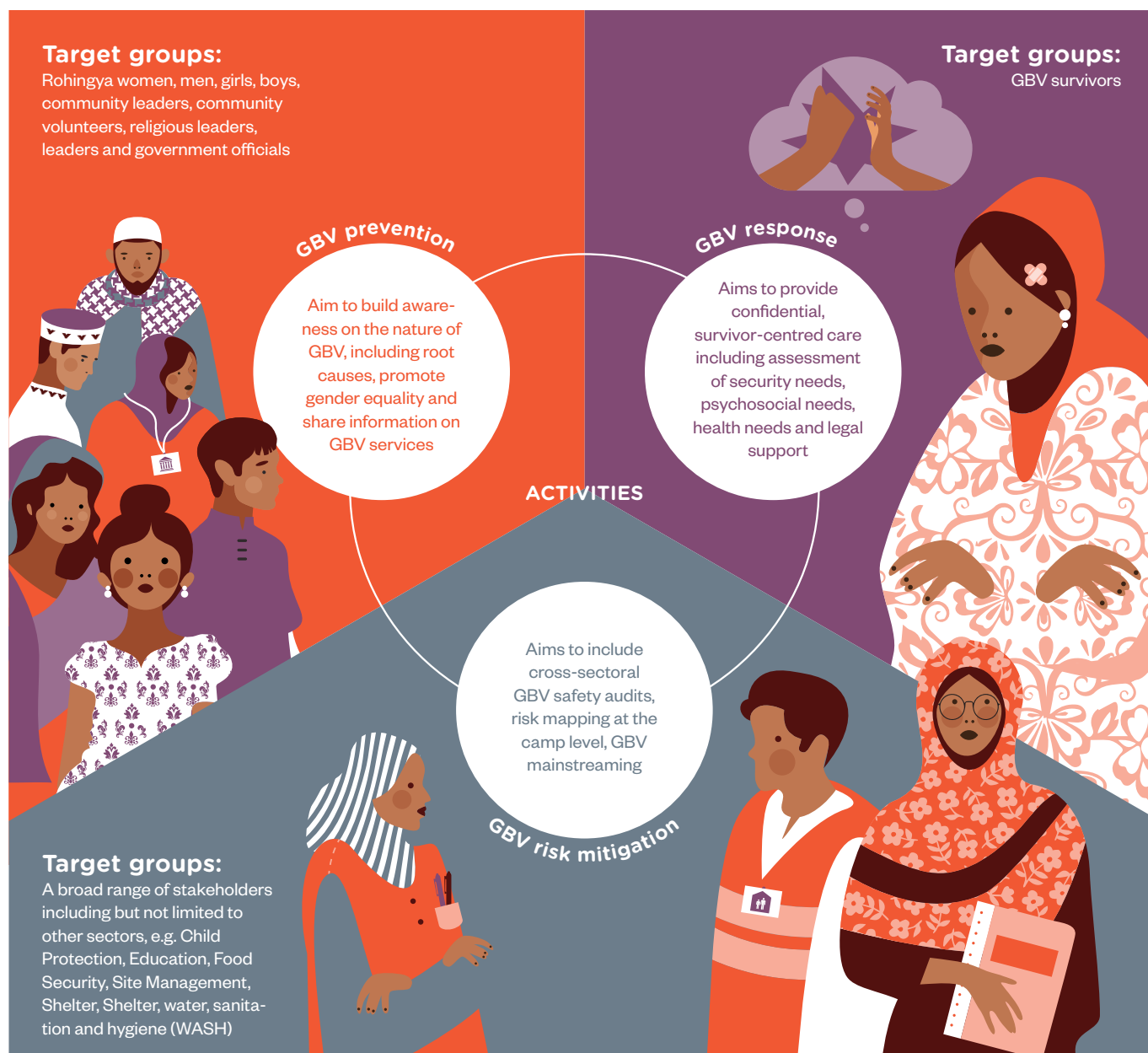
GBV prevention activities often act as the first contact point between the GBV sub-sector and the community, targeting a broad range of camp-based residents, including refugee women, men, girl and boys, community leaders, religious leaders and CiC officers. Initial interactions focus on the presence of GBV partners and the activities they run. The most commonly cited GBV prevention activities tend to be structured, evidence-based approaches – often, but not exclusively, global programmes contextualised to the Rohingya context. The most commonly cited approaches currently rolled out in the camps include SASA! Together, Engaging Men in Accountable Practice (EMAP) and Girl Shine. Other approaches mentioned less frequently include the BBC Listening Groups, Arab Women Speak Out curriculum, the IOM-facilitated and Rohingya-designed curriculum MaBoinor Rosom (translated to mean Mother's and Sister's Way or Mother's and Sister's Traditions), and the More Equal Gender Roles curriculum.⁹ GBV prevention activities take place either in targeted spaces in the community – Women and Girls' Safe Spaces or Integrated Women's Centres were most commonly cited – or in the community itself via door-to-door outreach or in ad hoc meeting areas inside refugees' homes.

GBV prevention activities typically rely on a cascading model, whereby organisations that design interventions

⁸ Available at: www.humanitarianresponse.info/en/operations/bangladesh/5w-dashboard-and-jrp-2022-gap-analysis

⁹ The Learning Product companion to this report provides an overview of promising GBV prevention programmes in the Rohingya context.

Figure 8: Interconnections and frequency of triggers mentioned, by respondent type



conduct first-level training with interested operational partners at the GBV sub-sector level. Once interventions are contextualised by operational partners, implementing partners are trained on delivery modalities and they, in turn, train and rely on Rohingya community mobilisers – community volunteers and advocates that co-conduct the camp-level outreach and activities. All partners agree that for GBV prevention activities to be successful, broad community buy-in – including sensitisation campaigns with majhis, sub-majhis, imams, religious leaders and CiC officers – is paramount, as is building trust between the community and humanitarian partners. However, many humanitarian partners felt that they are not considered trusted partners by the community, partly due to the high level of humanitarian staff turnover, which seriously

impedes opportunities to build relationships at the camp level. It is also partly because most prevention approaches are not properly contextualised to the Rohingya situation and culture, and lack a deep appreciation of the needs and social stratifications of the community. While all partners agreed that all actors in the GBV sub-sector are doing the best they can, one partner noted that:

The curricula we all use [was] designed in the USA and contextualisation needs to dig deep. It's not as easy and quick and cheap to do. [I am not sure that] the contextualisation of the toolkits aligns with local concepts of gender [but if they don't] what are we doing here? Everything we do has to be aligned with local concepts of gender, of power, and understand that these are not static, these evolve. [But] this is so challenging

with programming. We are on a timeline, we have to comply with very strict reporting, timelines.

Humanitarian partners unanimously agreed that training and relying on Rohingya volunteers to conduct GBV prevention outreach is vital to the success of the GBV response. That said, it is important to note that there seems to be a lack of consensus around the intended outcomes of engaging volunteers. Whereas some partners upskilled volunteers and relied on them to sensitise the community directly, tasking them with disseminating GBV messages, others saw challenges with this approach and relied on volunteers to assess risk at the camp level, identify specific vulnerabilities and spread knowledge about GBV services, without actually spreading sensitisation messages. One humanitarian partner key informant explained that:

Engage[ment is key]. We engage men and boys, community and religious leaders in the camps and host communities. The [difficulty] is that... you can't rely on volunteers [to always share the right messages] because GBV is a very critical area, even for GBV experts. However, what we can rely on volunteers to do is identify [those at risk] and to report [risky areas or if the community lacks information]. [They can] protect the survivor, because if we get people who know the services, then these volunteers can refer and they can support the survivors.

In terms of programme outcomes, the GBV prevention programmes currently being implemented in the Rohingya camps are gender-transformative in nature. Designed to tackle the root causes of gender-based inequalities and discriminatory power dynamics, GBV prevention approaches engage men as well as women to act as change agents in eliminating violence. As such, their scope is extremely broad. This has led to a view, echoed by many partners, that *'changing the community mindset and social behaviour takes time. Modules are tested and things are happening, even in community shifts – but these changes are slow.'*

Partners shared the view that GBV-related prevention (and response activities) that take place in Women and Girls' Safe Spaces or Integrated Women's Centres are actually very difficult for some women and girls (adolescents in particular) to access, due to cultural norms limiting their mobility, as well as fear of violence when venturing beyond the home, and sheer lack of knowledge about services available in the camps. Rohingya girls also

echoed this finding, mentioning that the distance of the centre from their home hinders access to the sessions as they have household chores they have to finish before they can attend. One adolescent girl said, *'It's far from my camp. Besides, there are many chores at home. That's why. I don't have enough time.'*

Although humanitarian partners believe that their GBV prevention activities are seen as distrustful by Rohingya men, who forbid women and girls from attending activities at the safe spaces or centres, partners mentioned that things are slowly changing and participation is increasing. One shared a success story on changing men's minds: *'When we sensitise men and share programming and what [the] benefits [are] for women, that is how it becomes easier to implement the projects.'* This view was echoed in a focus group discussion with adolescent boys, with one participant explaining that:

They showed us the negative impacts on child marriage regarding [girls'] physical, mental health. If you get married before 18 years, you have to face many problems. Especially when the girl gives birth and then she becomes very slim, there is an opportunity for her husband to prefer another girl because the number of girls is available. In this way, basically, the incidents of torture and divorce are happening in our society. We learn this from drama and sessions.

To increase participation in GBV prevention activities, humanitarian partners also discussed promoting programme components tied to vocational skills-building that appear less threatening than modules designed to promote more gender-equal attitudes, in the hope that fathers, brothers, spouses and other males in the community would be more willing to allow women and girls to attend. Examples mentioned include structured skills training for women and girls, such as tailoring, sewing, tie-dye, block boutique and basic computer training.

5.2.2 GBV response programmes

GBV response activities in the Rohingya context are governed by the Interagency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017) and strictly abide by the survivor-centred 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 gender-based violence to a case manager. Once a case has been reported, the GBV case management protocol is adhered to alongside the survivor, whereby survivor needs are discussed together with the case manager. The case manager assesses the survivor's safety and security needs, any health needs (including the clinical management of rape), and any psychosocial or legal support required. A few humanitarian partners also mentioned operating confidential safe shelters outside the camps, where women who qualify can stay overnight for a maximum of six months.

It is important to note that many survivors in this context will not want full case management services. Humanitarian partners often mentioned providing psychosocial support and counselling services without having to take a survivor through the entire case management process. They also mentioned that most survivors visit the safe spaces or centres to discuss their experiences of gender-based violence with the case manager, or with other women in the centre, without wishing to formally report abuse. As one staff member of a humanitarian partner said, *'They just want to share their stories and be listened to'*.

Humanitarian partners found that the most difficult part of the GBV response was provision of legal services. As Rohingya in Bangladesh are not granted refugee status, their legal rights lie in a 'grey area' (according to one donor), where end-point legal decision-making lies with the Bangladeshi government. One national NGO, the Bangladesh Legal Aid and Services Trust (BLAST), was most often cited as advocating for the legal protection rights of the Rohingya and helping survivors through the fraught legal steps that exist. That said, some GBV sub-sector partners also offer legal counsel to survivors within their Women and Girls' Safe Space. Whereas some mentioned the benefit of offering their own organisation's legal units within the camp or safe space (to provide a one-stop-shop for survivors), other GBV partners do not do any mediation or legal counselling as part of the GBV service package, as this might offset the survivor approach. As one interviewee put it:

If you want to open up for mediation, it may counter the survivor-centred approach because there may be judgement, and an understanding of the other point of view – while for now, we fully believe and advocate for the survivor only.

Depending on their size and mandate, some GBV sub-sector partners provide the full range of GBV response services while others provide only one.

The GBV sub-sector door-to-door outreach includes informing the entire community of the camp-level referral pathway that explains which focal partners to contact for GBV-related issues. Although the referral pathway is constantly updated and a lot of work goes into ensuring the harmonisation of quality services across camps, partners also mentioned that GBV response activities were too fragmented, with too many partners providing services, which makes for a confusing experience for the survivor. Community members echoed this view, expressing a preference for reporting GBV to the majhi or CiC directly, partly for fear of the difficulties involved in navigating the humanitarian organisation's case management process (see Section 5.2.3). We heard from one humanitarian partner who worked in the camps before the 2017 influx, who commented that:

The response part is not working well... In 2013 we were dealing with GBV cases and we also worked with community representatives and leaders to network and advocate with these same cases. We worked with the CiC, with mediation, legal, as well as PSS [psychosocial support] programming via 'Responsibilities meetings'. When the mass influx happened in 2017, everything changed. Now it's become only [one type of] case management and then they refer onwards.

The mechanism before worked best. The survivors trusted us – they didn't want to go to the CiC, so they came to us for support or help and we were trusted. Now, so many different approaches were introduced after the influx and the social fabric between Rohingya and humanitarian community is thinning. Now we only give a bit of counselling and refer.

For GBV case workers, it became frustrating because Rohingya women came, but [case managers often] don't have the solutions... Before, we were advocating for survivors. Now, there are so many systems, so many procedures, so many guidelines and the survivor is suffering. They are so many agencies, they are all doing different things. One does PSS case management, one does health support, one does legal... Referrals are happening, but let's just say the system has really changed.

Some Rohingya survivors also reported that even when they do report their case, they do not receive appropriate help. One Rohingya woman in a focus group discussion noted that:

I went to the police and SGBV [sexual and gender-based violence service]... a place named Shantikhana [Peace House]. I talked to them and they tried to console me. But in the end, it didn't solve my problems one bit. The comfort didn't stay long after I came back home. Law and order couldn't help me throughout the five years and two months.

Overall, there appear to be disconnects around the intended aims of GBV response activities. Although some partners seemed determined to empower women to safely report gender-based violence, others appear more centred on disseminating information and working tirelessly to make sure the Rohingya community know and understand the referral pathway. On this latter point, two key informants explained the overall aim of their organisation's response activities:

KEY INFORMANT 1: The Rohingya have access to a huge amount of information on [referrals]. I think this is the main thing. We have banners, we have posters, we want more visibility in the Rohingya language too. [We want to] make the referral pathways more appealing with pictures. They know what to do. [However] many of them prefer to go to the [CiC].

KEY INFORMANT 2: We still leave it up to survivors to report. We can't force them to do that. But for sure, what I can guarantee is that we've made sure that GBV services are communicated to the community... That information is available in the camps. But when it comes to reporting cases, that is a very complex area... an area that has no direct answer. But what we focus on is to ensure the accessibility of services and that information is available to everyone in the camps. And we will continue to do that. Continue to work with the different actors, continue to work with the community.

5.2.3 Community perceptions of GBV prevention and response programmes

Data collected at the camp level sometimes confirmed and sometimes contradicted the data collected from humanitarian partners. First, it is clear that Rohingya girls remain largely disengaged from GBV programmes

that conduct activities at safe spaces or women's centres, as they cannot easily leave their home. Majhis commented that for prevention activities to be effective, they must target adolescent boys and girls, particularly for awareness-raising, yet the programmes are failing to do this. Second, interviews with community members highlighted the unevenness of service provision on the basis of social stratification. Rohingya women mentioned that survivors are hesitant to report gender-based violence or pursue legal redress as the final verdict often favours whichever side has most economic or other support – which, typically, is not the female. One woman commented:

If I go to make a report to the CiC, they will hand it over to SGBV [sexual and gender-based violence service]. SGBV will listen to the whole story. Later, when the meeting is set up, the man brings someone powerful with him and the girl is helpless. Then they will make the judgement in favour of the man.

Third, some Rohingya women claimed that prevention sessions were pleasant to attend, but did not provide much help for their day-to-day lives. This finding was echoed by Rohingya men and boys who believed that safe space programming was pleasant for 'gossip and snacks'. Finally, Rohingya women and girls believed that community volunteers, who conduct door-to-door outreach, were useful in identifying and helping survivors, specifically those with health needs that require care. It is difficult to assess whether Rohingya women and girls prefer centre-based approaches or community-based approaches, and how this preference is linked to other intersecting characteristics such as age, location and marital status, among others. What is evident is that adolescent girls are largely marginalised from centre-based programming due to cultural restrictions on their mobility. There is thus a need for further research on Rohingya preferences for centre or community-based approaches to GBV programming.

The Rohingya community seemed knowledgeable on a range of UN and NGO programmes at the camp level, but interest and uptake remains centred on prevention rather than response programmes. While community members – including religious leaders – who attended prevention activities provided largely positive feedback, GBV response activities are less well-understood in terms of roles and responsibilities, and there is a perception that they are less pertinent and less effective. Some Rohingya survivors mentioned that their circumstances mean they do not receive appropriate justice because they are not citizens

of Bangladesh, nor do they have realistic options of redress, particularly if they are poor and do not have family support networks. Two women recounted their experiences:

RESPONDENT 1: *I told them [humanitarian response workers] everything initially but later I thought I had no place to go with my three children. Even my mother doesn't have her husband. Due to poverty, I decided to stay with my husband. I didn't take any action against him. I tolerated all those beatings in silence.*

RESPONDENT 2: *They [humanitarian response workers] asked me to put him in jail but I didn't put my husband in jail. I thought putting him in jail would worsen his situation. I didn't hand him over to the police. When SGBV [sexual and gender-based violence] asked me, I hid the matter. My husband would scratch me with a blade. There isn't a spot on my body where I didn't get beaten by my husband.*

Data highlights that the referral pathway remains unclear. For example, all majhis interviewed stated that should a GBV case arise, they remain the first entry point: *'The referral pathway is: firstly at the community level, where the majhi or older person addresses concerning issues, then CiC, then we may go to UNHCR or IOM.'* All the majhis interviewed also failed to mention humanitarian partners' precise role in the GBV response. Community members also stated that in cases of IPV, the first step is involving a majhi or community volunteer to investigate inside the home.

Among camp leaders, majhis were particularly critical of GBV programmes, mentioning that humanitarian partners were out of touch with real needs. While majhis did not think that GBV prevention programmes were problematic as such, they did not believe them to be helpful either, because programmes are failing to address the profound desperation of the Rohingya. One majhi stated that:

Daily, the organisations [try to make us] aware [of what is good or what is bad], but we are not getting this awareness. When people are in crime [and in desperation] for a long time, they will not be made aware so easily.

Overwhelmingly, majhis from more recently established camps mentioned the community's desire to go home to Myanmar and, failing that, to work and have something to do with their time – something that does not seem to be the focus either of humanitarian organisations or the Bangladeshi government. One majhi commented that:

The NGOs want to keep us here for more than 30 years... They don't treat us as human. We have no identity, they give us orders, but they don't give us any work or opportunity. How can we not be frustrated? If they want us to be good then why are we still here? Why can't we go back to our normal life? Think of us as humans, brothers.

Qualitative data collected at the community level also points to a worsening of the quality of life for the Rohingya, and the frustration around this being channelled towards the humanitarian response. Rohingya community members lamented the loss of leisure activities, sports activities, and appropriate schooling activities for boys in particular, leading them to be involved in illegal activities and negative behaviours, including harassing girls on the streets.

5.2.4 Risk-mitigation programmes

Identifying and mitigating GBV risks before they occur 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. Risk mitigation entails working with a broad range of other sectors – including but not limited to child protection, education, WASH, site management, and shelter – and co-conducting safety audits to identify potential GBV risks. Mainstreaming GBV into other sectors entails building the capacity of those other sectors to identify potential GBV threats in their activities, and providing solutions on how they can mitigate those risks.

Humanitarian partners across our research noted that given the escalating protection needs and high levels of gender-based violence, child marriage, human trafficking and neglect in the Rohingya camps at Cox's Bazar, an integrated approach with other sectors was required. GBV programming needs to ensure that other sectors are able to identify people at risk and are able to refer survivors to GBV services. This was also correlated to a value-for-money approach, given the ongoing downscaling of funding throughout the response. However, one key informant noted that while GBV mainstreaming and the integration of GBV into other sectors works well for the survivor and works well for donors (in principle), the approach must be more nuanced:

We have to be careful not to dilute our approach. We have to look at power within this whole integration model, and be very careful that GBV doesn't get elbowed into the corner and that we don't end up compromising our focus on the GBV survivor.

5.3 How well do humanitarian partners engage with camp-level leadership?

Key findings

1. Humanitarian partners largely view the Camp-in-Charge (CiC) structure as opaque and time-consuming, presenting particularly pronounced obstacles to data-sharing protocols that contradict the principles of survivor-centred care.
2. Humanitarian partners view majhis as gatekeepers of GBV programme uptake and as perpetuating gender inequalities in the camps.
3. CiC officers are perceived by the Rohingya as the highest authority at the camp level, and the only entity with legal jurisdiction, leading many survivors to prefer reporting gender-based violence to the CiC officers directly.
4. Majhis and religious leaders remain largely distrustful of GBV sub-sector partners' response activities, and feel they are out of touch with the real needs of the Rohingya for education, livelihoods and repatriation.
5. Majhis and religious leaders agree that intimate partner violence should remain a private matter, and that quick mediation between couples should be prioritised.
6. APBn officers' presence in the community was generally respected, though there were accounts of corruption. APBn officers mentioned facing challenging language and cultural barriers with the Rohingya, and trainings were largely deemed insufficient to deal with GBV issues at the community level.

■ We eagerly try to sustain the family but NGOs try to break up family.

(Majhi, key informant interview)

■ It is a difficult context – humanitarians are not a trusted partner of the government, and we are not a trusted partner of the community. We are the last resort for many problems. There are layers and layers and layers before anyone comes to us.

(Humanitarian partner, key informant interview)

5.3.1 Humanitarian partners' perceptions of Camp-in-Charge (CiC) officers

The working relationship between CiC officers and humanitarian partners is complex. Partners acknowledged that to get anything done at the camp level – to initiate any new programme, capacity-building exercise or skills-building component – CiC approval is required. Although this was not necessarily seen to be a problem in principle, the time it takes to get anything done and the lack of clarity on how decisions are made was reported to be problematic. One humanitarian partner explained that:

[When we ask for] CiC permission, [they] ask for justifications and [then] sit on it for a long time. This is why I think the quality of services is going down, because of the CiC structure.

Another commented:

We have to go through the CiC but, on a whim, they may decide no! [So] our hands are tied and we can't do anything. Meanwhile the clocks are ticking on funding, and we have to get the money spent – the programme suffers, the money runs out, and what about the survivors?

The opaque governmental CiC decision-making process was seen as inextricably linked to power dynamics, in that some CiCs have demanded that partners break their codes of conduct in order to fulfil their own agenda as CiC. One key informant described how:

CiCs demand to come in and see our Women and Girls' Safe Space (WGSS) – but they know that no man, not even our country director, has access inside the WGSS. But if we don't allow them, they won't sign off on a report.

Humanitarian partners highlighted the desire to work with UN agencies and government ministries to see whether female CiCs can be appointed (at the moment, all CiCs are male). Humanitarian partners believe that female CiCs could be allies in the GBV response, although recruiting female CiCs would in itself be a challenge given the prevailing gender norms that limit women's role in their family and community.

Aside from the opaque decision-making process, another critical concern among humanitarian partners regarding CiCs related to data-sharing. The GBV sub-sector has a zero tolerance approach to sharing survivors' data, as it would break confidentiality protocols and may



endanger the survivor. That notwithstanding, partners face tremendous pressure from most CiCs to disclose personal information on survivors, types and numbers of GBV incidences in the camp, and information related to the case management plan. The sharing of any data with CiCs is alarming because, as one key informant explained:

... they have been known to ask and interrogate the survivor directly in front of many other actors just sitting there in the CiC office. [Some CiCs] ask all the information even in front of the perpetrators. How can women be safe? The CiC even makes a judgement then and there in front of everyone.

Another said, 'CiCs write survivor names on WhatsApp groups with 100 partners about what they're going to do'. Although sensitisation programmes with the CiCs on gender-based violence are ongoing, issues around data-sharing continue to cause concern, and even those CiCs that understand the necessity to keep survivor data confidential still ask for regular reports delineating the number of incidences and types of violence reported in each camp. This is also sensitive data that infringes GBV guidelines, and partners cannot share anything but trends and percentages, which causes frustration among the CiCs. One key informant noted that:

[The CiCs say] 'all sectors are able to provide data, why is the GBV sub-sector not providing me with the data?' They want to know numbers, they want to know how many. Trends can be shared but not figures. We have a very rigid policy on this. [We] need another round of data-sharing sensitisation with CiCs – not just showing them the protocol but the whys. Making them understand the risks of sharing data.

Although the CiC typically gets involved in GBV case management should a survivor seek legal counsel or

mediation, humanitarian partners believe that CiCs ask for data to maintain power and authority over everything that occurs in the camps. One interviewee said, 'Some GBV cases need nothing from the CiC, so why does the CiC want to know? It's an exercise of power.' Critically, humanitarian partners conveyed that some CiCs are easy to work with and really understand what the GBV sub-sector is trying to achieve, and are making a big difference to survivors' lives. However, continuous turnover of CiCs is another challenge. Government reshuffles are seen to cause problems for the consistency of camp management operations, which also presents challenges for building trusting relationships with officials.

5.3.2 Humanitarian partners' perceptions of majhis and religious leaders

Majhis are largely seen as gatekeepers for Rohingya women and girls to report incidences of gender-based violence. From the viewpoint of GBV sub-sector partners, majhis create obstacles to the implementation of GBV prevention and especially response activities by bribing the Rohingya not to report incidences of gender-based violence. As one interviewee said, 'We have reports where Rohingya say "if we report cases, they [majhis] will cut our services." Majhis are sensitised, but there are a lot of criminal activities going on.' From the humanitarian perspective, majhis are limiting the uptake of GBV services by instilling fear of negative repercussions for any survivor that goes through the GBV sub-sector channels. Humanitarian partners interviewed agreed that while on the one hand, this is a very real fear, on the other hand, survivors have also shown dissatisfaction with how humanitarian partners conduct case management. Given that the end result for legal resolution lies at the CiC level, survivors prefer to go to that official directly and therefore save time and energy,

and avoid possible community reprisals. A humanitarian partner summed up this sentiment:

The Rohingya have all the information – but still in our assessments, when we ask: ‘if you are a survivor of gender-based violence, or know someone who is, what do you do?’ Upwards of 80% will say: ‘I go to the CiC. Or to the majhi’. And then when you ask if they are happy with the services provided, they will say no. ‘So why do you go?’ we ask. ‘Because he is the authority.’ ‘Why don’t you go to the NGO partner? Do you know the GBV focal partner in this camp?’ ‘Yes I know.’ ‘So why don’t you go?’ ‘Because eventually they’ll send me to the CiC and that makes me look bad.’

Many humanitarian partners also believe that majhis do not understand the very notion of what constitutes gender-based violence and instead work to maintain a patriarchal order within local governance systems. Partners believe that majhis always side with males in their version of an incident, with one interviewee reflecting the perception among the Rohingya, cultural tradition, that:

... it’s ok, you know husbands can always beat wives, it is nothing, it is one of his duties... If any rape happens again [majhis] start saying ‘where was the girl? Why was she there? Who was with her?’ and blame begins. The justice tradition is not gender-neutral, it is not women-friendly.

Some partners shared that even though some majhis agree to attend GBV prevention activities and community mobilisation programmes, and agree to play an active role in community role-model interventions – often agreeing (whenever humanitarian partners are present) with concepts around safeguarding the dignity and protection of women – in reality, they prevent women who experience gender-based violence from seeking a response. Humanitarian partners mentioned that gender-transformative interventions take time, particularly at the level of the camp leadership, but it is a necessary step to support survivors and at-risk groups.

5.3.3 Perceptions of humanitarian partners among the camp leadership authorities

It is clear from data collected at the community level that CiC officers, majhis and APBn officers remain the most influential members at camp level and the main focal points for protection services. As one interviewee said, ‘Most problems are solved within the family or at the

community level. If the problem gets severe, then they [Rohingya] go to either the CiC or the police.’ Interviews with Rohingya women and men highlighted that when cases of gender-based violence arise in the community, mediation takes place with parents or elders in the first instance. If the issue remains unresolved, cases are brought to the sub-majhi, then the majhi, followed by the CiC officer and, finally, the police force. Interestingly, when requiring GBV case management, the community members did not report tapping into the humanitarian referral pathway, for administrative as well as cultural reasons. First, keeping matters within the family (or at least within the community) is believed to be a streamlined process because majhis and CiC officers are the most senior authority, so (as already noted) it is best to go to them directly. That said, some nuance exists: women survivors are more quick to report to the CiC directly, whereas for adolescent girl survivors (or when the perpetrator is an adolescent), the first port of call is the majhi or other influential community member. For example, one Rohingya man stated that:

If any illegal affair has happened between adolescents, the majhi can resolve this problem. Probable solutions could be either arranged marriage or economic or physical punishment.

Many Rohingya leaders, including majhis and imams, believe that issues of gender-based violence should be dealt with either privately or at best internally within the community. One imam very interestingly described the stark distinction between GBV prevention and response:

I myself am creating awareness about family happiness... [and] imams have a role to combat gender-based violence issues from the root level by disseminating the adverse effects of child marriage, for example, and harassment. But we take the first steps in resolving the cases of child marriage and love-related disputes.

There are further differences in perceptions of humanitarian partners depending on the camp location and type of camp: the registered camps frequently demonstrated a resistance to humanitarian presence for mitigating GBV cases, mainly because internal structures were believed to be proactively handling such cases; there were more lenient views towards humanitarian actors reported in the more recently established camps.

Majhis remain largely distrustful of GBV sub-sector partners. Overwhelmingly, the perception among majhis and religious leaders is that humanitarian partners

working on GBV try to break families apart, particularly in instances of intimate partner violence, rather than mediating to resolve matters. One majhi expressed a common sentiment:

They [humanitarian partners] say one thing but they do another thing. If they have any divorce case, they will help them to get separated! They don't want to match them up. Yesterday a woman was crying in front of me [because she felt like she now had] to get a divorce.

Majhis also openly discussed their frustration with humanitarian partners who conduct GBV activities without liaising with community leaders. This was not only seen as disregarding camp structures, but also counterproductive for the smooth running of GBV activities. One majhi noted that:

Some NGOs don't [talk to the] majhi to enter into the block... and so the people of the block do not view them positively. [NGOs] should contact majhis to get proper data, and they should want to connect with the people.

Rohingya religious leaders believed that GBV sub-sector partners were not acting in line with Rohingya customs, leading to increased tensions in the community. In the case of intimate partner violence especially, religious leaders noted that it is custom for husbands and wives to settle arguments within their home, without the need for external sectors or services to get involved. As one religious leader explained:

But now they don't want to solve it. Wife argues with the husband in a silly matter. They threaten husbands... When the volunteers come here and tell the women about empowerment or rights, the women take it as granted and they don't respect their husband at all. The NGO wants to keep us here for more than 30 years. That's why they want to give more power to women.

Religious leaders also confirmed their moral leadership in the camps, stating that the Rohingya community attends NGO sessions for snacks and usually become bored there, while true moral authority remains in their hands.

5.3.4 Perceptions of APBn officers on gender-based violence

The APBn (police) officers interviewed as part of our study mentioned receiving UN-led training before working in the camps, though they continued to face structural and cultural problems when operating in the camps. First, some

APBn officers interviewed believed the training sessions to be inadequate and superficial, as one officer commented:

These trainings are insufficient to understand the problems of the Rohingya and deal with them appropriately. We have not been given any in-depth idea about the Rohingya language, culture, society, their needs, their lacks, their family life, past history, history of torture.

Although other officers mentioned that the two-day training did help them gain an overview of Rohingya customs and to understand coordination structures at the camp level, they felt that language barriers with the Rohingya prevent any real engagement with the community at camp level. The only difference pertained to the Rohingya living in the registered camps, as APBn staff mentioned being able to converse with them in Bangla. Second, APBn officers mentioned that structural limitations within their remit mean they cannot play a truly effective role in reducing incidence of gender-based violence. One female officer stated that:

As police, we don't have the facilities that we get in normal police stations. We also don't have the powers or facilities to investigate or file cases... or punish or arrest.


Essentially, APBn officers interviewed said they feel like 'an armed NGO', providing information but little else. Moreover, they believed that in the absence of legal consequences and punishment for perpetrators of gender-based violence in the camps, cases will not substantially decline in future. Based on their knowledge, officers felt that the most pressing protection concerns remain child marriage, polygamy and community violence linked to drug-trafficking – including the role women play in the drug trade. Finally, the APBn force also faces high turnover rates, posing obstacles to creating long-term institutional knowledge and trust between officers and community leadership structures, and directly with community members. One APBn officer highlighted the pronounced difficulties of being stationed in the Rohingya camps:

... we have difficulty staying here. We can't stay with family here... Moreover, no extra allowance is given to us for working in the camps... The government should take into consideration the fact that we have to leave our families here and live in a very isolated and hostile environment that is not conducive to our normal work efficiency. So we need extra support and power to work in camps.

5.4 Gender-based violence sub-sector coordination and funding

Key findings

1. The GBV sub-sector was reported to be well-organised, well-coordinated and helpful in knowledge management and dissemination.
2. Monitoring, evaluation, accountability and learning (MEAL) fora at the GBV sub-sector level seemed lacking, missing a critical opportunity for partners to learn from each other and assess the collective impact of their interventions.
3. All humanitarian partners anxiously await the new GBV sub-sector standard operating procedures (SOPs) to further harmonise their work.
4. Humanitarian staff turnover is an obstacle for building trust with the Rohingya community.
5. Rationalisation and localisation approaches are being discussed to offset the anticipated funding cuts, but while rationalisation guidelines have been agreed, the localisation agenda remains ambiguous in terms of its rationale and implementation.

 We do impact assessments, baselines, midlines and all of it. But I have to say that accountability is to the donor, it is not to the survivor.

(Humanitarian partner, key informant interview)

5.4.1 Gender-based violence sub-sector coordination

Humanitarian partners reflected on coordination within the GBV sub-sector, highlighting best practices, gaps and future steps to facilitate partnership working on GBV. With regards to overall coordination of the sub-sector, perceptions were overwhelmingly positive; partners felt that knowledge management had improved significantly and were increasingly aware of which partners were implementing which activities and where. GBV sub-sector meetings were generally well-attended, as were the sub-sector training sessions. With regards to prevention programmes in particular, partners believed that effective top-level coordination meant that all were operating at a harmonised pace. For example, all partners implementing SASA! Together indicated that the rollout of Phase 2 of the curriculum was currently underway. This was felt to be beneficial to the community, as all SASA! participants were progressing together, notwithstanding differences in location.

To further harmonise the sub-sector's work and coordination, nearly all partners interviewed noted that they were eagerly awaiting the imminent launch of the new standard operating procedures (SOPs). Currently, each agency operates within its own SOPs, which in most cases pre-date the Covid-19 pandemic. The new GBV sub-sector SOPs are meant to ensure a sustainable,

survivor-centred approach to GBV programming that is specifically tailored to the Rohingya context. It is also entirely collaborative, gathering wide input and learning from across the sub-sector.

GBV sub-sector reporting feeds into the GBVIMS. While all partners agreed that the GBVIMS is critical in understanding trends, many felt there was much room for improvement. What now feels like a *'tick-box activity'* has the potential to truly understand community needs if it were to be embedded in more regular mixed-methods research. As one interviewee said, *'We can see the trends with the GBVIMS, but are we understanding the trends? We need to dig deep.'* This view was one that resonated across our interviews. The newly launched E-referral platform was also mentioned as a welcome innovation, making remote referrals possible, but less was known in terms of camp-level rollout plans.

While some partners mentioned duplication of services as creating confusion for the community and causing a waste of resources, duplication was seen to be quite rare. Coordination occurs at the GBV sub-sector level – and it seems to work well. What seems to be lacking, however, is an organised learning forum where partners conducting similar activities can learn from one another and identify best practices for implementation. Moreover, some prevention programmes appear to be better structured in terms of learning and collaborating. For example, our interviewees singled out SASA! Together, not only for efficacy but also as an exemplar for partnership. Two UN agencies led the process of tailoring SASA! Together to the Rohingya context, alongside the lead NGO Raising Voices and other stakeholders. Once the modules had been finalised, operating and implementing partners were trained and worked together to harmonise the approach at camp level. Other programmes, such as Girl Shine

and Engaging Men in Accountable Practice, lacked this structured approach. While partners agreed that both programmes are vital and very successful on the ground, each organisation appears to be tailoring the interventions differently, and implementing/rolling them out differently; leadership and communication at the programme level gets lost, with a missed opportunity for learning.

Major coordination and harmonisation gaps in the GBV sub-sector are also partly linked to staff turnover, and the inequalities that exist between national and international NGOs. On the latter point, one key informant queried, '*Is there research on this? We haven't seen it.*' Again, partners mentioned that the forthcoming SOPs will seek to facilitate resource-sharing and leadership between national and international NGOs. However, partners felt that some hard questions were not being answered, around sensitivities to do with local understandings of gender-based violence. One key informant said that:

The gender-based violence SOP [standard operating procedure] is a way to try to harmonise and ensure that we have a rights-based approach. Local organisations receive training on those concepts [but] we can't just expect them to have a survivor-centred approach when culturally there are barriers. It's not just about the training. We need to understand the incompatibilities with local social and gender norms. How is that work going to happen?

5.4.2 Programme monitoring and evaluation approaches

All international NGOs and donors, and most national NGOs, embed monitoring and evaluation (M&E) tools in their GBV programming. However, many interviewees felt that there is room for a more mixed-methods approach to assessing programme impacts. Methods of assessment varied, from client surveys with beneficiaries of GBV prevention programmes, to Grand Bargain monitoring templates mentioned by donors, to evaluations (internal and external) of programme impacts. While GBV prevention programmes include M&E tools as part and parcel of rollout, GBV partners and donors raised accountability concerns. Partners felt that pressure to report quickly and robustly was a very time-consuming donor requisite, and that reporting on satisfaction and change for the survivor was something that was absent from M&E processes. One key informant noted that:

If we don't provide our reports and our accountability reports to the donor, there are consequences for our

programming. But what are the consequences if we are not accountable to the survivor? There are none. [The survivor] is powerless.

The absence of a survivor-centred approach to monitoring, evaluation and learning (MEAL) was partly attributed to funding and time constraints, and partly because it is not how things have been done in the past. As one humanitarian partner said, '*Do we fully trust partners to follow up with the survivor once they are referred? Not really.*' Partners felt that to empower survivors, MEAL activities should circle back to them. One donor also mentioned being concerned that what gets reported on paper in terms of accountability back to the survivor was not always a real reflection of practice on the ground. Field visits remain critical in this regard, but still, donors themselves found that colleagues working in Cox's Bazar had a much better handle on the rollout of programming, as opposed to donors, most of whom sit in Dhaka and do not travel to the field.

5.4.3 Funding and sustainability

As of October 2022, the 2022 Joint Response Plan for the Rohingya crisis was 30.3% funded, with 67.7% of total response requirements unmet (United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), 2022). The GBV sub-sector appealed for \$22 million for prioritised activities in 2022, of which 0% had been funded by April 2022 (ISCG et al., 2022b). Future funding cuts and potentially diminishing interest in the Rohingya humanitarian crisis were causes of concern among all humanitarian partners and donors that took part in this study. Funding cuts of 20%–25% are anticipated in 2023, and will adversely impact the quality of the GBV response. Partners acknowledged that due to increasing protection concerns, the response should not scale down but should increase – although how to do so with significantly less financial resources remains unclear. Overwhelmingly, partners felt that although funding cuts are not a GBV-specific issue, the reliance on human capacity to accurately address all protection-related concerns means that protection sub-sectors, including GBV, are more affected by cuts in resources, including personnel. One humanitarian partner explained:

Well everything that has to do with protection requires human beings to implement... Something in health or WASH [water, sanitation and hygiene] is more technical and perhaps can be expedited. For us, if we get a GBV

case, I need someone available to talk to the survivor for two hours.

Decreased funding, the continued lack of employment opportunities for the Rohingya population, and the consistent denial of self-reliance activities are seen as ticking bombs for GBV. One key informant stated:

As GBV actors, we have to intensify our programming. First, there are lots of factors that are going to increase gender-based violence and child labour or intimate partner violence because of lack of economic empowerment for women and also families. The pressure on families to meet their basic needs is tremendous.

While many humanitarian actors also blamed short-term funding periods (of six months to one year) for programming fallouts, donors saw that their hands are politically tied vis-à-vis the crisis. To emphasise the position that the Rohingya remain in Cox's Bazar only temporarily, programmes can only be funded for the short term. One donor commented that:

According to the government, [we can only] fund activities for a maximum of 12 months. Think about it – the Joint Response Plan is only 12 months. Maybe some operations plans are slightly longer, but it's an elephant in the room.

5.4.4 Rationalisation approaches

To confront the decreasing funding landscape while at the same time maintaining quality and equitable services, the rationalisation approach is currently underway. Also called the '*one-camp approach*', this is designed to address GBV service gaps and duplication of activities, and to maintain a high standard of quality and transparency in all camps. The rationalisation approach is meant to harmonise agencies' presence within each camp, and ensure that common strategies, systems, protocols and tools are jointly coordinated and rolled out in a transparent and accountable manner. While the rationalisation guidelines (Food Security Cluster, 2022) have been finalised and shared among all sectors, exactly how implementation will take shape at the GBV sub-sector level remains unclear. Questions around accountability also emerged, with partners asking, '*Will this be in the interest of the survivor or in the interest of the donor?*' Moreover, partners recognised that for equitable, value-for-money services, the GBV sub-sector coordination structures should advocate for increased linkages to existing legal and judicial services in Bangladesh. Notwithstanding existing flaws in Bangladeshi judicial services, partners felt that just having access to legally binding repercussions for wrong-doing could be a deterrent for perpetrators and, in turn, serve as protection for survivors. Partners felt that the sub-sector should also advocate with the Government of Bangladesh to increase Rohingya protection mechanisms, particularly



A group of women in the Rohingya refugee camp 4, Cox's Bazar, Bangladesh © UN Women 2019

rights to justice, rather than simply rationalise services. Some partners felt that their role as humanitarians was not to take stock of the funding crisis, but rather to keep advocating for more funding *'because this is the time for us to assure that every woman, every girl, every child, is protected from gender-based violence'*.

At the same time, partners realised that to be in a position to advocate for increased funding, the GBV case numbers would have to be higher. A key informant mentioned that:

Under-reporting is a huge concern [as linked to funding]. Our numbers are so low, how can we advocate for more funding? Women are too scared to report, they are too much at risk. And it's even worse for adolescent girls... Rape is probably the most under-reported – rape for boys as well.

Although many donors acknowledged that relying on a multitude of data beyond the GBVIMS and beyond numbers greatly increases the chances of meeting real needs on the ground, the rationalisation approach is appealing. The idea is that if rationalisation is implemented well, every refugee has the same access to the same quality services, rather than diluting services between too many organisations operating in one camp. One donor said, *'We don't want to fund the coordination, we want to fund the activities', but this is difficult when each NGO implementing partner is 'doing its own thing'*. Rationalisation is believed to be appealing to the community, because it should mean that there will be fewer implementing partners working on GBV within each camp, leading to a more straightforward and streamlined presence.

5.4.5 Localisation

To mitigate the funding reductions and pave the way for a more sustainable solution, localisation approaches were also commonly mentioned by humanitarian partners as important avenues through which to support the local response to GBV for and by the Rohingya. Localisation is embedded into the Grand Bargain commitments (IASO, 2022), and focuses on increasing investment into local and national institutional capacities, and supporting direct and indirect funding to national responders.

However, not all are in agreement with the principles of localisation, within and beyond the GBV sub-sector, and a previously drafted roadmap has been stalled for the time being. Donors mentioned that while localisation remains an important principle and appealing as a more durable

solution, partners are far from reaching consensus on its parameters, or how the agenda would be implemented. As one donor noted:

We do not simply want to divert funds from the UN to national NGOs, for example. We need to make sure we have local structures in place. It can never be the case that localisation means losing out on quality of services or putting the beneficiary at risk.

Donors overwhelmingly believed that the time is not ripe for localisation to be embedded into the GBV sub-sector, as one interviewee commented:


There is a lot of humanitarian and development expertise in Bangladesh. WASH [water, sanitation and hygiene], shelter and other sectors should not require an international response here. But GBV is particularly difficult and we aren't even close to localisation. Maybe we have to do it, but it will come at a very high risk because we aren't convinced everyone on the ground is preventing and responding to gender-based violence with the best possible quality. Localisation is critical, but gender-based violence is so thorny. We just have to deliver better, but I think for now the international presence in GBV has to stay, to mentor, to monitor, to provide technical oversight, and so on.

While transferring funds to national actors was generally viewed with caution, many key informants and donors believe that the real localisation opportunity is to disburse more funds directly to the Rohingya community rather than to national actors. According to some views, Covid-19 presented a unique opportunity to stop doing *'business as usual'*, and forced many sectors to pursue community-based approaches that have the potential to be more effective and sustainable. Localisation should help the Rohingya community to help themselves, according to some views, rather than helping Bangladeshis to help the Rohingya. While this was a more popular view in our data collection, donors in particular were clear that building Rohingya agency and self-reliance absolutely required governmental approval and commitment. While Rohingya volunteers remain the backbone of the response, true localisation, as implemented in other contexts, requires a redistribution of funds to enable Rohingya groups to mobilise and create organisational mandates, capacity and structures. However, as one interviewee cautioned, *'Currently there is no opening with the government to have this conversation.'*

5.5 Who is left behind and why?

Key findings

1. Under-reporting of GBV is believed to be a more pressing issue compared to understanding who is left behind.
2. Anyone who is unable to attend centre-based GBV programmes, in Women and Girls' Safe Spaces, for example, remains unable to access much of GBV programming.
3. Adolescent girls, people with disabilities, sex workers, members of the LGBTQI+ community, members of female-headed households, older women, women volunteers, adolescent boys and men all face discrete GBV risks that are under-researched and under-served.
4. How poverty intersects with gender-based violence in the Rohingya context is worthy of further examination and programming.

 There is a discrepancy between what is decided on paper and [what] is presented to donors and what is happening in practice. If we speak to smaller human rights organisations [they remain under the radar and their names cannot be mentioned] compared to the larger NGOs, for example, they often feel that the communities are insufficiently consulted on a number of issues. The Rohingya people who are consulted on the design of interventions and help with contextualisation are not necessarily representative of the community. This is a big concern. It is very difficult to get to the bottom of it.

(Donor, key informant interview)

Overall, GBV sub-sector partners believe that the GBV response is reaching the most vulnerable members of the Rohingya community. Partners believe that their presence is felt and the community knows they offer a range of confidential services to help survivors of gender-based violence – although many Rohingya and camp-level authorities would not agree with this. Of course, under-reporting of gender-based violence was acknowledged as a major issue that continues to impact the GBV response and potentially marginalise vulnerable members of the community even further. The normalisation of violence was also mentioned by partners as being more of a pressing issue compared to understanding who is left behind by programming. Partners felt that many Rohingya women and girls believe that violent discipline is a way to educate and a way to love, rather than a form of abuse that should be reported to the authorities.

Efforts to disseminate knowledge about GBV service availability are widespread in each camp, and GBV outreach teams are visible and present. However, partners acknowledged that particular cohorts of women and men remained more vulnerable, due to (among other things) a lack of knowledge within the sub-sector about their precise needs. The following groups were singled out as having specific needs that may not be reflected in the choice of interventions rolled out by the GBV sub-sector:

- adolescent girls
- people with disabilities (women, men, girls and boys)
- sex workers
- people with diverse gender identities
- LGBTQI+ individuals
- women leading female-headed households (and their children)
- older women (aged 60 and over)
- men
- adolescent boys.

Key informants also mentioned female camp volunteers, and females who venture out of their homes frequently, as facing discrete GBV risks.

Humanitarian partners mentioned that the overall GBV sub-sector approach is guided by an understanding of the homogeneous needs of women of reproductive age. Partners also noted that due to financial and time constraints, the contextualisation and tailoring of existing GBV toolkits and international guidelines is favoured, instead of co-creating and co-designing interventions in partnership with the Rohingya community. This was not due to a lack of commitment or will; rather, it was due to lack of time and funding. One key informant explained that:

We know nothing on adolescent girls really nor women and girls with disabilities. We need to better understand



Volunteer woman who raises awareness in her community on COVID-19, its symptoms and protection measures © Pappu Mia/UN Women 2020

the communities to inform our programming... There really is a need to poke people and think outside the box and think about the needs of the community rather than use the toolkit that we have that needs to be adapted and implemented.

Moreover, partners and donors mentioned that when consultations do take place, the Rohingya community that is approached is not necessarily representative of the whole community. This presents a significant obstacle in accounting for widespread needs in the camps, and is an aspect worthy of further investigation.

Lack of knowledge on the specific needs of the aforementioned groups intersects with a lack of knowledge and capacity to reach all those who are in need, as one interviewee said:

Our case workers are not trained to work with people with disabilities. Intersectionality is wholly absent in the entire humanitarian response generally and there is very little investment in terms of the analysis, in terms of the evidence, in terms of programming. There is a very binary understanding of gender across all sectors.

Echoing this, all partners felt that understanding the different gender and sexual identities in the camps presents a gap in the response, made more difficult by the fact that homosexuality is illegal in Bangladesh. Hijras were

mentioned as a recognised group who typically live in close proximity and, although they are culturally accepted in theory, they are, in effect, excluded from many mainstream camp activities. Their specific GBV needs are not well-known and although some organisations (Bantu was most commonly mentioned) cater to the specific needs of this group, funding and staff capacity remains limited.

Although partners agreed that services are available to all who need them, intersecting needs and vulnerabilities are not well-understood and agencies do not have specifically trained staff to work with a diverse range of populations. With regards to adolescent girls, partners agreed that greater coordination with the Child Protection sub-sector would be helpful. Moreover, while partners generally favour activities that take place in the Women and Girls' Safe Spaces due to the relative ease of conducting prevention activities and maintaining confidentiality there, they acknowledged the need to increase community and door-to-door activities if they are to reach adolescent girls. Linked to this, GBV sub-sector partners acknowledged that more needs to be done to prevent child marriage. Partners felt that child marriage in the Rohingya camps is inextricably linked to poverty, and that viewing the practice as a product only of cultural norms risks omitting some important potential mitigation measures. As one interviewee said of child marriage, 'You just hand over the kid to another family. There is no food... Is this being understood?'

6 Recommendations

The data collected through this research study underscores what works well in the current GBV programming landscape across Rohingya camps in Cox's Bazar, Bangladesh, but it also highlights the challenges that exist in implementing successful GBV prevention, response and risk-mitigation programmes. Our findings suggest some priority actions for humanitarian partners to consider, and these are grouped below by GBV pillar. We also propose some recommendations to improve GBV partnerships and sector-wide collaboration and close with recommendations and priorities for future research.

6.1 Recommendations for GBV prevention, response and risk-mitigation activities and GBV partnerships and coordination

Recommendations for GBV prevention activities:

- **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, and findings ways to consult 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, Engaging Men in Accountable Practice (EMAP) and Girl Shine as well as BBC Listening Groups and MaBoinor Rosom, and couple these with skills-building components for 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 adolescent-friendly services**, including 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.

Recommendations for GBV response activities:

- **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, there is a need for more evidence on the short- and long-term impacts of safe shelters on GBV survivors.
- **Consider whether or not to include legal counsel in the GBV case management package.** Some GBV sub-sector partners refer survivors to dedicated organisations for legal services, as legal support may necessitate a wider understanding of the situation, including the perpetrator's motivations; however, this may offset the survivor-centred approach.

Recommendations for GBV risk-mitigation activities:

- **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.
- **Continue to rely on Rohingya volunteers to identify at-risk groups and at-risk areas** at the camp level.
- **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 among the Rohingya population (and host community residents).** This would involve advocating for the Rohingya to have access to livelihood training and to be able to engage legally in income-generating activities. It would also mean increasing the education and skills-building offer to adolescent girls and boys to avert their reliance on negative coping mechanisms. Linked to this, there is a need to advocate for substantial investments in social protection with a cash-plus transfer approach that combines economic support with violence prevention and risk-mitigation services and support.

Recommendations for improving GBV partnerships and coordination:

- **Expedite the launch of the GBV sub-sector standard operating procedures** to increase harmonisation, partnership and coordination among sector partners.

- **Further explore avenues to build trust and cooperation between CiC officers and humanitarian actors to ensure complementarity in their work on GBV.** Explore the feasibility of recruiting female CiC officers in the Rohingya camps, which could increase the impartiality of the GBV response while at the same time showcasing female leadership.
- **Tackle the challenges caused by humanitarian staff turnover** in the context of GBV service provision, including addressing diminishing levels of trust on the part of the Rohingya community, by taking effective measures to retain trained and experienced staff. Linked to this, continue to recruit, train and retain Rohingya volunteers in humanitarian programming to reduce national and international staff turnover and embed localisation principles in programming.
- **Consider increasing partnerships between large and small agencies in GBV programme rollout**, as the GBV sub-sector works through appropriate rationalisation and localisation roadmaps. Although not all GBV sub-sector partners have the capacity to conduct multi-modal GBV delivery, successful approaches were highlighted when UN agencies or large NGOs partner with smaller NGOs in the daily running of centre-based activities, and in the rollout of all programmes together, rather than simply funding and sporadically monitoring the activities of smaller NGOs. This is also seen to increase the capacity and quality of local organisations working on GBV prevention and response alongside more experienced agencies.

6.2 Recommendations for addressing evidence gaps and improving efficiency and efficacy of investments

Finally, drawing on our findings, we propose the following recommendations to generate further evidence on what works in the GBV response in the Rohingya context of Cox's Bazar during a second phase of this research study:

1. **Invest in robust independent (carried out by non-operational entities) and longitudinal programme evaluations** that include mixed-method baselines and control/ treatment cohorts, to generate more evidence on what is working in the short 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 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.

2. **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. Such a meta evaluation should include a focus on Rohingya preferences for centre-based or community-based approaches, and the successes and limitations of these diverse modalities of programme delivery. It should also explore how to support a survivor-centred approach, including in programme M&E, leading back to survivor follow-up and survivor care.
3. **Intensify research efforts to learn what works for adolescent girls and boys,** particularly dissecting the elements and modalities of GBV prevention and response activities that are adolescent-responsive and tailored to adolescent-specific risks and opportunities.
4. **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.
5. **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 to ensure that survivor-based approaches are embedded into all GBV programme initiatives.

6. **Further explore the role of community violence, and investigate the need for GBV programmes focusing on community-based GBV,** particularly violence 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 to investigate and address community forms of gender-based violence.
7. **Assess the impact of the work of human rights organisations in the camps,** which are currently operating under the radar, and explore the motivations behind their confidentiality.
8. **Further investigate the representativeness of Rohingya community members involved in GBV sub-sector consultation processes** – for example, to validate GBV programmes and co-design GBV interventions – as they may not be representative of the hard-to-reach Rohingya groups that programmes are targeting.
9. **Generate evidence on gender-diverse populations and LGBTQI+ populations with respect to their experiences of gender-based violence.** Although the existing literature provides a basic understanding of the needs and vulnerabilities of hijras, much less is known about members of the LGBTQI+ community, including their experiences of gender-based violence and their uptake of GBV programming. Evidence with respect to kothi (homosexual men), evidence on homosexual women and people with other sexual orientations is completely absent.

Bibliography

- ACAPS (2019) *Vulnerabilities in the Rohingya refugee camps*. ACAPS (www.acaps.org/special-report/vulnerabilities-rohingya-refugee-camps)
- ACAPS (2020) 'Different and unequal: how COVID-19 affects different sex, age, ability and populations differently'. Edition 5, 27 April (www.acaps.org/sites/acaps/files/products/files/20200504_acaps_coxs_bazar_covid-19_explained_-_edition_5_different_and_unequal_summary.pdf)
- ACAPS (2021) *Bangladesh: considering age and disability in the Rohingya response*. ACAPS (www.acaps.org/special-report/bangladesh-considering-age-and-disability-rohingya-response)
- Al Mamun, A., Bailey, N., Azam Koreshi, M. and Rahman, F. (2018) *Violence against women within the Rohingya refugee community: prevalence, reasons and implications for communication*. BBC Media Action (www.bbc.co.uk/mediaaction/publications-and-resources/research/briefings/asia/bangladesh/rohingya-response-gbv)
- CARE (2017) *Myanmar refugee influx crisis from August 2017, rapid gender analysis report*. CARE Bangladesh (<https://assessments.hpc.tools/assessment/725e16ed-3045-47ee-8a99-d8c2183c3034>)
- CARE (2021) *Assessment on "Improving lives of Rohingya refugees and host community members in Bangladesh through sexual and reproductive healthcare integrated with gender-based violence prevention and response"*. CARE (<https://reliefweb.int/report/bangladesh/assessment-improving-lives-rohingya-refugees-and-host-community-members-bangladesh>)
- Cheong, D. (2022) *Four years on: shifting gendered perceptions and experiences. Comprehensive gender analysis within Rohingya and host communities in Cox's Bazar, Bangladesh*. UN Women/Gender in Humanitarian Action Working Group Cox's Bazar (<https://asiapacific.unwomen.org/en/digital-library/publications/2022/03/comprehensive-gender-analysis-within-rohingya-and-host-communities>)
- Echegut, F. and Sissons, C. (2017) *Rapid protection, food security and market assessment: Cox's Bazar, Bangladesh, November 2017*. Oxford: Oxfam International (<https://policy-practice.oxfam.org/resources/rapid-protection-food-security-and-market-assessment-coxs-bazar-bangladesh-nove-620978>)
- Food Security Cluster (2022) *Principles of rationalization in the Rohingya refugee response in Bangladesh* (https://fscluster.org/sites/default/files/documents/final_principles_of_rationalization_-_20220525.pdf)
- Gerhardt, L. (2021) 'GBV trends among Rohingya refugees in Cox's Bazar: COVID-19 update'. London and Dhaka: International Rescue Committee (www.rescue.org/sites/default/files/document/5553/gbvtrendsamongrohingyarefugeesin-coxsbazar-covid-19update.pdf)
- Gerhardt, L., Katende, S. and Skinner, M. (2020) *The shadow pandemic: gender-based violence among Rohingya refugees in Cox's Bazar*. International Rescue Committee (www.rescue.org/uk/report/shadow-pandemic-gender-based-violence-among-rohingya-refugees-coxs-bazar)
- Guglielmi, S., Jones, N., Muz, J., Baird, S., Mitu, K. and Ala Uddin, M. (2020a) 'Age- and gender-based violence risks facing Rohingya and Bangladeshi adolescents in Cox's Bazar'. Policy Brief. London: Gender and Adolescence: Global Evidence
- Guglielmi, S., Seager, J., Mitu, K., Baird, S. and Jones, N. (2020b) 'Exploring the impacts of COVID-19 on Rohingya adolescents in Cox's Bazar: a mixed-methods study' *Journal of Migration and Health* 1–2: 100031 (<https://doi.org/10.1016/j.jmh.2020.100031>)
- Guglielmi, S., Mitu, K. and Seager, J. (2021) "'I just keep quiet": addressing the challenges of married Rohingya girls and creating opportunities for change' *The European Journal of Development Research* 33: 1232–1251 (<https://doi.org/10.1057/s41287-021-00437-6>)
- GBVIMS Steering Committee (2017) *Inter-agency gender-based violence case management guidelines: providing care and case management services to gender-based violence survivors in humanitarian settings* (https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf)
- Holloway, K. and Fan, L. (2018) *Dignity and the displaced Rohingya in Bangladesh*. HPG Working Paper. London: Overseas Development Institute, Humanitarian Policy Group
- Hossain, M., Nabi, A., Ghafur, T., Haque, M.A., Islam, M.M., Khan, M., Haque, M.R., Islam, M., Roy, S. and Hasan, M. (2017) *Context of child marriage and its implications in Bangladesh*. Department of Population Sciences: University of Dhaka, Bangladesh
- Human Rights Council (2022) Report of the Special Rapporteur on the situation of human rights in Myanmar, Thomas H. Andrews. Agenda item 4: Human rights situations that require the Council's attention, reference A/HRC/49/76
- Inter-Agency Standing Committee (IASC) (2022) *The Grand Bargain* (<https://interagencystandingcommittee.org/grand-bargain>)

- International Organization for Migration (IOM) (2022) *IOM Bangladesh appeal 2022: Rohingya humanitarian crisis* (https://bangladesh.iom.int/sites/g/files/tmzbd11006/files/documents/iom_coxs_appeal_2022_3.pdf)
- International Rescue Committee (2021) *Under-reported and under-addressed: gender based violence among Rohingya refugees in Cox's Bazar*. Dhaka: International Rescue Committee (www.rescue.org/uk/report/under-reported-and-under-addressed-gender-based-violence-among-rohingya-refugees-coxs-bazar)
- International Rescue Committee, and Relief International (2017) *October 2017 assessment report: undocumented Myanmar nationals influx to Cox's Bazar, Bangladesh* (<https://reliefweb.int/report/bangladesh/october-2017-assessment-report-undocumented-myanmar-nationals-influx-cox-s-bazar>)
- Inter-Sector Coordination Group (ISCG), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and UN Resident Coordinator Bangladesh (2022a) 2022 Joint Response Plan. Rohingya humanitarian crisis: January–December 2022 (<https://reliefweb.int/report/bangladesh/2022-joint-response-plan-rohingya-humanitarian-crisis-january-december-2022>)
- Inter-Sector Coordination Group (ISCG), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and UN Resident Coordinator Bangladesh (2022b) Rohingya humanitarian crisis. Joint Response Plan 2022 funding update as of 1 April 2022 (www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2022_04_01_jrp_2022_funding_update.pdf)
- Inter-Sector Coordination Group (ISCG), ACAPS and NPM Analysis Hub, CARE Bangladesh, Oxfam and UN Women (2021) *In the shadows of the pandemic: the gendered impact of Covid-19 on Rohingya and host communities* (<https://asiapacific.unwomen.org/en/digital-library/publications/2020/10/in-the-shadows-of-the-pandemic>)
- Inter-Sector Coordination Group (ISCG), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR) and UN Resident Coordinator Bangladesh (2020) 2020 Joint Response Plan. *Rohingya humanitarian crisis: January–December 2021*
- Lough, O., Spencer, A., Coyle, D., Jainul, M.A. and Barua, H. (2021) Participation and inclusion in the Rohingya refugee response in Cox's Bazar, Bangladesh: 'We never speak first'. HPG working paper. London: ODI (<https://odi.org/en/publications/participation-and-inclusion-in-the-rohingya-refugee-response-in-coxs-bazar-bangladesh-we-never-speak-first>)
- Islam, M.M., Khan, M.N. and Rahman, M.M. (2021) 'Attitudes to and experiences of intimate partner violence among Rohingya women who married before eighteen years of age' *Global Health Action* 14(1): 1943852
- Karin, S., Chowdhury, M.A., Hasnat, M.A. and Tarin, N.J. (2020) *Status of Rohingya in refugee camps of Bangladesh: a review study* (www.scirp.org/html/102883_102883.htm#return190)
- Hölzl, V. (2021) 'As violence soars in refugee camps, Rohingya women speak up'. *The New Humanitarian*, 2 August (www.thenewhumanitarian.org/news/2021/8/2/as-violence-soars-in-refugee-camps-rohingya-women-speak-up)
- Parry, A.A., Hossain, M.R., Sultana, R. Aktar, B. and Rashid, S.F. (2022) 'Younger women had more access to COVID-19 information: an intersectional analysis of factors influencing women and girls' access to COVID-19 information in Rohingya and host communities in Bangladesh'. Preprint (www.medrxiv.org/content/10.1101/2022.04.18.22273840v1)
- Presler-Marshall, E., Oakley, E., Abu Hamad, Sh., Diab, R., Jones, N., Abu Hammad, B., Alheiwidi, S., Yadete, W., Seager, J. and Baird, S. (2022) 'Adolescent girls' and boys' experiences of violence: evidence from Gender and Adolescence: Global Evidence (GAGE)'. Policy brief. London: Gender and Adolescence: Global Evidence
- Priddy, G., Doman, Z., Berry, E. and Ahmed, S. (2022) 'Gender-based violence in a complex humanitarian context: unpacking the human sufferings among stateless Rohingya women' *Ethnicities* 22(2): 215–232 (<https://doi.org/10.1177/14687968221078373>)
- REACH Initiative, and United Nations High Commissioner for Refugees (2020) *Bangladesh: UNHCR camp settlement and protection profiling – Round 6 (November 2019)* (<https://reliefweb.int/report/bangladesh/bangladesh-unhcr-camp-settlement-and-protection-profiling-round-6-november-2019>)
- Refugee Relief and Repatriation Commissioner (2020) Letter No-710: Rohingya refugee camp operations, essential programmes in light of COVID-19, 24 March 2020
- Toma, I., Chowdhury, M., Laiju, M., Gora, N. and Padamada, N. (2018) *Rohingya refugee response gender analysis: recognizing and responding to gender inequalities*. Oxford: Oxfam International, Action Against Hunger and Save the Children (<https://oxfamilibrary.openrepository.com/handle/10546/620528>)
- United Nations (UN) (2017) 'Horrible accounts of sexual violence against Rohingya "just tip of the iceberg" – UN agency' (<https://news.un.org/en/story/2017/09/567342-horrible-accounts-sexual-violence-against-rohingya-just-tip-iceberg-un-agency#.WddwRFuCzIV>)

- United Nations High Commissioner for Refugees (2019) Rohingya refugee crisis: registration of the marriages and divorces of refugees (<https://reliefweb.int/report/bangladesh/rohingya-refugee-crisis-registration-marriages-and-divorces-refugees>)
- United Nations High Commissioner for Refugees (2021) 2022 Protection working groups guidance note (www.humanitarianresponse.info/en/operations/bangladesh/document/2022-protection-working-groups-guidance-note)
- United Nations High Commissioner for Refugees (UNHCR) (2022) Refugee response in Bangladesh: operations data portal (https://data.unhcr.org/en/situations/myanmar_refugees)
- United Nations High Commissioner for Refugees, CARE and ActionAid (2020) *An intersectional analysis amongst Rohingya refugees and host communities in Cox's Bazar, Bangladesh. Inter-Agency Research Report* (<https://reliefweb.int/report/bangladesh/intersectional-analysis-gender-amongst-rohingya-refugees-and-host-communities-cox>)
- United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA) (2022) Financial Tracking Service, Bangladesh: Rohingya refugee crisis Joint Response Plan 2022 (<https://fts.unocha.org/appeals/1082/summary>)
- United Nations Population Fund (UNFPA) (2021) Cox's Bazar: GBVIMS 2021 third quarter (July to September) fact sheet (<https://reliefweb.int/report/bangladesh/cox-s-bazar-gbvims-2021-third-quarter-july-september-fact-sheet>)
- United Nations Population Fund (UNFPA) (2022) Cox's Bazar: GBVIMS 2021 fourth quarter (October 2021 – December 2021) fact sheet (<https://reliefweb.int/report/bangladesh/cox-s-bazar-gbvims-2021-fourth-quarter-october-2021-december-2021-fact-sheet>)
- United Nations Population Fund (UNFPA) Asia Pacific Regional Office (APRO) (2020) *Child marriage in humanitarian settings in South Asia: study results from Bangladesh and Nepal* (<https://asiapacific.unfpa.org/en/publications/child-marriage-humanitarian-settings-south-asia>)
- Women's Refugee Commission (2018) *"It's happening to our men as well": sexual violence against Rohingya men and boys*. New York: Women's Refugee Commission (www.womens-refugeecommission.org/research-resources/its-happening-to-our-men-as-well)
- Women's Refugee Commission (2019) *"We need to write our own names": gender equality and women's empowerment in the Rohingya humanitarian response in Cox's Bazar*. Gender Operational Review Report. New York: Women's Refugee Commission (www.womensrefugeecommission.org/research-resources/we-need-to-write-our-own-names-gender-equality-and-women-s-empowerment-in-the-rohingya-humanitarian-response-in-cox-s-bazar)
- Women's Refugee Commission (2021) *Addressing sexual violence against men, boys, and LGBTQ+ refugees: learnings from pilot projects in Bangladesh, Kenya, and Italy/Bulgaria*. New York: Women's Refugee Commission (www.womensrefugeecommission.org/research-resources/addressing-sexual-violence-against-men-boys-and-lgbtq-refugees-learnings-from-pilot-projects-in-bangladesh-kenya-and-italy-bulgaria)
- World Bank (2019) 'Gender-based violence (violence against women and girls)' (www.worldbank.org/en/topic/socialsustainability/brief/violence-against-women-and-girls)

Annex 1: GAGE quantitative survey tables

	Baseline																								
Variables	COVID R1								COVID R2																
			Gender			Age					Gender			Age					Gender			Age			
	N	Mean	Female	Male	p-value	Young	Old	p-value	N	Mean	Female	Male	p-value	Young	Old	p-value	N	Mean	Female	Male	p-value	Young	Old	p-value	
	n		572	499		647	424				377	350		422	305				264	273		333	204		
Ever been married	1071	9.3%	16.1%	1.6%	.080	1.2%	21.7%	.023	684	10.1%	17.2%	2.4%	.011	0.5%	22.9%	.001	519	9.1%	16.7%	1.9%	.001	0.0%	24.1%	.000	
Married before the age of 18	1071	8.9%	15.6%	1.2%	.078	1.2%	20.5%	.031	684	7.2%	13.3%	0.6%	.022	0.3%	16.4%	.009	519	5.8%	11.5%	0.4%	.009	0.0%	15.4%	.002	
Married before the age of 15	1071	3.0%	5.6%	0.0%	.150	1.2%	5.7%	.191	684	1.5%	2.8%	0.0%	.166	0.3%	3.1%	.244	519	0.4%	0.8%	0.0%	.128	0.0%	1.0%	.121	
Age at time of marriage	93	15.13	15.03	16.80	.001	12.40	15.28	.000	69	16.33	16.08	18.25	.001	15.00	16.37	.536	47	17.23	17.00	19.20	.008		17.23		
Experienced GBV	384	4.9%	6.4%	2.7%	.049	--	4.9%	--																	
Experienced rape or sexual abuse	386	1.8%	3.0%	0.0%	.005	--	1.8%	--																	
Heard about rape or sexual abuse	386	71.2%	71.5%	70.9%	.929	--	71.2%	--																	
Knows where to seek support after being hit	1053	60.7%	61.6%	59.6%	.577	54.0%	71.0%	.000																	
Experienced/witnessed violence at home	1068	67.4%	66.5%	68.5%	.521	72.8%	59.2%	.000																	
Agrees/partially agrees worries marry earlier									613	9.1%	9.9%	8.4%	.494	7.2%	12.4%	.037	472	11.2%	18.6%	5.3%	.000	9.3%	15.5%	.101	
Agrees/partially agrees that the pressure to marry decreased									613	20.2%	26.6%	14.4%	.000	14.7%	29.8%	.000	472	71.2%	69.0%	72.9%	.392	71.3%	70.9%	.936	
Reports increased violence against gender from law/military aft COVID-19									684	29.1%	21.8%	37.0%	.000	29.8%	28.1%	.602	519	1.9%	3.2%	0.7%	.038	1.2%	3.1%	.154	
Reports increased violence against gender aft COVID-19									684	9.6%	10.7%	8.5%	.331	11.7%	6.8%	.038	519	1.7%	2.8%	0.7%	.100	0.6%	3.6%	.010	
Identified any household (HH) violence in vignette									684	38.6%	39.3%	37.9%	.716	37.0%	40.8%	.281	518	11.8%	7.6%	15.7%	.003	11.8%	11.8%	.992	
Agrees/partially agrees that HH stress increased aft COVID-19									682	88.3%	94.1%	82.0%	.000	87.2%	89.7%	.336	519	90.9%	88.1%	93.6%	.035	89.5%	93.3%	.139	

Variables	Baseline							
			Gender			Age		
	N	Mean	Female	Male	p-value	Young	Old	p-value
	n		572	499		647	424	
Adolescent attitudes (coded so that =1 is more gendered)								
Our culture makes it harder for girls to achieve their goals than boys	1060	93.4%	92.1%	94.9%	.050	92.8%	94.3%	.371
Girls are expected to be humble	1058	99.5%	99.5%	99.6%	.758	99.2%	100.0%	.022
Boys should be able to show their feelings without fear of being teased (Reverse)	1057	20.0%	30.1%	8.3%	.000	20.0%	20.0%	.995
If family can only afford to send 1 child to secondary school, they should send the boy	1059	75.5%	65.4%	87.2%	.000	71.0%	82.5%	.000
Only boys should learn about science, technology, and math	1049	65.4%	60.7%	70.8%	.001	61.2%	71.8%	.000
Girls should be sent to school only if they are not needed to help at home	1056	59.7%	50.6%	70.1%	.000	57.3%	63.3%	.039
Girls should avoid raising their voice to be lady-like	1058	98.3%	98.6%	98.0%	.388	98.1%	98.6%	.529
Families should control their daughters' behaviours more than their sons'	1056	98.1%	98.4%	97.8%	.455	97.5%	99.0%	.080
Girls need their parents' protection more than boys	1058	99.0%	99.3%	98.6%	.345	98.8%	99.3%	.368
A woman who has sex before she marries does not deserve respect	412	97.3%	98.4%	95.7%	.177		97.3%	
Girls should be proud of their bodies as they become women (Reverse)	1053	34.3%	19.9%	50.8%	.000	33.5%	35.5%	.609
It should be in a woman's control to decide whether to use contraception (Reverse)	410	50.0%	47.0%	54.7%	.180		50.0%	
It is appropriate for an adolescent female > 13 to be using birth control (Reverse)	407	0.60	0.51	0.74	.000		0.60	
A boy should always have the final say about decisions with his girlfriend	1052	67.0%	53.8%	82.2%	.000	67.6%	66.2%	.666
Adult female outcomes (=1 is more gendered) Note that male/ female refers to the ADOLESCENT								
=1 if experienced rape or sexual abuse	641	5.5%	6.0%	4.9%	.584			
=1 if witnessed rape or sexual abuse	641	25.4%	26.5%	24.4%	.552			
=1 if heard about rape or sexual abuse	641	63.2%	62.1%	64.2%	.595			
A man using violence against his wife is a private matter that should not be discussed	625	99.4%	99.0%	99.7%	.297			
A woman who has sex before she marries does not deserve respect	624	98.4%	98.7%	98.1%	.588			
A woman's most important role is to take care of home and cook for her family	625	100.0%	100.0%	100.0%				
A man should have the final word on decisions in his home	625	95.5%	95.0%	96.0%	.580			
A woman should obey her husband in all things	624	98.9%	98.7%	99.1%	.655			
Women who participate in politics/leadership positions cannot also be a good wife and mother	623	84.8%	78.5%	90.6%	.000			
If a family can afford for one child to go to secondary school it should be the son	625	80.8%	74.3%	87.0%	.000			

	Baseline							
Variables			Gender			Age		
	N	Mean	Female	Male	p-value	Young	Old	p-value
	n		572	499		647	424	
Girls should be sent to school only if they are not needed to help at home	625	62.2%	57.8%	66.5%	.022			
It is acceptable for a man to hit/beat his wife in order to control her behavior	624	87.8%	87.4%	88.2%	.790			
Girls and boys should share household tasks equally (Reverse)	625	30.9%	31.7%	30.1%	.680			
It is important for women and adolescent girls to have savings (Reverse)	625	4.5%	5.9%	3.1%	.093			
A girl's marriage can wait until she has completed secondary schooling (Reverse)	625	15.8%	16.8%	14.9%	.519			
Women should have the same chance to work outside of the home as men (Reverse)	625	48.2%	43.6%	52.5%	.035			
Our culture makes it harder for girls to achieve their goals than boys	625	18.6%	17.2%	19.9%	.366			
It is appropriate for an adolescent female over 13 to be using birth control methods (Reverse)	622	58.0%	53.2%	62.6%	.018			
It should be in women's control to make decisions about using contraceptive method (Reverse)	623	55.9%	57.8%	54.0%	.290			
If a girl is smart, her marriage should wait until she completes secondary school (Reverse)	625	13.4%	13.9%	13.0%	.765			
Most men in my community are the ones who make the decisions in their home	624	98.9%	99.3%	98.4%	.284			
Most boys and girls in my community do not share household tasks equally	624	88.6%	91.4%	86.0%	.051			
Most people in my community expect men to have the final word about decisions in home	623	97.8%	97.7%	97.8%	.908			
Adolescent girls in my community are more likely to be out of school than adolescent boys	624	73.9%	71.3%	76.3%	.117			
Girls in my community are sent to school only if they are not needed at home	624	65.7%	58.4%	72.6%	.000			
Most people in my community don't interfere in arguments between wife and husband despite violence	624	80.1%	80.5%	79.8%	.790			
Most people in my community think violence between husbands and wives is a private matter	624	92.3%	92.1%	92.5%	.839			
Most families in my community control their daughters' behaviours more than their sons'	624	99.4%	99.0%	99.7%	.297			
Most people in my community expect families to control their daughter's behavior	624	99.7%	99.7%	99.7%	.968			
Most people in my community think that new people in the community threaten jobs/values	618	75.9%	77.3%	74.5%	.381			
Most women in my community have the same chance to work outside the home as men	624	59.3%	57.1%	61.4%	.263			
Most people in my community expect women to have the same chance to work outside the home as men	624	50.6%	45.9%	55.1%	.020			

Annex 2: Qualitative GBV Toolkit: In-depth interviews (IDIs), Focus Group Discussions (FGDs) and Key Informant Interviews (KIIs)

Most significant change

Focus on BODILY INTEGRITY capability domain only

Objectives: To understand what has changed in adolescent lives since baseline data collection and why across 1 capabilities poster.

Materials: Flipchart paper, post-its, markers (green for positive, orange/red for negative), capabilities on a laminated card.

BODILY INTEGRITY AND FREEDOM FROM VIOLENCE

- Early, forced and child marriage
- Physical violence and bullying
- Corporal punishment
- GBV + sexual violence
- Bullying

1.1.1 Warm up

Ask the participant about what is the most unexpected thing that has happened to them over the last two years and why?

Timeline with adolescents exploring capability changes

- Map a timeline with the participant over the last two to three years – with a particular emphasis since 2020 (the pandemic). Tell the participant that we will be discussing issues around violence and safety before and after COVID-19 (i.e. the last 2/3 years).
 - » **PROBE:**
 - When I say “violence in the home” – what does this mean to you?
 - What are these types of violence in home, do you think?
 - Have you experienced this? Have you told anyone? Why/why not?
 - What are the triggers (what are the circumstances that leads to this)?
 - » **PROBE:**
 - When I say “violence in the community” – what does this mean to you?
 - What are these types of violence in the community, do you think?
 - Have you experienced this? Have you told anyone? Why/why not?
 - What are the triggers (what are the circumstances that leads to this)?
 - » **PROBE:** I would ask you now to reflect a bit about the differences and similarities between boys and girls.
 - Do you think that boys and girls experience the same type of violence in your community? - give examples (which girls? probe on class / education status / work status economic status /disability / gender identity?)
 - If you wanted people outside of this camp to learn something about what it is like to be a Rohingya girl/ boy here, what aspects of girls’/ boys’ lives would you focus on and why? Tell me more.
- Next, let’s go back to the timeline: map out both positive and negative changes to the safety and security of their environment and their home, using different colours – three positive changes above the line and three negative below.

» **Probe using concrete examples as follows:**

- What changes have made you feel more safe at home? For example, have arguments in your family been settled more peacefully? Have you been able to go out of the house without fear of upsetting anyone?
 - What changes have made you feel less safe (i.e. negative changes)? Are you less happy in your home? Why?
 - In terms of community life, do you feel that life has become safer in the past 2 years or do you feel less secure? What – if anything – has made you feel more protected in the community? What – if anything – has made you feel less safe?
- » Next, beside each of the key points, take a green post-it note, and ask the participant to explain what factors supported these changes – e.g. supportive parents, capable teachers, close friends, changes in the political landscape, humanitarian agencies, majhis, closure of services due to COVID19?

Most significant change

- কারা : যারা ১০-১৯ বছর বয়সী কিশোর ও কিশোরী, এবং তাদের মধ্যে সবচেয়ে ঝুঁকিপূর্ণ যমেন - ববাহতি ময়েরো, কিশোরী মা, প্রতবিন্দী কিশোরী, বদ্যালয় ত্যাগকৃত ও কর্মজীবী কিশোরীরা।
- উদদেশ্যে মূল তথ্য সংগ্রহের পর থেকে কিশোর ও কিশোরীদের জীবনে একটামাে কষমতা জুড়ে কি পরিবর্তন হয়েছে এবং হয়েছে তা বুঝা।
- উপকরণ ফলপিচারট কাগজ, পোস্ট-ইটস, মারকার (সবুজ হল পজিটিভের জন্ম / কমলা বা লাল হল নেগেটিভের জন্ম), লমেনিটেডে কার্ড।

বডলিহিটগেরটি এবং সহসিসতা থেকে স্বাধীনতা

- জোরপূর্বক বাল্যববাহ
- দৈহিক সহসিসতা ও বুলহি
- শারীরিক শাস্তি
- যৌন সহসিসতা
- বুলহি

1.1.1 Warm up

অংশগ্রহণকারীকে জিজ্ঞাসা করুন যে গত ২ বছরে তাদের সাথে সবচেয়ে অপ্রত্যাশিত ঘটনা কি ঘটছে এবং কেন?

কিশোর ও কিশোরীদের সারমুখ / কষমতা পরিবর্তনের সময়সীমা -

গত পাঁচ বছরে অংশগ্রহণকারীর সাথে - ২০১৭ সাল থেকে বশিষে গুরুত্ব দিয়ে একটি সময়সীমা তৈরি করুন। শারীরিক বশুদ্ধতা বা স্বাধীনতা থেকে সহসিসতা কষমতার ডোমইন এর মধ্য দিয়ে যান - অংশগ্রহণকারীকে সক্ষমতা যুক্ত কার্ডটি দেখান এবং সক্ষমতা সম্পর্কে তাদের উপলব্ধি নিন।

প্রশ্নাব -

- আমি যখন বলি "বাড়িতে অত্যাচার / সহসিসতা"-এর মানে কি?
- বাড়িতে ককি ধরনের সহসিসতা বা অত্যাচার হয় বলে আপনি মনে করেন?
- আপনার কি এই অভিজ্ঞতা আছে? আপনি কিকিওকে বলছেন? কেন/কেন না?
- এই পরিস্থিতির দিকে পরিচালিত হওয়ার পছিনে কারণগুলো কি ককি?

প্রশ্নাব -

- যখন আমি বলি - সমাজে সহসিসতা - এর মানে আপনি কি বুঝেন?
- সমাজে ককি ধরনের সহসিসতা বা অত্যাচার হয় বলে আপনি মনে করেন?
- আপনার কি এই অভিজ্ঞতা আছে? আপনি কিকিওকে বলছেন? কেন/কেন না?
- এই পরিস্থিতির দিকে পরিচালিত হওয়ার পছিনে কারণগুলো কি ককি?

প্রশ্নাব -

আমি আপনাকে এখন ছলে এবং ময়েদের মধ্যে পার্থক্য সম্পর্কে কিছুটা বলতে বলবো। আপনার সমাজে ছলেও ময়েও ককি একই ধরনের সহসিসতা শকার হয়? ককি ধরনের? কিছু উদাহরণ দিন।

আপনি যদি চান যে এই ক্যাম্পের বাইরে লোকজন এখানে অবস্থিতি রাে হজ্জিগা ময়ে বা ছলে দেরে সম্পর্কে কিছু জানুক, তাহলে আপনি ময়েদের বা ছলেদের জীবনের কোন দিক গুলোতে ফোকাস করবেন এবং কেন?

- এরপরে আসুন, সময়সীমায় ফরি যাই ও বিভিন্ন রঙের ব্যবহার করে পজিটিভি ও নেগেটিভি উভয় পরিবর্তন চহিনতি করি। সময়সীমা লাইন এর উপরে তনিটি পজিটিভি পরিবর্তন ও নীচে তনিটি নেগেটিভি পরিবর্তন লখিতে হবে।

নমিনে বাসতব উদাহরণ ব্যবহার করে প্রশ্নাব করত হবে -

- কোন ধরনের পরিবর্তন এর কারণে আপনি আপনার বাড়িতে বেশি নিরাপদ বোধ করেন? উদাহরণস্বরূপ, আপনার পরিবারে ঝগড়া/কলহগুলো কি শান্তিপূর্ণভাবে সমাধান হয়েছে? আপনি ককি কোন ভয় ছাড়া বা কাউকে না রাগিয়ে ঘর থেকে বের হতে ও ক্যাম্প এ ঘুরে বড়োতে পারেন?
- কোন ধরনের পরিবর্তন এর কারণে আপনি কম নিরাপদ বোধ করেন (নেগেটিভি পরিবর্তন)? আপনি কি আপনার বাড়িতে কম সুখী? কেন?
- আপনার সামাজিক জীবনের পরিপ্রেক্ষিতে, আপনি কি মনে করেন যে গত দুই বছরে আপনার জীবন আরো নিরাপদ হয়েছে নাকি আপনি আরো কম নিরাপদ বোধ করছেন? কোন ব্যাপারগুলো - যদি থাকে - আপনাকে কম নিরাপদ বোধ করিয়েছে?

— এরপর, প্রতটি মূল পয়েন্টের পাশে একটি সবুজ পোস্ট-ইটস নোট নিন এবং অংশগ্রহণকারীকে ব্যাখ্যা করতে বলুন যে, এই পরিবর্তনগুলোকে কোন কারণ গুলো সর্মথন করেছে - যমেন সহায়ক পতিমাতা, দক্ষ শিক্ষক, ঘনষ্টি বন্ধু, রাজনৈতিক ভূখন্ডের পরিবর্তন, মানবিক সংস্থা, মাঝি ইত্যাদি।

Marriage chain

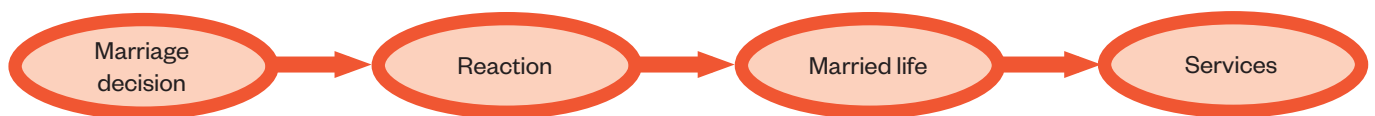
Who: Adolescent married girls

Objectives: To better understand child marriage decision-making processes and life quality following marriage

Materials: Draw this marriage chain on a flip chart and follow the probes per chain segment.

In total you should have four parts to the interview:

- Marriage decision
- Reaction analysis by the adolescent and by key stakeholders
- Married life, probing also about husband and about in-laws, and family planning/SRH
- Services



1.1.2 Marriage decision

Key probes

- What is your current age?
- So you got married XX years ago when you were XX years old?
- Who had the idea that marriage at XX age would be appropriate?
- Why was XX thought to be the 'right' age? (Social norms? Finances? Conflict? Pressure from extended family?)
- Were brokers involved in the decision to get married?

1.1.3 Reactions

Your reaction

- Were you pleased with XX age, OK with XX age, unhappy with XX age or very unhappy with XX age? Explore.
- Did you voice your opinion? To whom? What was the response? (Did they talk to parents, siblings, friends, teachers? Did they express a preference for waiting?)
- If the choice was not yours, when would you have liked to marry? Why?

Family reaction

- Did other people in your family agree or disagree about the timing of your marriage? Who agreed? Why disagreed? Why/why not?
- Did they voice their opinions publicly? To whom?
- What was the response?
- When did they want you to marry? Why? (E.g. legal or economic concerns, social norms, educational opportunities, maturity, avoiding parents' mistakes.)

Community reaction

- Did anyone outside of your family know that you were to be married at XX age?
- Did other people in the community (including friends/peers/teachers/mentors/elders, religious leaders, local authorities, CiC) agree or disagree about the timing of your marriage?

- Did they voice their opinions publicly? To whom? What was the response?
- What was the impact of others' reactions on you and your decision? Probe especially for peer pressure and community pressure and its effects.

Married life

- Do you have children? How did you decide to have children (was it your decision? Your husband's? Your in-law's?)
- Do you feel you can make decisions about family planning?
- How is your relationship with your husband?
- How are decisions made in your household?
- How – if at all – do you feel valued at home?
- Do you feel you are able to access opportunities that might arise in the camp? Why or why not?
- Would you say there are tensions in your home?
- Is your daily life what you expected married life to be? Why? Why not? (*Probe for any violence*)

Services

- Thinking about your experience with marriage what information, services and programmes could improve your married life?
- Are there services or programmes to support victims of intimate partner violence?
- How – if at all – do you use these services? *Probe for why not if they don't use these services?*

Marriage chain

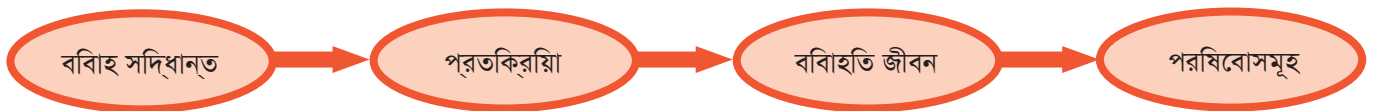
কারা: কিশোরী ববাহতি ময়েরো।

উদ্দেশ্য: বাল্য ববাহরে সন্ধিধান্তরেপ্ৰক্ৰিয়া এবং ববাহ প্ৰবৰ্ত্তী জীবনযাত্ৰা ভালো ভাবে বোঝা।

উপকৰণ: একটা ফ্লপিচাৰটে ববাহ চহৈনটী আঁকুন এবং প্ৰতিটি অংশে প্ৰশ্নবগুলো অনুসৰণ কৰুন।

সাক্ষাৎকাৰে মেটা চাৰটি অংশ রয়েছে:

- ববাহৰে সন্ধিধান্ত
- কিশোরকিশোরী এবং অংশীদারদৰে প্ৰতিক্ৰিয়া জানা।
- ববাহতি জীবন (প্ৰশ্ন কৰুন, স্বামী এবং শ্বশুৰবাড়ী, পৰিবার প্ৰকল্পনা/SRH সম্পৰ্কে অনুসন্ধান
- পৰিষেবাসমূহ



□.□.□ ববাহৰে সন্ধিধান্ত (Marriage decision)

মূল প্ৰশ্ন (Key probes)

- আপনাৰ বৰ্তমান বয়স কত?
- আপনি XX বছৰ আগতে বয়স কৰিছিলে? তখন আপনাৰ বয়স XX কত? ছিলো?
- কাৰ ধাৰণা ছিলো? যে XX বয়সে ববাহৰে উপযুক্ত সময়?
- কেনে XX কে ববাহৰে "সঠিক" বয়স মনে কৰা হয়ছিলো? (সামাজিক প্ৰথা, আৰ্থিক সমস্যা, দ্বন্দ্ব, বড় পৰিবারৰে চাপ ইত্যাদি)
- বয়সে সন্ধিধান্তৰে ক্ষেত্ৰে কাকিও ঘটক বা দালাল জড়িত ছিলো?

1.1.2

□.□.□ প্ৰতিক্ৰিয়াঃ

মূল প্ৰশ্ন (Your reaction)

- এই বয়সে বয়সে নয়ে আপনি কি সন্তুষ্ট? বা অসন্তুষ্ট? (বিস্তাৰিত তথ্য নহি)
- আপনি কি আপনাৰ মতামত জানাত পৰিছিলে? কাক? প্ৰতিক্ৰিয়া কি ছিলি? (তাৰা কি বাবা-মা, ভাইবোন, বন্ধুবান্ধব, শিক্ষকদৰে সাথৰে কথা বলছে? তাৰা কি অপেক্ষাৰ ইচ্ছা জানিছিলি কনি)
- যদি এটা আপনাৰ পছন্দ নো হয় থাকে তাহলে কখন আপনিকো বয়সে বয়সে কৰতে চাইতনে/কৰ বয়সকে ববাহৰে উপযুক্ত সময় মনে কৰনে? কনে?

পৰিবারৰে প্ৰতিক্ৰিয়া (Family reaction)

- পৰিবারৰে অন্যান্য কেউ কি আপনাৰ ববাহৰে সময় সম্মতি কিংবা অসম্মতি প্ৰকাশ কৰিছিলি? কনে/কনে নয়?
- প্ৰকাশৰে কি তাৰা তাদৰে মতামত প্ৰকাশ কৰিছিলি? কাৰ কাছ?
- তাদৰে প্ৰতিক্ৰিয়া কৰিকম ছিলো?
- তাৰা কখন আপনাকে বয়সে দিতে চাইছিলি? কনে? (যেনে: অৰ্থনৈতিক উদ্বেগ, সামাজিক প্ৰথা, শিক্ষাৰ সুযোগ, পৰিপক্কতা, পতিমাতাৰ ভুল এড়ানো)

সামাজিক প্ৰতিক্ৰিয়া (Community reaction)

- আপনাৰ পৰিবারৰে বাইৰে কেউ কি জাননে যে আপনাকে XX বয়সে বয়সে দিছিলে?
- সমাজৰে অন্যান্য লোকৰো (বন্ধু/সহকৰ্মী/শিক্ষক/গুৰু/গুৰুজন, ধৰ্মীয় নেতা, স্থানীয় কৰ্তৃপক্ষ, সআইসি সহ) কি আপনাৰ বয়সে সময় একমত বা দ্বিমত পৰিষণ কৰিছিলে?

- তারা কীভাবে মতামত প্রকাশ্যে প্রকাশ করছে? কাকে? প্রতিক্রিয়া কী ছিল?
- আপনার এবং আপনার সিদ্ধান্তের উপর অন্যদের প্রতিক্রিয়ার কী প্রভাব ছিল? বিশেষ করে সমবয়সীদের চাপ এবং সমাজের চাপ এবং এ-প্রভাবগুলি বিশ্লেষণ করুন।

ববাহতি জীবন (Married Life)

- আপনার কী সন্তান আছে? সন্তান নেয়ার সিদ্ধান্ত কীভাবে নিয়েছিলেন? (আপনার সিদ্ধান্ত ছিল/আপনার স্বামীর/আপনার শ্বশুরবাড়ির?)
- আপনার কী মনে হয়, পরিবার পরিকল্পনার ক্ষেত্রে আপনি সিদ্ধান্ত নতি পান?
- আপনার স্বামীর সাথে আপনার সম্পর্ক কমন?
- সংসারে সিদ্ধান্তগুলো কীভাবে নেয়া হয়?
- আপনি কী কখনো সংসারে নিজেকে গুরুত্বপূর্ণ অনুভব করেছেন?
- ক্যাম্পে আগত সুযোগ সুবিধা গুলো কী আপনি গ্রহণ করতে পারবেন বলে মনে করেন? কনে/কনে নয়?
- আপনার কী মনে হয় আপনার সংসারে অশান্তি রয়েছে?
- আপনার ববাহতি জীবন কী আপনার আশানুরূপ? কনে/কনে নয় (যেকোনো সহিংসতার অস্তিত্ব প্রমাণ করুন)

পরষিবোসমূহ (Services)

- আপনার ববাহতি জীবনে প্রক্ষেপিত কোন তথ্য, পরষিবো ও প্রোগ্রামগুলো আপনার দাম্পত্য জীবনকে আরো ভালো করত পাবে?
- এই পরষিবোগুলো কী বৈবাহিক সঙ্গীর দ্বারা নরিয়াতিদরে জন্য করা প্রোগ্রাম?
- আপনি কী কখনো এই পরষিবোগুলো গ্রহণ করেছেন? (এই পরষিবোসমূহ ব্যবহার না করলে তার কারণ প্রমাণ করুন)

Community mapping – only bodily integrity

Objectives: The exercise will help us understand the spaces participants live in and how their access to those spaces varies by their gender and as they grow up, as well as by other social categories (socio-economic status, disability, ethnicity, religion etc.). It will also help us understand what services are available to participants and how they use them.

Materials: It should be in paper format with freehand drawings done from participants' memory – asking participants to draw with coloured pencils is a good way of keeping their attention. On one flipchart sheet ask participants to pick a common place (e.g. school, local government office) and then draw the map accordingly.

Format: Community mapping should last approximately 1 hour.

- For places that are safe indicate by green, for places they find unsafe by red.
- For places that girls only go to, indicate in orange/pink, for boys in blue.
- Draw a 'legend' on the map where you define the institutions and symbols you used.
- Use coloured post-it notes to indicate key responses from participants about why the different locations/services are meaningful to them and what services they value and why (see probing questions parts 2 and 3).

Prompts/facilitation

This piece of paper represents your community and where you live.

I. Mapping your community:

1. We want you to draw a map of your community as though you were looking down from above (as though you were a bird). We want to understand the relative importance and position of things from your perspective.
2. Ask the participants what they want to use as the centre of the map – The school? Place of religious worship? Majhi's home?
3. Ask them to generate the map as they see important – and only probe on additional things below as needed:
 - » schools (including routes to school and issues of (un)safety)
 - » jobs/employment, shops/markets, businesses, mills
 - » WASH facilities, latrines
 - » fields, locations to gather firewood, collect water
 - » health centres, health posts
 - » police post/station, administrative offices, public meeting places/halls
 - » NGO offices
 - » places of worship or where people go to get advice on religious matters
 - » water points/wells/pumps/springs
 - » women friendly spaces / adolescent friendly spaces
 - » their individual homes
4. Ask participants **to identify which places are safe and unsafe. Ask why these places are safe or why they are unsafe.**
5. Does safe/unsafe change due to your gender? age? wealth? education level? gender identity?

II. Where do participants go most often when they feel unsafe or face violence? Why?

1. If you face violence at home where do you go?
2. If you face violence in the community where do you go?
3. Where can girls and boys/women and men of different ages go to be listened to if they have any problems with protection and violence?
4. Are there places where you would like to go for help but you cannot go? Why?

III. Use the community map to probe which services are important to participants? How satisfied are participants with these services?

1. Ask participants why/for what reason they would go to each institution/service (e.g. Why would you go to the women's friendly space? What are those reasons? Why would you go to the learning centre? Why and when would you use the WASH facility? Why would you go speak to the camp majhi?). Probe for the quality of the services.
2. After they have been through all the institutions/agencies, take 10 minutes and read this list - **at risk of child marriage / sexual harassment in the community / violence in the home – either against yourself, or against a parent, or a sibling** - and ask where would they go if they have this problem



Community mapping

লক্ষ্যঃ এই অনুশীলনী আমাদের বুঝতে সাহায্য করে, সাক্ষাৎকারে অংশগ্রহণকারীরা যে স্থানে বসবাস করে এবং তারা যেখানে অবস্থান করছে সেখানে লিঙ্গের ভিত্তিতে তাদের সুযোগসুবিধা আলাদা হয় কনি এবং তারা বড় হওয়ার সাথে অন্যান্য সামাজিক ক্ষেত্রে (সামাজিক-অর্থনৈতিক ব্যবস্থা, অক্ষমতা, জাতিগত, ধর্ম ইত্যাদি) তাদের লিঙ্গ অনুসারে ভিন্নতা দেখে কনি। এটা আমাদের আরও বুঝতে সাহায্য করে অংশগ্রহণকারীদের জন্য কী ধরনের সুযোগ সুবিধা রয়েছে এবং তা তারা কীভাবে ব্যবহার করছে।

উপকরণঃ সাক্ষাৎকারে অংশগ্রহণকারীদের কাগজে খালিহাতে চিত্র আঁকতে হবে, কিশোর-কিশোরীদের মনোযোগ ধরে রাখার জন্য তাদের রঙ পেন্সিল দিয়ে চিত্র আঁকতে দেয়া একটি ভালো মাধ্যম। আমরা তাদেরকে একটা ফলপিচারট দি এবং সেখানে একটি প্রাণকেন্দ্র চিহ্নিত করবো।

বিন্যাস/পদ্ধতিঃ

কমডিনটি ম্যাপিং ১ ঘন্টার কাছাকাছি করতে হবে।

- যসেব জায়গা তাদের জন্য নরিপদ সেগুলো সবুজ রঙ করে দনি, আর যসেব জায়গা অনরিপদ সেগুলো লাল রঙ ব্যবহার করুন।
- যসেব জায়গায় শুধুমাত্র ময়েরো যায় সেগুলো কমলা/গোলাপী রঙ এবং যসেব জায়গায় শুধুমাত্র ছলেরো যতে পারে সেগুলো নীল রঙ দিয়ে চিহ্নিত করুন।

প্রচালনাঃ

ধরুন, এই কাগজটা আপনার সমাজকে প্রতিলিখিত করে, এখানে আপনাকে থায় বাস করেন।

আপনার সমাজে চিত্রঃ

১। আমরা চাই আপনআপনার সমাজে একটি মানচিত্র আঁকুন যনে আপনআনকে উপর থেকে নিচে তাকাচ্ছেন [যনে আপন একটি পাখি]। আমরা আপনাদের দৃষ্টিকোণ থেকে বুঝতে চাই যে কোন কোন জায়গাগুলো তুলনামূলক ভাবে গুরুত্বপূর্ণ।

২। তাদের জিজ্ঞাসা করুন তারা এই ফলপিচারটে কেন্দ্র হিসেবে কোন স্থানটি নির্বাচন করতে চায়- স্কুল? ধর্মীয় উপসনালয়? মাঝারি ঘর?

৩। সে হিসেবে তাদের মানচিত্র আঁকতে বলুন যটোকই তারা গুরুত্বপূর্ণ স্থান হিসেবে বুঝছেন বা মনে করছেন? এবং নজরে বিষয়গুলো প্রয়োজন অনুযায়ী প্রবেশ করুন

- স্কুল (স্কুলে যাওয়ার পথ এবং অনরিপদ হবার কারণ)
- চাকরি/ কাজ, দোকান/বাজার, ব্যবসা, মলিস।
- WASH facilities, লট্রেনিস।
- মাঠ, জ্বালানিকঠ সংগ্রহের জায়গা, পানি সংগ্রহ।
- স্বাস্থ্যকেন্দ্র, স্বাস্থ্যপোস্টস।
- পুলিশ স্টেশন, প্রশাসনিক অফিস, জনসভার স্থান/ হল।
- এনজিও অফিস
- উপসনালয় বা সেখানে লোকেরা ধর্মীয় পরামর্শ নতিে যাইয় বা আধ্যাত্মিক নির্দেশনা, পবিত্র স্থান, গুরুত্বপূর্ণ সাংস্কৃতিক বা ঐতিহাসিক মূল্যের স্থানগুলি।
- পানির স্থান/ কুপ/ পাম্প/ ঝরণা
- মহিলাবান্ধব স্থান (women friendly space)। কিশোর-কিশোরীবান্ধব স্থান (child/adolescent friendly space)।
- তাদের নজিদের বাড়ি

৪। কোন জায়গাটি তাদের কাছে নরিপদ এবং অনরিপদ সেগুলোকে তাদেরকে চিহ্নিত করতে বলা এবং কনে নরিপদ/অনরিপদ সেটা জানা।

৫। লিঙ্গ, বয়স, সম্পদ, শিক্ষাগত যোগ্যতা, লিঙ্গীয় পরিচয়ের ভিত্তিতে নরিপদ/অনরিপদ বিষয়টিকে ধরণের পরিবর্তন হয় কনি

কোথায় কিশোর/কিশোরীরা যতে পারে? কোন জায়গাগুলো তাদের জন্য গুরুত্বপূর্ণ? কনে?

- কোথায় কিশোর/কিশোরীরা প্রাপ্তবয়স্করা সমবয়সীদের সাথে সময় কাটাতো পারে?
- ময়ে এবং ছলে/ নারী এবং পুরুষদের কোন সমস্যা হলে তাদের কথা গিয়ে শোনা হবে?
- নারী এবং কিশোরীরা কারে তত্বাবধান ছাড়া কোথায় কোথায় যতে পারে?
- ময়ে এবং ছলে/ নারী এবং পুরুষদের কিকারে তত্বাবধান ছাড়াই বিভিন্ন জায়গায় যতে অনুমতি দেওয়া হয়?

- কশিের/ কশিেরী এবং বিভিন্ন বয়সের ছেলে এবং মেয়েদের জন্য কী বয়সভেদে কোনে স্থান নির্ধারণ/ অনির্ণায়ক রয়েছে?
- আপনিকি ধরনের জায়গা সম্পর্কে শুনছেন, যেখানে তরুণদের যাওয়া উচিত নয় (যদিও তারা যায়)? কেন?
- এমন কোনে গোপন জায়গা রয়েছে যা প্রাপ্ত বয়স্করা জানেনা যে কশিের- কশিেরীরা ব্যবহার করছে? রঙিন স্টিকার দিয়ে চিহ্নিত করুন।

কশিের/ বয়স্কদের জন্য কোন পরিস্থিতি গুরুত্বপূর্ণ? কশিের/ প্রাপ্তবয়স্করা এই পরিস্থিতি নিয়ে কতটা সন্তুষ্ট?

অংশগ্রহণকারীদের জিজ্ঞাসা করুন/কী কারণে তারা প্রতিটি প্রতিষ্ঠানে/ পরিস্থিতিতে যাবেন (যেমন কেনে আপনি মিসজিদি যাবেন? কেনে আপনি নিরাপত্তা জায়গায় যাবেন? সেই কারণগুলো কী? পরিস্থিতিগুলোর মান জানার জন্য প্রবেশ করুন।

তারা সমস্ত প্রতিষ্ঠান/সংস্থাগুলো বসিয়ে বলা পড় মাধ্যমে যাওয়ার পরে, ১০ মিনিট সময় নিন এবং এই তালিকাটি পড়ুন - বাল্যবিবাহের ঝুঁকিতে আছে/সামাজিক যৌন হয়রানি/ বাড়িতে সহিংসতা [তার নিজের সাথে বা তার পতিমাতার সাথে বা তার ভাইবোনের সাথে] - এই সমস্যাগুলো হলে তারা কোথায় যাবে?

উদ্দেশ্য: সামাজিক নিয়ম মানচিত্র আমাদের বয়স এর পরিপ্রেক্ষিতে স্থানীয় পরিবেশে, সময়ের সাথে পরিবর্তন বুঝতে সাহায্য করবে - এবং লিঙ্গ সম্পর্কিত সামাজিক নিয়ম গুলো যে পরিবেশে এ কশিের ও প্রাপ্ত বয়স্করা বসবাস করে সে পরিবেশে কে প্রভাবিত করে।

অংশগ্রহণকারী: আদর্শভাবে অংশগ্রহণকারীরা তাদের জীবন এর একটি উল্লেখযোগ্য সময় এর জন্য ক্যাম্পে থাকছে তাই যে সমাজগুলো ধর্মীয় বা জাতিগত দৃষ্টি থেকে তাদের সমাজীয় নয় সেখানে তারা মিশ্র গণেশীর সঙ্গকে কথা বলতে কতটা স্বাচ্ছন্দ্য বোধ করছে তা পরীক্ষা করা ভালো।

Social norms mapping

Part I: Key issues facing adolescents/adults in the community

1. Tell the participants that we will be discussing issues around
 - » Violence - at home and in the community
 - » Protection and safety - at home and in the community
 - » Risk - at home and in the community.
2. Ask participants what are the key issues they face regarding violence, risk, protection and safety in their lives (*you can mention physical safety or violence, sexual safety or violence, sexual harassment, early marriage*). Please tell participants that we are interested in the key issues they face at home and in the community.
3. Probe about whether the challenges change depending on:
 - » Gender (men vs women)
 - » Age (adolescents vs. adults)
 - » Married status (married vs. unmarried)
 - » Wealth (wealthier or working vs. less wealthy and unemployed)
 - » Education (more or less educated)
 - » Location (UNHCR vs IOM camps)
 - » Gender identity (LGBTQI+?)
 - » Disability status (disabled vs. not disabled)
4. Have these challenges changed over time (over the past 3 years?). Have they improved? Have they worsened? Why?

	VIOLENCE	RISK	PROTECTION / SAFETY
PART-I (ISSUES)	<p>- FEAR OF DARK LATRINES AND SEXUAL HARASSMENT</p> <p>- I FEAR KIDNAPPING FOR MY SON</p> <p>KIDNAPPING HAS GOTTEN WORSE IN LAST 6 months BECAUSE</p>	<p>- I FEEL AT RISK IN MY HOME</p> <p>I FEEL AT RISK</p> <p>I WANT TO RT VIOLENCE AT HOME BECAUSE MY HUSBAND KILLS AND BEATS ME</p>	<p>- I FEEL SAFE AT WOMAN FRIENDLY SPACE</p> <p>- I FEEL SAFE AND PROTECTED IN A GROUP</p>
PART-II (SERVICES)		<p>- THERE IS A LISTENING GROUP I GO TO AND I FEEL GOOD SHARING MY EXPERIENCES.</p> <p>THERE MORE OPPORTUNITY BEFORE COVID</p>	

Part 2: Services and programmes to support adolescents/adults

Having mapped key problems for participants, the second part involves probing around what types of services, projects and programmes exist to bring change

1. Ask: When thinking about the challenges you have just raised regarding violence, safety and security for yourself and your community, what services or projects or programmes exist to help? *Give examples if they are stuck:*
 - » NGO Listening Group to discuss gender-based violence and positive conflict management between men and women.
 - » NGO SASA! Approach to understand power dynamics in the community and concepts around safety and empowerment.
 - » Case management in health units, for survivors of gender-based violence
2. Have you heard about these programmes?
3. Which types of people use these programmes? Probe by poverty status, gender (males? females?), age (adults? young people? children?), disability, gender identity.
4. How do you think these interventions been effective? Be specific. What would make these programmes better?
5. Going back to what you identified as challenges to your safety and security, what would you like to see being done to help?
6. What should happen for you to feel more safe and more secure in your home? What about your community?

SOCIAL NORMS MAPPING

গঠন -

- এই টুলসটি দুইভাগে ভাগ করা হয়। এটিকরার জন্য ফ্লপিচার্টের দুটি আলাদা টুকরা প্রয়োজন।
- নশিচিতি করুন, সমস্ত আউটপুট গুলো ডাটা ম্যানজেনেন্ট প্ল্যান অনুসারে নামকরণ অনুসারে ফটোগ্রাফ ও রেকর্ড করা হয়েছে।

পার্ট -১। কশিার কশিারী ও প্রাপ্তবয়স্করা সমাজে প্রধান যে সমস্যাগুলোর সম্মুখীন হয়

- নির্যাতন (violence) - ঘরে ও সমাজে
- নিরাপত্তা (protection) - ঘরে ও সমাজে
- ঝুঁকি (Risk) - ঘরে ও সমাজে

ফ্লপিচার্টের মধ্যম আকতবে হবে

২। অংশগ্রহণকারীরা তাদের জীবনে নির্যাতন, ঝুঁকি, নিরাপত্তার ক্ষেত্রে কী কী ধরণের সমস্যায় ভুগে (শারীরিক নিরাপত্তা বা নির্যাতন, বাল্য বিবাহ, যৌন সহিংসতা, উত্থকত করা) বিশেষ করে তাদের ঘরে বা সমাজে কী কী সমস্যা হয়।

৩। আপনি এতকষণ যে যে চ্যালেঞ্জগুলোর কথা উল্লেখ করছেন সেগুলো কনিম্নে কত বিষয়গুলোর প্রেক্ষিতে পরিবর্তন হয় কনি?

- জেন্ডার (ছলে/ময়ে)
- বয়স (কশিার/কশিারী বা যুবক/যুবতী)
- বৈবাহিক অবস্থা (বিবাহিত বা অববিবাহিত)
- সম্পদ (ধনী অথবা গরীব অথবা বেকার)
- শিক্ষা (কম শিক্ষিত অথবা অশিক্ষিত)
- স্থান (UNHCR vs IOM)
- লিঙ্গীয় পরিচয় (LGBTQI- হিজরা বা ট্রান্সজেন্ডার)
- শারীরিক অক্ষমতা (অক্ষম বা অক্ষম নয়)

৪। এই চ্যালেঞ্জগুলো গত তনি বছরের মধ্যে কী ধরনের পরিবর্তন হয়েছে? চ্যালেঞ্জগুলো কী বাড়ছে নাকি পরিস্থিতি আরও জটিল হচ্ছে? কনি?

পার্ট -২ কশিার/কশিারী/যুবক/যুবতীদের জন্য বদ্যমান পরিষেবা বা প্রজেক্ট বা প্রকল্প সমূহ সম্পর্কে জানা

১। তারা যে সমস্যাগুলো বা অত্যাচারগুলো সম্মুখীন হয় তা দূর করার জন্য কনি? পরিষেবা/প্রগ্রাম/প্রজেক্ট আছে কনি? (পরিষেবা সম্পর্কে যথাসম্ভব বিস্তারিত জানা। মান কনি? প্রজেক্টের কনি? পার্ট)। যদি তারা কথায় আটকে যায় বা সে সম্পর্কে কিছু বলতে না পারে তখন তাদেরকে উদাহরণ হিসেবে বলা...

• এনজিও লসিনেং গ্রুপ/এনজিও SASA

২। তোমরা কনি? গ্রামগুলো সম্পর্কে শুনছে?

৩। এ প্রগ্রামগুলো কাদের জন্য? যমেন লিঙ্গ (নারী/পুরুষ), বয়স (কশিার/যুবক/শিশু), শারীরিক অক্ষমতা, লিঙ্গীয় পরিচয়, অর্থনৈতিক অবস্থা।

৪। এই কর্মকান্ডগুলো (Intervention) কতটা উপকারী? [নির্দিষ্ট করে বলতে বলুন]। এই প্রগ্রামগুলো কনি? আর কনি? ভালো করা যায়?

৫। আপনার সুরক্ষা ও নিরাপত্তার ক্ষেত্রে কনি? বিষয়টি আপনার কাছে চ্যালেঞ্জিং মনে হয়। কী ধরণের পদক্ষেপে গ্রহণের মাধ্যমে এটি সমাধান করা যায়?

৬। আপনার ঘরে অধিক নিরাপত্তা ও সুরক্ষা নশিচিতির জন্য কী কী করা দরকার? আপনার সমাজে কী কী করা দরকার?

বয়ঃসন্ধিকালে ময়ে এবং ছলে/প্রাপ্ত বয়স্ক পুরুষদের প্রভাবিত করে এমন মূল বিষয় গুলো অংশগ্রহণকারীদের সাথে আলোচনা করুন যাতে কশিার কশিারী ও বয়স্কদের নির্দিষ্ট সমাজিক সমস্যা ও উদ্বেগের প্রায়টান বুঝা যায়।

- এছাড়াও ব্যাক্তিদের বিভিন্ন গোষ্ঠীর যমেন কশিার বনাম প্রাপ্ত বয়স্ক বিবাহিত বনাম অববিবাহিত ময়ে বনাম মহিলা পুরুষ বনাম মহিলা LGBTQ জনসংখ্যা উদ্ভাস্ত বনাম হোল্ড সমাজ শিক্ষার স্তর UNHCR বনাম IOM পরিচালিত ক্যাম্প, চ্যালেঞ্জ গুলো সম্পর্কে অনুসন্ধান করুন।

- প্রতিবিন্দী ব্যাক্তিরা বিশেষ কনি? চ্যালেঞ্জের সম্মুখীন হয়ে থাকে? সময়ের সাথে এই চ্যালেঞ্জগুলোতে কনি? ধরণের পরিবর্তন এসছে? এই চ্যালেঞ্জ কনি? ময়ে কনি? ময়ে কনি? সময়ের সাথে এগুলো কনি? পরিবর্তিত হয়েছে?

Vignette 1: Violence in the home - IPV

Nilufar is a 28-year-old Rohingya mother of five. She and her husband, Abdul, live in Camp 4. Life in the camp is very hard. Although she no longer worries about armed soldiers storming her family's home as was the case when they still lived in Myanmar, Nilufar is afraid every day of another source of violence: her husband.

When they married, ten years ago, Abdul was gentler. He began to change soon after their first child was born. The baby's constant crying made him angry and he shouted at Nilufar when she could not calm their son. When the second and third children arrived, it seemed someone was always crying. And Abdul was always shouting. On days that the children were particularly poorly behaved, Abdul began to beat Nilufar—screaming at her that she was a bad mother who could not control her children.

When they fled to Bangladesh, five years ago now, Abdul's behaviour turned from bad to worse. Nilufar understands why. Because he is prohibited from working, Abdul is now trapped more hours every day with crying children. But more than that, she can see that not working is slowly killing him. Abdul feels that he is a failure as a husband and a father, and he takes this out on Nilufar. He shouts at her constantly and she has to endure regular and increasingly severe beatings.

Nilufar does not know if she should seek help, or if this is just the way it is. She also does not know where to turn for help if she decides to. Her neighbours know what is happening, but avert their eyes rather than offer to help also because everyone seems to be in the same situation. She has thought about approaching the majhi, or a religious leader, but she is afraid that this will make him even angrier. Nilufar knows that UNHCR, IOM, IRC and others can help women who are experiencing violence—but she doesn't see how this helps her, because she can't leave home.

- How realistic is this story for your community?
- Thinking of the couples that you know, is violence from husbands to wives very common, somewhat common, or fairly rare?
- What forms of violence are most common here? (Probe: shouting, hitting, kicking, severe beating, burning, insulting...)
- What triggers men's violence in your community?
- When (what time of day) and where is violence against women more likely to occur?
- Which women are more at risk of violence in your community? Why? (Age, location, wealth, status, education status etc.)
- In your community, is it considered acceptable for men to use violence against their wives? When and when not?
- In your community, have there been efforts to raise awareness about violence?
 - » Who has been behind these efforts?
 - » Have you participated?
 - » Who is targeted for these efforts? Women? Men? Children? Community leaders? Religious leaders?
 - » How is awareness raising done here? Meetings? Media campaigns?
 - » Who do these messages most often reach? Who do they most often miss?
 - » What do messages focus on? Rights? How to report? How to protect oneself from violence?
- What supports and services are available to women experiencing violence in your community?
 - » Women's own family?
 - » Neighbours?
 - » Majhis?
 - » Imams?
 - » Police?
 - » GiC?
 - » Health care workers?
 - » Counselling/psychological support?
 - » Case workers?
- How common is it for women here to get help if they experience violence?
- What barriers do women face getting help?
- Who is most/least likely to get help? Why?

- Are there any supports and services available here for men?
 - » (If yes—what are they and who uses them.)
- What supports and services do you think women here need?/How could options be improved?
- What supports and services do you think men here need?
- If you were Nilufar, what would you do?

VIGNETTE 1: VIOLENCE IN THE HOME - IPV

নজি বাড়তি সহিংসতাঃ

নলিফার ২৮ বছর বয়সী একজন রোহিঙ্গা মা যার ৫ জন সন্তান রয়েছে। তিনি এবং তার স্বামী আবদুল, ক্যাম্প ৪-এ থাকেন। ক্যাম্পে জীবন খুবই কঠিন। যদিও মায়ানমারে বসবাস করার সময় তার বাড়তি সশস্ত্র সৈন্যদের ঘায়েল করা নিয়ে সে আর চিন্তিত নয়, নলিফার প্রতিদিন অন্য একটি সহিংসতার ভয় পায় : তা হলো তার স্বামী। দশ বছর আগে যখন তারা বসি করে, তখন আবদুল ভদ্র ছিল, তাদের প্রথম সন্তানের জন্মের পরপরই সে বদলে যেতে শুরু করে। শিশুটির ক্রমাগত কান্না তাকে রাগান্বিত করে এবং নলিফার ছলকে শান্ত করতে না পেরে তার স্বামী তার উপর চটিকার করে। যখন দ্বিতীয় এবং তৃতীয় শিশুটি আসে, তখন সারাদিন কাঁদার শব্দ আসে। আর আবদুল সব সময় চটিকার করতেন। যদেনি বাচ্চাদের সাথে বিশেষভাবে খারাপ আচরণ করা হয়েছিল, আবদুল নলিফারকে মারতে শুরু করে - তাকে চটিকার করে যে সে একজন খারাপ মা যে তার বাচ্চাদের নিয়ন্ত্রণ করতে পারে না। আজ থেকে পাঁচ বছর আগে যখন তারা বাংলাদেশে পালিয়ে আসে, তখন আবদুলের আচরণ খারাপ থেকে আরও খারাপ হয়ে যায়। নলিফার বুঝতে পারে কখন এমন হয়। কারণ আবদুল কে কাজ করতে দেখেই হয়, আবদুল এখন প্রতিদিন আরও ঘণ্টার পর ঘণ্টা কান্নাকাটির মধ্যে বন্দি হয়ে গিয়েছে, কনিতু তার চোখেও বেশি, তিনি দেখতে পাচ্ছেন যে কাজ না করায় তাকে ধীরে ধীরে মরে ফেলেছে। আবদুল মনে করেন যে তিনি একজন স্বামী এবং একজন বাবা হিসাবে ব্যর্থ, এবং তিনি এটি নলিফারের উপর তুলে ধরেন। সে ক্রমাগত তার উপর চটিকার করে এবং তাকে (নলিফারকে) নিয়মিত এবং ক্রমবর্ধমান তীব্র মার সহ্য করতে হয়। সবচেয়ে খারাপ দিনগুলি হল সেই দিনগুলি যদেনি আবদুল ক্যাম্প থেকে লুকিয়ে কাজ খোঁজার চেষ্টা করে - এবং ব্যর্থ হয়। যদেনি আবদুল নজিই পুলশির হাতে মার খায়, নলিফার জানে মারধর আরও গুরুতর হবে। নলিফার জানে না তার কারণ। তাকে সাহায্য নেওয়া উচিত, নাকি এভাবেই হয়। তিনি সিদ্ধান্ত নলি সাহায্যের জন্য কী খায় যেতে হবে তাও তিনি জানেন না। তার প্রতিবেশীরা জানে কী ঘটছে, কনিতু সাহায্য করার পরস্ৰাব না দিয়ে তাদের চোখ এড়িয়ে যান কারণ সবার একই অবস্থা বলে মনে হচ্ছে। সে মাঝি কাছে যাওয়ার কথা ভেবেছে, কনিতু সে ভয় পায় যে এটি তাকে (আবদুলকে) আরও রাগান্বিত করবে - কারণ তখন অন্য লোকেরা তাকে ব্যর্থ হিসাবে দেখবে। নলিফার জানে যে ইউএনএইচসিআর, আইওএম, আইআরসি এবং অন্যান্যরা সহিংসতার শিকার নারীদের সাহায্য করতে পারে - কনিতু তিনি দেখতে পান না যে এটিকীভাবে তাকে সাহায্য করে, কারণ সে বাড়ি ছেড়ে কী খাও যেতে পারে না।

- আপনার সম্প্রদায়ের জন্য এই গল্পটুকিটো বাস্তবসম্মত? - দম্পতিদের কথা চিন্তা করে আপনি জানেন যে, স্বামী কর্তৃক স্ত্রীর সহিংসতা কী খুব সাধারণ, কিছুটা সাধারণ, নাকি মটোমুটি বিরল?
- এখানে কোন ধরনের সহিংসতা সবচেয়ে বেশি দেখা যায়? (চটিকার করা, আঘাত করা, লাথি দেওয়া, প্রচণ্ড মারধর করা। জ্বালানো, অপমান করা...)
- আপনার সম্প্রদায়ে পুরুষদের সহিংসতার কারণ কী? - কখন (দিনের কোন সময়) এবং কী খায় নারীর প্রতি সহিংসতা বেশি হওয়ার সম্ভাবনা থাকে?
- আপনার সম্প্রদায়ের কোন মহিলারা সহিংসতার ঝুঁকিতে বেশি? কন? (বয়স, অবস্থান, ইত্যাদি)
- আপনার সম্প্রদায়ে, পুরুষদের তাদের স্ত্রীর বৃদ্ধিতে সহিংসতা ব্যবহার করা কি গ্রহণযোগ্য বলে মনে করা হয়? কখন আর কখন না?
- আপনার সম্প্রদায়ে, সহিংসতা সম্প্রদায়ের সচেতনতা বাড়ানোর প্রচেষ্টা কি হয়েছে?
 - কারা এই প্রচেষ্টার পছন্দে ছিল?
 - আপনি কি অংশগ্রহণ করেছেন?

কে এই প্রচেষ্টার জন্য লক্ষ্যবস্তু? নারী? পুরুষ? বাচ্চারা? সম্প্রদায়ের নেতারা? এখানে কীভাবে সচেতনতা বৃদ্ধি করা হয়? মটিং? মিডিয়া প্রচারণা? এই বার্তাগুলি প্রায়ই কাদের কাছে পৌঁছায়? তারা প্রায়ই কাকে মসি করে? বার্তাগুলি কী বিষয় এর উপর ফোকাস করে? অধিকার? কীভাবে রপ্তানি করবেন? কীভাবে থেকে নজিকে রক্ষা করবেন সহিংসতা? আপনার সম্প্রদায়ে সহিংসতার সম্মুখীন নারীদের জন্য কী ধরনের সহায়তা এবং পরিসেবা পাওয়া যায়? এবং কী খা থেকে পাওয়া যায়? নারীর নজিরে সংসার? প্রতিবেশী? মাঝি? ইমামগণ? পুলশি? সিও? স্বাস্থ্যকর্মী? কাউন্সেলিং/মনস্তাত্ত্বিক সহায়তা? কসে শ্রমিক? এখানে নারীরা সহিংসতার শিকার হলে তাদের সাহায্য পাওয়া কতটা সাধারণ?

সাহায্য পতে নারীরা কোন বাধার সম্মুখীন হয়? কার সাহায্য পাওয়ার সম্ভাবনা সবচেয়ে বেশি/কম? কন?

পুরুষদের জন্য এখানে কী কোন সহায়তা ও পরিসেবা পাওয়া যায়? (যদি হয় - এগুলি কী এবং কারা ব্যবহার করে)

আপনি মনে করেন এখানে মহিলাদের কী ধরনের সহায়তা এবং পরিসেবার প্রয়োজন?/কীভাবে বকিল্পগুলি উন্নত করা যেতে পারে?

এখানে পুরুষদের কী ধরনের সহায়তা এবং পরিসেবা প্রয়োজন বলে আপনি মনে করেন? তুমি নলিফার হলে কী করত?

Vignette 2: Violence outside the home

Roshida is a 21-year-old Rohingya widow. She lives in Camp 25 with her two young children and her 15-year-old sister. Since Roshida's husband died—last year—she does something she never imagined in her life: leave the house every day to volunteer in the camp. Roshida volunteers for an NGO. She is poorly paid—because she is not legally allowed to work. Roshida expected this, so she does not especially mind.

Roshida is very careful about what she wears. When she leaves her home, she shows only her face. Despite this, men sometimes hit her ankles with sticks as she walks the streets and call her embarrassing names. The worst, however, happens when she walks around the camp at dusk to fulfil her volunteer duties and the camp turns dark. Harassment worsens near the latrines – which are poorly lit – and where Roshida feels very unsafe. She has been physically assaulted by members of the community in these occasions and suffered many verbal insults.

Roshida fears these incidences, but at the same time she has no choice but to work and feels she should not give up her job. Every day she leaves the house she feels afraid and until she comes back home at night. Her sister keeps telling her to go to the authorities, but Roshida can only laugh at this—since she assumes that they are not there to help her. She is Rohingya and a woman.

- How realistic is this story for your community?
 - » How common is it for women to experience violence on the streets? Which women are most at risk? Who perpetrates violence? Are there times/places that women are esp at risk?
 - » How common is it for women to experience violence when volunteering? Which women are most at risk (differences in age / location / etc).
 - » Are there particular jobs that leave women more/less at risk?
- In your community, have there been efforts to raise awareness about violence?
 - » Who has been behind these efforts?
 - » Who is targeted for these efforts? Women? Men? Children? Community leaders? Religious leaders?
 - » How is awareness raising done here? Meetings? Media campaigns?
 - » Who do these messages most often reach? Who do they most often miss?
 - » What do messages focus on? Rights? How to report? How to protect oneself from violence?
- What supports and services are available to women experiencing violence in your community?
 - » Women's own family?
 - » Neighbours?
 - » Majhis?
 - » Imams?
 - » Police?
 - » Health care workers?
 - » Counselling/psychological support?
 - » Case workers?
- How common is it for women here to get help if they experience violence?
- What barriers do women face getting help?
- Who is most/least likely to get help? Why?
- What supports and services do you think women here need?/How could options be improved?
- If you were Roshida, what would you do?

1.1.4

VIGNETTE 2: VIOLENCE OUTSIDE THE HOME

ঘররে বাহিরে সহিংসতা:

রশাদি একজন ২১ বছর বয়সী বধিবা মহিলা।সে ক্যাম্প ২৫-এ তার দুই সন্তানসহ তার ১৫ বছর বয়সী বোনকে নিয়ে থাকে। গতবছর, যখন রশাদির স্বামী মারা যায়, তাকে এমন কিছু করতে হয় যা সে তা জীবনেও কল্পনা করেনি- প্রতিনি ঘর থেকে বের হয়ে শবিরি সচেছাসবৌ হিসেবে কাজ করা। রশাদি একটা এনজিওর সচেছাসবৌ হিসেবে কাজ করে। তাকে খুবই কম বতেন দেওয়া হয় কারণ তার আইনগতভাবে কাজ করার অনুমতি নেই। রশাদি এমনটাই আশা করছেলি। তাই সে বিশেষ কিছু মনে করে না। শবিরি কাজ করার সময়ে রশাদি সহিংসতার মুখে মুখি হয় যা সে আশা করেনি। রশাদি যে পেশাক পরধান করেন সে সম্প্রক্ সে খুব সচতেন। সে শুধু বাড়ি থেকে বের হওয়ার সময় মুখ দেখায়। তা সত্বেও, রাস্তায় হাঁটার সময় পুরুষরা মাঝে মাঝে তার গাড়ে লাঠি দিয়ে আঘাত করে এবং তাকে বিবিরতকর নামে ডাকে। যাইহোক, সবচেয়ে খারাপ ঘটনা ঘটে যখন সে সন্ধ্যাবলোয় তার সচেছাসবৌর দায়িত্ব পালনের জন্য ক্যাম্পের চারপাশে ঘুরে বেড়ায় এবং ক্যাম্প অন্ধকার হয়ে যায়। হয়রানি আরও খারাপ হয় শটচাগারগুলির কাছ থেকে যখন সে খুব কম আলো থাকে এবং যখনে রশাদি খুব অনরিপদ জায়গা মনে করে। তিনি এই অনুষ্ঠানে সম্প্রদায়ের সদস্যদের দ্বারা শারীরিকভাবে লাঞ্ছিত হয়েছেন এবং অনেকে মতে খি অপমান সহ্য করছেন।রশাদি এই ঘটনাগুলিকে ভয় পায়। কিন্তু একই সাথে কাজ করা ছাড়া তার আর কোন উপায় নেই এবং মনে করেন তার চাকরি ছেড়ে দেওয়া উচিত নয়। প্রতিনি সে বাড়ি থেকে বের হয় এবং ভয়ে থাকে যতকষণ পরযনত না সে রাতে বাড়িতে ফিরে আসে। রাতে তার বোন তাকে কর্তৃপক্ষের কাছে যেতে বলে কিন্তু রশাদি এটা দেখে শুধু হাসে -যেহেতু সে ধরনে যে যে তারা তাকে সাহায্য করার জন্য এগিয়ে আসবে না। তিনি রাইডিং এবং একজন নারী।

- আপনার সম্প্রদায়ের জন্য এই ঘটনাটিকে কতটা বাস্তবসম্মত?
- নারীরা রাস্তায় সহিংসতার শিকার হওয়া কতটা সাধারণ? কারা সহিংসতা করে? এমন কোন সময়/স্থানে কনারীরা ঝুঁকিপূর্ণ?
- সচেছাসবৌ কাজ করার সময় নারীদের সহিংসতা অনুভব করা কতটা সাধারণ? কোন মহিলারা সবচেয়ে বেশি ঝুঁকিতে (বয়স/অবস্থান/ ইত্যাদি পার্থক্য) এমন কোন বিশেষ চাকরি আছে যা মহিলাদের বেশি/কম ঝুঁকিতে ফেলে?
- আপনার সম্প্রদায়ে,কি সহিংসতা সম্প্রক্ সচতেনতা বাড়ানোর জন্য কোন পদক্ষেপে গ্রহণ করা হয়েছে?
- আপনার সম্প্রদায়ে, সহিংসতা সম্প্রক্ সচতেনতা বাড়ানোর প্রচেষ্টা কি হয়েছে? এই প্রচেষ্টার পছিনে কারা ছিল?
- কারা এই প্রচেষ্টার জন্য লক্ষ্যবস্তু? নারী? পুরুষ? বাচ্চারা? সম্প্রদায়ের নেতারা? ধর্মীয় নেতারা?
- এখানে কভাবে সচতেনতা বৃদ্ধিকরা হয়? মটিং? মিডিয়া প্রচারণা?
- এই বার্তাগুলি প্রায়শই কাদের কাছে পৌঁছায়? তারা প্রায়ই কাকে মসি করে?
- বার্তা গুলো কসিরে উপর ফোকাস করে? অধিকার? কভাবে রপিতে করবনে? কীভাবে নজিকে হিংসা থেকে রক্ষা করবনে? আপনার সম্প্রদায়ে সহিংসতার সম্মুখীন নারীদের জন্য কি ধরনের সহায়তা এবং পরষিবো পাওয়া যায়? এবং কোথা থেকে পাওয়া যায়?

আপনার সম্প্রদায়ে,নারী সহিংসতার জন্য কি সহায়তা এবং পরষিবো রয়ছে?

- নারীর নজিরে সংসার?
 - প্রতিনিশী?
 - মাঝি?
 - ইমামগণ?
 - পুলিশ?
 - স্বাস্থ্যকর্মী?
 - কাউন্সেলিং/মনস্তাত্ত্বিক সহায়তা?
 - মামলা কর্মীরা? >এখানে মহিলাদের সাহায্য পাওয়া কতটা সাধারণ
- সাধারণত এখানে নারীরা সহিংসতার শিকার হলে তাদের সাহায্য পাওয়া যায় কতটা?
- মহিলাদের সাহায্য পতে কোন বাধার সম্মুখীন হতে হয়?
- কার সাহায্য পাওয়ার সম্ভাবনা সবচেয়ে বেশি/কম? কেন?
- আপনি মনে করেন এখানে মহিলাদের কী ধরনের সহায়তা এবং পরষিবোর প্রয়োজন?/কভাবে এগুলি উন্নত করা যেতে পারে?
- আপনি রশাদি হলে কি করতেন?

Vignette 3: Violence outside the home—girls & boys

Hafsa is a 16-year-old Rohingya girl who lives in Kutupalong refugee camp with her 15-year-old brother, her parents and her two younger sisters. Although her youngest sisters, who are only 7 and 9, leave home nearly every day—to go to school but Hafsa and Rahim do not. Since Hafsa turned 13, she has spent nearly all of her time inside the home with her mother. But sometimes Hafsa has to leave home—to visit the toilets and other facilities.

In the last few weeks, there has been a group of boys hanging around the girls' toilets. They not only say rude things to girls, but try to follow them inside where the latrine locks are broken. Hafsa is terrified because she had heard stories of sexual harassment.

Hafsa isn't sure how to get help. She's afraid that if she tells her parents, they will force her to get married—to keep her "safe"—and she doesn't want to marry. She certainly can't tell the majhi, because one of the boys is the son of a powerful community member. The only person she has opened up to is her brother Rahim because she knows he also is afraid to walk around the camps. He is afraid of being kidnapped or hurt by violent people inside and outside the camp, but he feels helpless as law enforcement seems to turn a blind eye.

- How realistic is this story for your community?
- In your community, what girls are most at risk of violence? Which girls are least at risk? Why the difference? (Probe for different ages, different gender identity, different wealth, different locations)
- Is there a place/time that girls in your community are most at risk? Where/when are girls safest?
- In your community, what boys are most at risk of violence? Which boys are least at risk? Why the difference? (Probe for different ages, different gender identity, different wealth, different locations)
- Is there a place/time that boys in your community are most at risk? Where/when are boys safest?
- In your community, who is most likely to perpetrate violence against girls?
- In your community, who is most likely to perpetrate violence against boys?
- What do you believe causes boys or men to behave badly towards girls?
- In your community, have there been efforts to raise awareness about violence?
 - » Who has been behind these efforts?
 - » Who is targeted for these efforts? Women? Men? Girls? Boys?
 - » How is awareness raising done here? Meetings? Media campaigns?
 - » Who do these messages most often reach? Who do they most often miss?
 - » What do messages focus on? Rights? How to report? How to protect oneself from violence?
- What supports and services are available to girls experiencing violence in your community?
 - » Girls' own family?
 - » Neighbours?
 - » NGOs?
 - » Majhis and other community leaders?
 - » Imams?
 - » Police?
 - » Health care workers?
 - » Counselling/psychological support?
 - » Case workers?
- How common is it for girls here to get help if they experience violence?
- What barriers do girls face getting help?
- What supports and services are available to boys experiencing violence in your community?
 - » Boys' own family?
 - » Neighbours?
 - » NGOs?
 - » Majhis and other community leaders?

- » Imams?
- » Police?
- » Health care workers?
- » Counselling/psychological support?
- » Case workers?
- How common is it for boys here to get help if they experience violence?
- What barriers do boys face getting help?
- What supports and services do you think girls and women here need?/How could options be improved?
- What programming do you think boys need?
- If you were Hafsa, what would you do?
- If you were Rahim, what would you do?

VIGNETTE 3: VIOLENCE OUTSIDE THE HOME—GIRLS & BOYS

বাড়ির বাইরে ময়েদের সাথে সহসিতা

হাফসা একজন ১৬ বছর বয়সী রোহিঙ্গা ময়ে যে তার বাবা-মা এবং চার ছোট ভাইবোনকে সাথে কুতুপালং শরণার্থী শিবিরে বাস করে। হাফসার একটা সমস্যা আছে: ছেলেরা। যদিও তার ছোট বোন, যাদের বয়স মাত্র ৭ এবং ৯, তারা প্রায় প্রতিদিনই বাড়ি থেকে বের হয় - স্কুলে যেতে এবং তাদের বন্ধুদের সাথে খেলেতে - কিন্তু হাফসা যায় না। তার ১৪ বছর বয়স হওয়ার পর থেকে, সে তার মায়ে সাথে বাড়ির ভিতরে প্রায় সমস্ত সময় কাটিয়েছে। কিন্তু কখনো কখনো হাফসাকে বাড়ি থেকে বের হতে হয়- টয়লেটে ও অন্যান্য সুযোগ-সুবিধা দেখতে। গত কয়েক সপ্তাহে ময়েদের টয়লেটের আশপাশে একদল ছেলে ঘুরছে। তারা শুধু ময়েদের সাথে অভদ্র কথা বলে না, টয়লেটে তাল ভাঙা সেখানে তাকে অনুসরণ করার চেষ্টা করে। হাফসা আতঙ্কিত, কারণ সে জানে যে তার খ্যাতি-এবং তার পরিবারের খ্যাতি-এটির জন্য চরিতরে কষ্টগ্রস্ত হতে পারে তার দোষ না থাকা সত্ত্বেও।

হাফসা নিশ্চিত নয় সে কীভাবে সাহায্য পাবে। সে ভয় পায়, যদি সে তার বাবা-মাকে বলে, তারা তাকে বধি করতে বাধ্য করবে-তাকে "নরিপদ" রাখতে-এবং সে বধি করতে চায় না। মাঝিকি সে নিশ্চয়ই বলতে পারবে না, কারণ ছেলেগুলোর মধ্যে একজন এর বাবা সমাজের প্রভাবশালী দের মধ্যে একজন।

আপাতত, সে একমাত্র কাজ করছে - যতটা সম্ভব কম পানি পান করা এবং যখন তার টয়লেটে যেতে হয় তখন তার বোনকে টয়লেটে নিয়ে যাওয়া।

আপনার সম্প্রদায়ের জন্য এই গল্পটিকে কতটা বাস্তবসম্মত?

- আপনার সম্প্রদায়ের কোন ময়েরা সহসিতার ঝুঁকিতে সবচেয়ে বেশি? কোন ময়েরা সবচেয়ে কম ঝুঁকিপূর্ণ? কেন?
- আপনার সম্প্রদায়ের ময়েরা সবচেয়ে বেশি ঝুঁকিতে আছে এমন কোন স্থান/সময় আছে কি?
- ময়েরা কোথায়/কখন নরিপদ? আপনার সম্প্রদায়ে, কোন ছেলেরা ময়েদের প্রতি সহসিতা করতে পারে?
- আপনি কি বিশ্বাস করেন যে ছেলেরা ময়েদের সাথে কী কারণে এ খারাপ আচরণ করে?
- আপনার সম্প্রদায়ে, সহসিতা সম্পর্কে সচেতনতা বাড়ানোর প্রচেষ্টা কি হয়েছে? এই প্রচেষ্টার পছন্দে কারা ছিল?
- কারা এই প্রচেষ্টার জন্য লক্ষ্যবস্তু? নারী? পুরুষ? ময়েরা? ছেলেরা?
- এখানে কীভাবে সচেতনতা বৃদ্ধি করা হয়? মিটিং? মিডিয়া প্রচারণা? এই বার্তাগুলি প্রায়শই কাদের কাছে পৌঁছায়? তারা প্রায়ই কাকে মসি করে?
- ম্যাসজে গুলে কিসের উপর ফোকাস করে? অধিকার? কীভাবে রিপোর্ট করবেন? কীভাবে নজিকে হিসা থেকে রক্ষা করবেন?
- আপনার সম্প্রদায়ের সহসিতার শিকার ময়েদের জন্য কী ধরনের সহায়তা এবং পরিষেবা পাওয়া যায়? এবং কোথায় থেকে পাওয়া যায়?
 - -ময়েদের নজিরে সংসার?
 - প্রতিবেশী?
 - মাঝি ও অন্যান্য সম্প্রদায়ের নেতারা?
 - ইমামগণ?
 - পুলিশ?
 - স্বাস্থ্যকর্মী?
 - কাউন্সেলিং/মনস্তাত্ত্বিক সহায়তা?
 - কসে শ্রমিক?
- এখানে ময়েরা সহসিতার শিকার হলে তাদের সাহায্য পাওয়া কতটা সাধারণ?
- ময়েরা সাহায্য পতে কোন বাধার সম্মুখীন হয়?
- কার সাহায্য পাওয়ার সম্ভাবনা সবচেয়ে বেশি/কম? কেন?
- এখানে কি এমন কোন প্রোগ্রাম আছে যা ছেলেদেরকে ভালো আচরণ করতে শেখানোর জন্য কাজ করে? (যদি হয় - অনুবোধ করুন।)
- এখানে ময়েদের এবং মহিলাদের কী সমর্থন এবং পরিষেবার প্রয়োজন বলে আপনি মনে করেন? কীভাবে বকিল্পগুলি উন্নত করা যেতে পারে?
- ছেলেদের কি প্রোগ্রামিং দরকার বলে আপনি মনে করেন?
- আপনি যদি হাফসা হতেন, আপনি কি করতেন? আপনি যদি হাফসার পতি-মাতা হতেন - আপনি কি করতেন?

KII TOOL FOR GBV HUMANITARIAN PARTNERS

1. **Introductory:** What is your job/role? How long have you been in your position?
2. **Introductory:** Can you tell us a bit about what you do on a daily/ regular basis related to GBV?
 - » PROBE:
 - › What camps do you work in?
 - › Do you conduct GBV response or prevention activities or both? Explain.
 - › Which partners, beneficiaries, community leaders, officials, etc. do you work with?
3. **Emergency to protracted response:** Literature suggests that over the past two years, agencies have been shifting from emergency relief GBV responses that tend to focus on emergency case management and referrals, to longer-term more comprehensive approaches. Do you feel that this is an accurate reflection of the sector response?
 - » PROBE:
 - › What aspects of longer-term comprehensive programming work well in the Rohingya community?
 - › Do you feel that anything has been lost in the switch to a more protracted, longer-term approach? Please discuss relative to both prevention and response activities.
4. **Operating environment:** How – if at all – has the recently deteriorating protective environment, including spikes in criminal activity and concerns over safety, impacted GBV in the community?
 - » PROBE:
 - › How do you think it has impacted GBV programming? Should it?
 - › What have been the effects of Covid-19 on GBV? Have prevention efforts and services resumed to pre-pandemic levels? If so, why/why not? Have any lessons been learned from the pandemic for future crises – and if so which?
5. **Programming:** We would really like to learn from you about the effects of your agency's GBV intervention approaches on different groups of survivors, e.g. adolescents vs adults, married vs unmarried girls and women, males vs females, LGBTQi population, refugees vs host communities, level of education. Can you talk to us about how you are reaching these populations, what difficulties you come across and how these are mitigated?
6. **Partnerships and coordination:** What is your knowledge on how the GBVSS coordinates programming between partners and with other actors?
 - » PROBE:
 - › How are referral pathways designed and are these effective (in ensuring patient confidentiality, survivor-centered).
 - › To what extent and how do you liaise with majhis and CiC offices for referrals (does this occur only in some GBV cases)?
 - › Many partners conduct similar preventative programming approaches – including SASAI, Listening Groups, EMAP and other evidence-based programming. How does your agency assess impact of these approaches or differences in impact between the various approaches? Does this work well?
 - › Do you feel that sector funding is reaching those most in need? How? How not?
 - › What mechanisms might be designed and implemented to facilitate cross-agency programming and harmonization?
 - › Do you feel that there is there potential for a better collective response? Including learning on:
 - › Comparing alternative approaches to the same part of the problem
 - › Combining elements to see if they are more effective (Introducing new design elements to mainstream GBV prevention in other sector programmes)
 - › Additional learning around:
 - › The amount or duration of funding available for GBV programmes

- › Competing priorities for those managing the response
- › GBV knowledge and skills of programme staff
- › Lack of willingness to coordinate efforts between agencies

7. **Community knowledge and feedback:** what is your experience of the Rohingya community's knowledge and perceptions of gender-based violence?

» PROBE:

- › What do we know about how men and women, boys and girls from Rohingya and, separately, host communities themselves define GBV?
- › Does the Rohingya community protect women and girls (and others vulnerable to GBV) and if so, using what informal and formal ways?
- › Are you aware of Rohingya responses and GBV prevention activities and their degree of uptake and impact? If so, how are you aware and what have you learned?
- › What cultural, protection or other concerns affect the ability of victims to report cases?
- › What informal justice mechanisms exist and what is their impact?
- › What are the monitoring feedback mechanisms with the community? Are these successful?
- › What – if any – are the opportunities for co-creation with the Rohingya community?

8. **Overarching questions:** What do you think are the major gaps and barriers in the GBV response and why?

» PROBE:

- › What are the major barriers you face in the community?
- › Are the most vulnerable women and girls, men and boys being targeted?
- › Who is being left behind and why?

9. **Overarching questions:** What do you think is working well in the GBV response and why?

» PROBE:

- › What are the major entry points you face in the community?

KII TOOL FOR CAMP IN CHARGE (CIC) AND RRRC

1. **Introductory:** What is your job/role? How long have you been in your position?
2. **Introductory:** Can you tell us a bit about what you do on a daily/ regular basis relative to GBV?
 - » PROBE:
 - › To what extent are you involved in GBV response activities? GBV prevention activities? Please explain.
 - › Which humanitarian partners, beneficiaries, community leaders, other government officials, etc. do you work with? Can you describe your GBV collaboration with these partners?
3. **Emergency to protracted response:** Literature suggests that over the past two years, partners have been shifting from emergency relief GBV responses that tend to focus on emergency case management and referrals, to longer-term more comprehensive approaches. Do you feel that this is an accurate reflection of the sector response?
 - » PROBE:
 - › What aspects of longer-term comprehensive programming work well in the Rohingya community?
 - › Do you feel that anything has been lost in the switch to a more protracted, longer-term approach? Why/why not? Please discuss relative to both prevention and response activities.
4. **Operating environment:** How – if at all – has the recently deteriorating protective environment, including spikes in criminal activity and concerns over safety, impacted GBV in the community?
 - » PROBE:
 - › How do you think it has impacted GBV programming? Should it?
 - › What have been the effects of Covid-19 on GBV?
5. **Programming:** We would really like to learn from you about your perceptions and knowledge of humanitarian GBV interventions in this camp. To your understanding, what GBV programmes are currently rolled out in this community?
 - » PROBE:
 - › What do you think GBV response and prevention programmes are trying to achieve?
 - › Are GBV programmes working well in the community? Why or why not?
 - › How – if at all – are GBV programmes targeting different groups of people, including:
 - Adolescents vs adults
 - Married vs unmarried girls and women
 - Males vs females
 - LGBTQi population
 - Refugees vs host communities
 - Different levels of education
 - › Do humanitarian partners and the Rohingya community have a similar understanding of what constitutes GBV?
 - › In your view, what triggers GBV in the Rohingya community?
 - › How does the Rohingya community protect women and girls (and others vulnerable to GBV) in informal and formal ways?
 - › Are there community-level responses and GBV prevention activities that you would like to share? What is their degree of uptake and impact?
 - › Are you able to discuss if any cultural, protection or other concerns affect the ability of victims to report cases?
 - › What justice mechanisms exist at the community level and what is their impact?
6. **Feedback:** How does the GBVSS work with the CiC and RRRC to develop and implement timely and relevant GBV approaches?

- » PROBE:
 - › What – if any – are the opportunities for co-creation of programmes with the humanitarian community?
- 7. **Partnerships and coordination:** What is your perception on how the GBVSS coordinates programming with yourselves, the CiC, partners and other actors?
 - » PROBE:
 - › How are referral pathways designed and are these effective (in ensuring patient confidentiality, survivor-centered)?
 - › Can you talk us through your involvement in GBV case management? Your involvement in GBV prevention activities?
 - › Do you feel that there is there potential for a better collective response? Including learning on:
 - › Comparing alternative approaches to the same part of the problem
 - › Combining elements to see if they are more effective (Introducing new design elements to mainstream GBV prevention in other sector programmes)
- **Overarching questions:** What do you think are the major gaps and barriers in the GBV response and why?
 - » PROBE:
 - › Is anyone being left behind and why?
- **Overarching questions:** What do you think is working well in the GBV response and why?

KII TOOL FOR MAJHI AND RELIGIOUS LEADERS

1. **Introductory:** When and under which circumstances did you arrive in Bangladesh?
2. **Introductory:** How long have you been a majhi and how did you obtain this position?
 - » PROBE:
 - › Can you explain what you do on a daily basis – especially related to GBV activities?
 - › How many camp blocks do you operate in/take charge of?
 - › Which humanitarian partners, beneficiaries, community leaders, government officials, etc. do you work with?
Can you describe your GBV collaboration with these partners?
3. **Programming:** We would really like to learn from you about your personal perceptions and the wider community perceptions of humanitarian GBV interventions in this camp. To your knowledge, what GBV programmes are currently rolled out in this community?
 - » PROBE:
 - › What do you think GBV response and prevention programmes are trying to achieve?
 - › Are GBV programmes working well in the community? Why or why not?
 - › How – if at all – are GBV programmes targeting different groups of people, including:
 - Adolescents vs adults
 - Married vs unmarried girls and women
 - Males vs females
 - LGBTQi population
 - Refugees vs host communities
 - Different levels of education
4. **Community knowledge and feedback:** How does the GBVSS work with majhis, community and religious leaders to develop and implement ethical and sustainable GBV approaches?
 - » PROBE:
 - › Can you talk to us about how men and women, boys and girls from Rohingya communities define GBV?
 - › What triggers GBV?
 - › Do humanitarian partners and the Rohingya community have a similar understanding of what constitutes GBV?
 - › How does the Rohingya community protect women and girls (and others vulnerable to GBV) in informal and formal ways?
 - › Are there community-level responses and GBV prevention activities that you would like to share? What is their degree of uptake and impact?
 - › Are you able to discuss if any cultural, protection or other concerns affect the ability of victims to report cases?
 - › What justice mechanisms exist at the community level and what is their impact?
 - › What – if any – are the opportunities for co-creation of programmes with the humanitarian community?
 - › Do you think the community feels the GBV response to be ethical? How do we check and know?
5. **Operating environment:** How – if at all – has the recently deteriorating protective environment, including spikes in criminal activity and concerns over safety, impacted GBV in the community?
 - » PROBE:
 - › How do you think it has impacted GBV programming? Should it?
6. **Partnerships and coordination:** What is your perception on how the GBVSS coordinates programming with yourselves, the CiC, partners and other actors?

- » PROBE:
 - › How are referral pathways designed and are these effective (in ensuring patient confidentiality, survivor-centered)?
 - › Can you talk us through your involvement in GBV case management? Your involvement in GBV prevention activities?
 - › Do you feel that there is there potential for a better collective response? Including learning on:
 - › Comparing alternative approaches to the same part of the problem
 - › Combining elements to see if they are more effective (Introducing new design elements to mainstream GBV prevention in other sector programmes)
- **Overarching questions:** What do you think are the major gaps and barriers in the GBV response and why?
 - » PROBE:
 - › Is anyone being left behind and why?
- **Overarching questions:** What do you think is working well in the GBV response and why?

KII TOOL FOR DISTRICT SECURITY/APBN

1. **Introductory:** What is your job/role? How long have you been in your position?
2. **Introductory:** Can you tell us a bit about what you do on a daily/ regular basis relative to GBV?
3. **GBV knowledge and training:**
 - a) When were you trained in your role?
 - b) Were you trained on GBV? What type of training was this? What did it entail?
 - c) Who provided this training?
 - d) Was all of this useful for your daily job? How?
4. **GBV Programming:**
 - » PROBE:
 - › Are you involved in GBV response activities? What are the case management protocols?
 - › What do you do if a survivor comes to you for help with issues of violence in the community?
 - › What about issues of violence in the home?
 - › What – if any – are the referral pathways you use?
 - › Are you involved in GBV prevention activities / awareness raising? How?
 - › Which humanitarian partners, beneficiaries, community leaders, CiC officials do you work with on GBV? Can you describe your collaboration with these partners?
5. **Operating environment:** How – if at all – has the recently deteriorating protective environment, including spikes in criminal activity and concerns over safety, impacted GBV in the community?
 - » PROBE:
 - › What exactly is happening in the camps?
 - › Where and when is safety and security worse?
 - › How do you think the security environment has impacted GBV programming? Should it?
 - › What have been the effects of Covid-19 on GBV?
6. **GBV programming?** Do humanitarian partners and the Rohingya community have a similar understanding of what constitutes GBV?
 - › In your view, what triggers GBV in the Rohingya community?
 - › How does the Rohingya community protect women and girls (and others vulnerable to GBV) in informal and formal ways?
 - › Are you able to discuss if any cultural, protection or other concerns affect the ability of victims to report cases?
 - › What justice mechanisms exist at the community level and what is their impact?
7. **Partnerships and coordination:** What is your perception on how the GBV sector coordinates programming with you?
 - » PROBE:
 - › re referral pathways designed and are these effective (in ensuring patient confidentiality, survivor-centered)?
 - › Do you feel that there is there potential for a better collective response?
 - › Should GBV programming be mainstreamed or stand-alone?
- **Overarching questions:** What do you think are the major gaps and barriers in the GBV response and why?
 - PROBE:
 - » Is anyone being left behind and why?

- **Overarching questions:** What do you think is working well in the GBV response and why?

**** Are these scenarios realistic in the Rohingya camps?****

Due to the deterioration of law and order in the camps, women and girls especially live in fear of venturing outside their homes and reporting incidences of GBV.

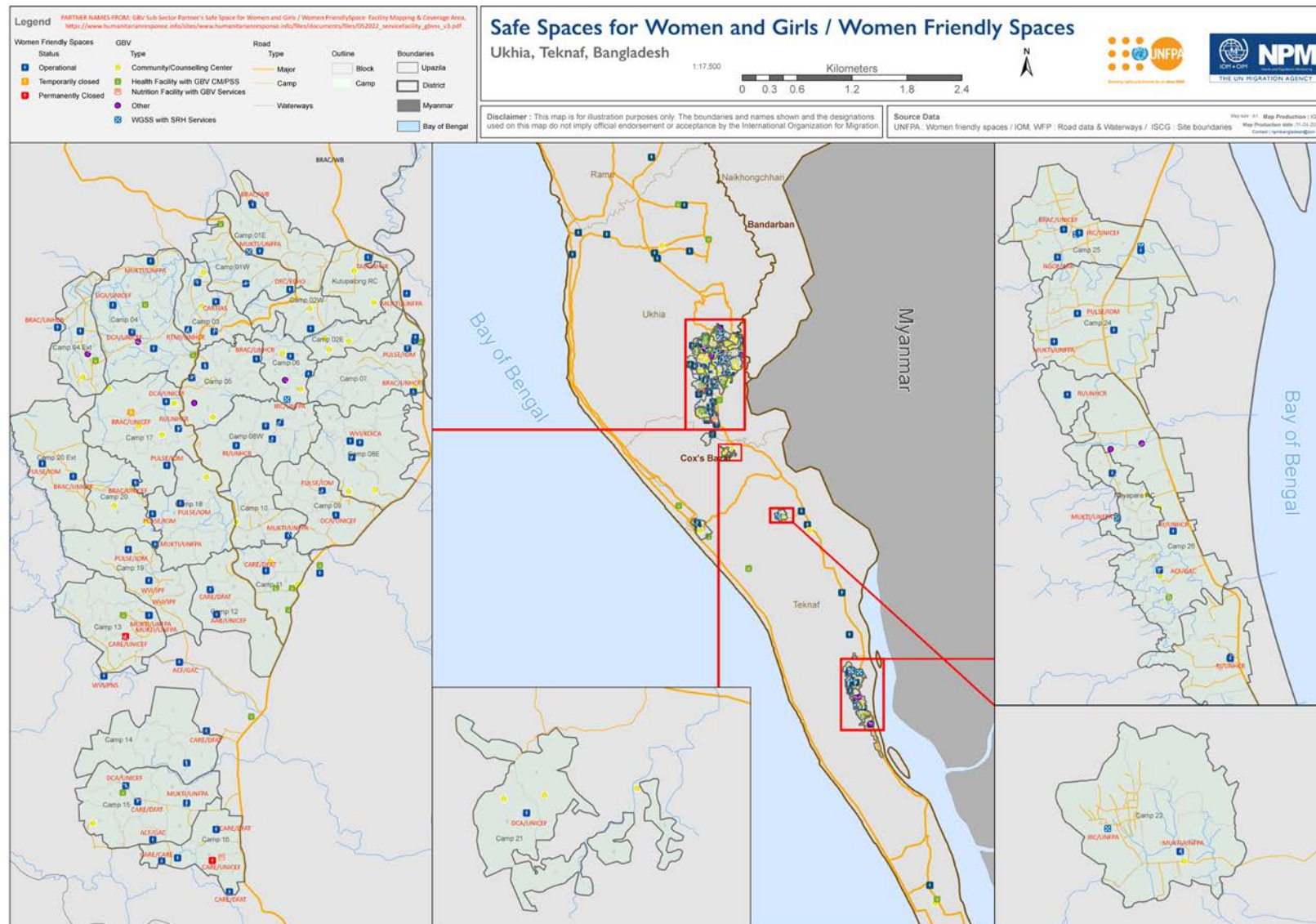
No matter how much community-level outreach is conducted in GBV Prevention activities, there are still Rohingya families that are uninterested in participating.

GBV survivors do not seek support due to dissatisfaction with case management because they feel they are getting sent from one organization to the next without personalized help.

There is a disconnect between humanitarian work and CiC offices – humanitarian agencies feel they need more collaboration with governmental bodies.

Due to COVID-19 child marriage has increased – but it goes unnoticed and under reported.

Annex 3: Women and Girls' Safe Space mapping with lead agencies





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Front cover: A woman and her husband in Rohingya, Bangladesh © UN Women / 2019

