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GENDER BRIEF ON ROHINGYA REFUGEE CRISIS RESPONSE IN BANGLADESH



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■ BACKGROUND

Violent conflict began in Rakhine State in October 2016. Since 25 August 2017, an estimated 688,800¹ Rohingya refugees have crossed the border into Cox's Bazar, Bangladesh. The distressed and traumatized displaced population – approximately 52² per cent of which are women and girls – lives in terrible conditions and lacks adequate food, water, sanitation, medical care and access to their livelihoods and assets.

The crisis situation disproportionately affects women, girls and the most vulnerable and marginalized Rohingya refugee population groups (based on gender, age, marital status, sex of

household head, mental and physical disabilities, sexual orientation and gender identity) by reinforcing, perpetuating and exacerbating pre-existing, persistent gender inequalities, gender-based violence and discrimination.

According to community leaders and interviews with refugees, almost every woman and girl in the Balukhali makeshift settlements in Cox's Bazar is either a survivor of or a witness to multiple incidences of sexual assault, rape, gang-rape, murder through mutilation or burning alive of a close family member or neighbour. Women and girls have experienced sexual- and gender-based

violence, perpetrated by both the Myanmar army and by Rakhine locals (the incidence of this violence has increased in frequency over the last two years³). Many women whose sexual assault resulted in conception are reported to have sought out abortions after arriving in Bangladesh. This is a frightening reminder that sexual- and gender-based violence are among the most horrific weapons of war, instruments of terror most often used against women.

The recent influx has more than doubled the population living in refugee settlements and stretched the capacities of humanitarian agencies working to provide emergency shelter, access to clean

1 Inter Sector Coordination. (2018, January 21). Situation Update: Rohingya Refugee Crisis. Retrieved January 29, 2018, from https://www.humanitarianresponse.info/system/files/documents/files/180121_iscg_sitrep_one_pager.pdf

2 UNHCR Bangladesh. (2017, October 4). Family counting - Interactive Dashboard. Retrieved January 29, 2018, from <https://www.humanitarianresponse.info/en/operations/bangladesh/family-counting-interactive-dashboard>

3 CARE International Rapid Gender Analysis (2017)



WFP Photo by Michelle Sanson

water and sanitation, health-care services, delivery of food and nutrition support for malnourished girls and boys especially, education, and protective services. Increasing overcrowding and decreasing privacy at all refugee sites elevate safety and security risks, particularly for women and girls.

Almost 400,000 refugees need immediate access to water and sanitation.⁴ This increased population currently lacks sufficient numbers of latrines, water points and bathing facilities.⁵ As a result, women and men are forced to share toilets without basic protection measures including gender segregation.

Meeting these needs requires at least 59 million litres of potable water per day and 18,000 emergency latrines. Existing health-care facilities are overstretched; sexual and reproductive health services are virtually non-existent. The most vulnerable and marginalized women and girls (including older women, single women, women with disabilities, female-headed households, pregnant women – many of whom are very young – adolescent girls and people with diverse gender identities and sexual orientations) are among the first to experience additional access barriers to scarce and overstretched humanitarian relief services. Twenty-four thousand pregnant and lactating women require maternal health-care support at already overstretched health-care facilities. Further, notwithstanding their being the hardest impacted, they are usually the last to be consulted (if at all) about their needs and provided with the least information about where and how to claim relief services.

Many Rohingya refugee households are female headed. Female-headed and elderly households with no male relatives are already exhibiting greater vulnerability than those with adult males. Having fled in extreme circumstances, these households are not only traumatized by the loss of their loved ones, but also the loss of their assets, livelihoods and all forms of financial security. This dispossession is exacerbated by settling in poor, resource-constrained Bangladeshi communities.

Other vulnerable subgroups include the elderly and persons with disabilities, subgroups who are, for example, unable to build their own shelters. Their vulnerability is worsened by the lack of information on obtaining food and aid tokens (e.g. where to go and who to consult).

According to the Daily Star (an independent Bangladeshi newspaper), “14,740 orphan Rohingya children have been identified since September 20 in the settlements in Ukhia and Teknaf.”⁷ There are some indications that women and children are turning to negative coping mechanisms to mitigate economic and food insecurity (e.g. selling their remaining assets, participating in the illegal drug trade or engaging in transactional sex).

Women and children are also at heightened risk of becoming victims of human trafficking, sexual abuse or child and forced marriage for the same reasons.⁸ There is already anecdotal evidence that child marriage is commonly practiced among Rohingyas. Women and

adolescent girls between the ages of 13 and 20 newly arriving from Myanmar typically have two to four children each (some of the 13 to 20-year-olds are currently pregnant).⁹ There is concern that the economic insecurity of the newly arrived Rohingya population will further encourage this harmful practice.

A 2015 gender analysis study,¹⁰ which included a focused group discussion and key informant interviews among the 3,000 Rohingya refugees who were then living in Cox’s Bazar’s official refugee camps, revealed that 94 per cent of women respondents reported that they did not make decisions about their current marriage, and that 45 per cent were married as children. Ninety-five per cent of them said that the main role of women is cooking; 53 per cent believed that women should not be allowed to leave the house (42 per cent of surveyed women reported spending an average of 21 to 24 hours a day inside their house).

These factors have had tremendous negative effects on women’s and girls’ mobility, leadership potential, decision-making ability and control over things that impact their lives. Such an environment requires further efforts to understand negative coping strategies, norms, attitudes and behaviours. It also requires developing mechanisms that enable and empower women and girls to mitigate real or perceived risks, to monitor and address rights violation issues, to act as first responders, leaders, and decision makers for refugee response efforts and to build their own and their community’s resilience.

Integrating gender equality measures into the refugee response is critical to ensuring that women and girls – particularly the most vulnerable and marginalized – have equitable access to (and benefit from) relief, services and information. Humanitarian responses often miss opportunities to transform gender relations through the leadership and empowerment of women and girls in their role as decision makers, first responders, and economic actors – notwithstanding the fact that they are keys to response effectiveness and to communities’ longer-term resilience.

Understanding these distinctions provides humanitarian actors with a

4 UN Resident Coordinator Report Bangladesh (October 2017).

5 ISCG Situation Report (SiTRep September 2017).

6 Ibid.

7 Available at: <http://www.thedailystar.net/backpage/myanmar-refugee-crisis-rohingya-orphans-14740-and-counting-1476958>

8 ISCG Multi-Sectoral Rapid Assessments Final Report (17 September 2017).

9 ISCG Situation Report (SiTRep September 2017).

10 UNHCR and UN Women Gender Assessment in Official Refugee Camps in Cox’s Bazar, Bangladesh (2015).

more accurate conception of how the crisis affects different vulnerable groups. This understanding is key to designing gender-responsive human rights-based humanitarian actions that meet the needs and priorities of the population in a more targeted manner and ensure that all people affected by the crisis are acknowledged (and that their needs and vulnerabilities are taken into account); and that the humanitarian response is more effective and efficient.

UN Women was established to hold the UN system accountable for its own commitments towards gender equality and to assist countries' effective and efficient progress towards achieving gender equality, women's empowerment and the upholding of women's rights.

UN Women and the Department of Women Affairs of the Ministry of Women and Children Affairs of Bangladesh co-lead the Inter-cluster Gender in Humanitarian Action Working Group. The Working Group, a cluster of gender focal points and gender equality advocates engaged in humanitarian actions, promotes gender-responsive humanitarian action.

UN Women and the UN Resident Coordinator's Office co-host a Senior Gender Capacity Adviser to provide inter-agency technical support on gender mainstreaming. Humanitarian actors have an obligation to promote gender equality through humanitarian actions in line with the Inter-agency Standing Committee's Gender Equality Policy Statement (2008), the Agenda for Humanity from the World Humanitarian Summit (2016), and the Grand Bargain.¹¹ Humanitarian actors also have an obligation to support women's and girls' protection, participation and empowerment through targeted actions, as articulated in the Women, Peace and Security thematic agenda as outlined in United Nations Security Council resolutions. The Government of Bangladesh, a signatory to these global commitments as well as the Convention on the Elimination of all Forms of Discrimination against Women and the Beijing Platform for Action, is committed to promoting gender equality and women's empowerment in the national Standing Orders on Disasters.

■ RECOMMENDATIONS FOR HUMANITARIAN ACTORS

Urgent and immediate needs

- Provide targeted support to the most marginalized and vulnerable among affected populations, including girls and adolescent girls (especially those unaccompanied); single women; female-headed households; pregnant and lactating women; persons with diverse gender identities and sexual orientations; children; older persons; and persons with disabilities.
- Establish prioritization criteria for food assistance and nutrition requirements that takes into account gender, age, and disability.
- Ensure that all women have access to free sexual and reproductive health services.
- Support the establishment and implementation of interventions to protect women, girls, boys, men and persons of diverse gender identities from all forms of gender-based violence (including sexual exploitation and abuse) in line with the Secretary-General's bulletin on protection from sexual exploitation and abuse.¹²
- Ensure well-lit, lockable and gender-segregated toilet and bathing facilities that are safe and accessible across all ages, disabilities, and other diversities.
- Ensure that affected populations of all genders, ages, and diversities have equitable access to relief, services and information.

Medium- to long-term needs

- Support the establishment of multi-purpose support centres to address women's and girls' protection, psychosocial and livelihood needs. These support centres should be one-stop service centres that prepare the most vulnerable women (e.g. elderly; pregnant; lactating mothers; and weak, stressed women with many children) for livelihood activities that raise awareness on sanitation and hygiene, nutrition, health, and that link women and girls needs to other services.
- Identify and provide livelihood opportunities for women after consultation with women in order to ensure that the opportunities are viable and feasible. At the same time, provide assistance with care work so that women are able to engage in livelihood activities.
- Recognize and take actions to raise awareness of – and to end – the broad spectrum of gender-based violence, including early and forced marriage, discriminatory and harmful practices, dowry practices, trafficking, domestic violence, and violence based on sexual orientation and gender identity.
- Provide increased funding to relevant sectors and humanitarian actors to support the return of all children (girls and boys) in the refugee camps to school and have access to quality education.
- Provide targeted support to ensure that girls as well as boys return to and are retained in schools.

Response improvement

- Ensure the leadership and meaningfully equal representation of women and marginalised groups, and civil society organizations representing these population groups, in assessments, planning, management, implementation, relief distribution and monitoring of humanitarian response activities.
- Ensure that there is a gender balance and adequate numbers of trained female staff as aid workers, interpreters, assessors and security staff; that female staff members are available at any time to support women; and that female staff are provided with necessary safety and security measures.

¹¹ An agreement between more than 30 of the biggest donors and aid providers that aims to get more means into the hands of people in need.

¹² ST/SGB/2003/13



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- Ensure that all humanitarian workers – including uniformed services – are trained in preventing sexual exploitation and abuse, and standardized zero-tolerance code of practice is enforced.
- Provide separate, private facilities for interviewing and supporting women.
- Ensure gender equality and social inclusion in communications and consultations with all affected populations, including the most vulnerable and marginalized of all genders, ages, and diversities in order to identify their needs, risks, vulnerabilities and capacities.
- Require the entire humanitarian response for Rohingya refugees to collect, analyse and use disaggregated data on gender, age, and disability in the design, planning, implementation and monitoring of all programmes.
- Ensure that programmes respond to identified gender and social gaps, and report on the extent to which the different needs of women, girls, boys, men and persons of diverse gender identities have been met.
- Use the Inter-Agency Standing Committee (IASC) 2006 Gender Handbook in Humanitarian Action (currently being updated to be released in 2017) in order to ensure that all humanitarian interventions are gender responsive, highlighting the differing needs and capacities of women, men, boys, girls and persons of diverse gender identities in needs assessments, population profiles, pre-positioning of age/gender appropriate assistance packages, planning and capacity-building for humanitarian actors and partners.
- Secure donor assistance in requiring that the IASC's Gender Marker is incorporated into all appeals and funding mechanisms, and that the principles of gender-responsive budgeting are applied in the planning, programming, and monitoring of humanitarian response-related expenditures.
- Support the work of GenCap Advisor and Sector Gender Focal Points in order to ensure that sector leads, surge staff and local partners are fully capacitated to support integrating gender within humanitarian programming, in liaison with the national Gender in Humanitarian Action Working Group, co-chaired by the Department of Women's Affairs of the Ministry of Women and Children Affairs, the Government of Bangladesh and UN Women.

UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women focuses on ensuring gender equality and rights-based approach for ending violence against women, preventing violent extremism, women's economic empowerment, gender in humanitarian action, and HIV/AIDS response that can unlock progress across the board.

UN Women Bangladesh

House #CES(A) 11A, Road #113, Gulshan-2, Dhaka 1212 BANGLADESH. Tel : +88 2 985 8593 Fax : +88 2 988 3828
Contact: Kausik Das, Monitoring and Communications Officer. Email: kausik.das@unwomen.org
<http://bangladesh.unwomen.org>  @unwomenBangladesh

