

A close-up photograph of two young Rohingya girls. The girl on the left is wearing a pink shirt and has a small purple hair clip. The girl on the right is wearing a light blue shirt and is smiling broadly. They are positioned in front of a structure made of bamboo poles. The background is slightly blurred, showing more of the structure and some greenery.

AN INTERSECTIONAL ANALYSIS OF
**GENDER AMONGST
ROHINGYA REFUGEES
AND HOST COMMUNITIES**
IN COX'S BAZAR, BANGLADESH

Inter-Agency Research Report



act:onaid





Acknowledgements

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ACRONYMS

AGD	Age, Gender and Diversity
AIDS	Acquired Immunodeficiency Syndrome
CiC	Camp-in-Charge
CwC WG	Communication with Communities Working Group
CSO	Civil Society Organisation
EFSVL	Emergency Food Security and Vulnerable Livelihoods
FGD	Focus Group Discussion
GBV IMS	Gender-based Violence Information Management System
GBV WG	Gender-based Violence Working Group
GEEWG	Gender Equality and Empowerment of Women and Girls
GiHA	Gender in Humanitarian Action
HI	Humanity and Inclusion
HIV	Human Immunodeficiency Virus
IASC	Inter-Agency Standing Committee
IGA	Income Generation Activities
IPV	Intimate Partner Violence
ISCG	Inter-Sector Coordination Group
JRP	Joint Response Plan
KII	Key Informant Interview
MEAL	Monitoring, Evaluation, Accountability and Learning
MHM	Menstrual Hygiene Management
NGO	Non-Governmental Organisation
PSEA	Protection Against Sexual Exploitation and Abuse
PMTCT	Prevention of Mother-to-Child Transmission
PWD	People living with a disability
RRRC	Office of the Refugee Relief and Repatriation Commissioner
SADDD	Sex, Age and Diversity Disaggregated Data
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based Violence
SRHR	Sexual and Reproductive Health and Rights
SSWG	Safe Spaces for Women and Girls
STI	Sexually Transmitted Infections
UNHCR	United Nations High Commissioner for Refugees
WASH	Water, Sanitation and Hygiene

GLOSSARY

Gender diverse populations

The term 'gender diverse populations' refers to gender related diversity, for example people with diverse sexual orientations, and gender identities such as *Hijra*.

Hijra

In South Asia, the term '*Hijra*' refers to an identity category for people who were assigned as male at birth, but who develop a feminine gender identity.

Intersectionality

As a social variable, gender crosscuts with social variables such as age, ethnicity, class, religion, disability, sexual orientation, language, political identity, among others. Taking an intersectional approach, this study examines the distinct ways through which diverse socially and culturally constructed categories interact at different levels to produce different forms of power relations and inequalities.

Majhi

In the 1990s, the Bangladesh Army established what is known as the '*Majhi*' system. This was a group of Rohingya men chosen and organised by the Army for the purpose of information dissemination, coordination of distributions, estimating population numbers, and linking the needs of Rohingya refugees to humanitarian aid. During the 2017 refugee emergency, this system was revived by the authorities.

People with diverse identities

The term 'people with diverse identities' is used to comprehensively refer to all types of diversity and intersectionality, from people living with disabilities to gender diverse populations (such as the *Hijra*).

Purdah

Purdah literally means curtain or veil. In certain societies the term *purdah* is widely used to refer to the system of seclusion of Muslim and Hindu women from men or strangers, especially by means of a curtain.

Salish

Salish is an informal mediation system and the most common form of community-level justice practiced in Bangladesh.

Sexual and Gender-based Violence (SGBV)

UNHCR defines Sexual and Gender-based Violence (SGBV) as an umbrella term for any harmful act that is perpetrated against a person's will and that is based on gender norms and unequal power relations. It encompasses threats of violence and coercion. It can be physical, emotional, psychological, or sexual in nature. It could also include the denial of resources or access to services. It inflicts harm on women, girls, men and boys, and can occur in public or in private.

Transdisciplinary research

Moving beyond discipline-specific approaches, transdisciplinary research draws on different disciplines to address a common problem.

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EXECUTIVE SUMMARY

“ There is a tension between mainstreaming gender and providing lifesaving assistance. Gender mainstreaming is not seen as lifesaving assistance. The link between gender equality and ensuring access to services is not well understood. The fact, for example, that if we could have ensured gender mainstreaming right from the onset by looking at the different needs of women, men, boys and girls, many protection issues, including SGBV, could have been mitigated. The point is, that without mainstreaming and integrating gender issues you only achieve 50% of the target (KII, Gender Hub, ISCG). ”





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The empowerment of women, men, girls, boys and people who share diverse identities is key to a gender-transformative humanitarian response during emergencies. It is critical to understand how gender roles and power relations intersect with other identities such as age, ethnicity, disability, sexual orientation, language, socio-economic class, and political status, and how this potentially deepens inequalities in emergency contexts. An understanding of gender and intersectionality in emergencies is necessary to address the diverse needs of different groups in any humanitarian response.

Moving beyond the 2017 crisis, the emergency has now developed into a more protracted response that necessitates comprehensive and periodic information-gathering and assessment of the needs and vulnerabilities of affected refugee and host communities. This necessity is further reinforced by a challenging policy environment that restricts Rohingya refugees' access to livelihoods, income generation, freedom of movement, continued and accredited formal education, sexual and reproductive health and rights (SRHR), and also limits access to information as a result of an internet ban.

To avoid exacerbating existing vulnerabilities amongst refugees, humanitarian and development interventions should be informed by a sound understanding of the differential impact that emergencies have on women, men, girls, boys, and people with diverse identities in the affected population. It is, therefore, crucial to continue analysing the factors that determine a community's potential to survive a crisis by studying their capacities and vulnerabilities, material and physical assets, social and organisational capacities, and attitudes.

This transdisciplinary research^{1,2} aims to fill a significant gap by providing a critical analysis of how the humanitarian response responds to existing gender relations within the community through its programming on promoting gender equality. It also looks at how intersections between age, gender and other diversity factors contribute to a person or group's vulnerability, and how this can be addressed by the humanitarian response.





The strength of this intersectional analysis of gender lies in its effort to understand the differing vulnerabilities of women, men, girls, boys, as well as people living with disabilities, and gender diverse populations. It explores their differentiated capabilities, multi-dimensional deprivations and coping strategies in crises with the purpose of developing effective response programs.

This study identifies the key issues contributing to gender inequalities in the context of Rohingya refugees and the host communities living in Cox's Bazar in Bangladesh. It examines the process through which gendered power relations give rise to discrimination, subordination and social exclusion. Through examining the different roles of women and men from the interpersonal, household, and community level, the study sheds light on the violation of rights essential to achieve gender equality in humanitarian emergencies. The analysis also demonstrates how humanitarian response programming can promote gender equality or exacerbate inequality, depending on how strongly gender analysis informs programming.

Although there is a certain level of understanding about the pre-existing conservativeness, as well as traditional social and gender norms that prevail within the Rohingya community, there is an absence of assessment, analysis and understanding of how their social norms and values have changed over time in the refugee context, and its impact on gender relations. This has led to a limited understanding of, and engagement with, the nuances that emerge from dynamic and ever changing social norms, power imbalances between men and women, institutionalised patriarchy, the individual aspirations of women, girls, boys and men, and the very idea of empowerment as understood by the Rohingya.

A lack of knowledge of gender analytical frameworks and tools has resulted in gaps in analysing gender in a structured way by different humanitarian actors. The existing tools and methodologies for gender analysis are not standardised. Different actors use different tools and there is no initiative by the humanitarian response to review, adapt and standardise existing gender analytical tools and methodologies. Moreover, there is limited

competency amongst humanitarian actors to analyse gender and power dynamics and the intersection of gender with other factors. As a result, there is limited use of Sex, Age and Diversity Disaggregated Data (SADD data) in sectoral planning, programming and reporting. All this impacts the effectiveness of humanitarian interventions. For instance, despite the requirement set by the Joint Response Plan (JRP), sectoral reports in general lack sex and age disaggregated data. Similarly, disability inclusion, as well as the inclusion of gender diverse populations, is still very limited, and the intersectional analysis of gender and disability is largely absent in the Rohingya humanitarian response.

The 2020 JRP prioritises “promoting an integrated and multi-sector Protection, Age, Gender and Diversity approach” — as one of the six priority objectives of the Protection Sector.³ An analysis of gender and intersectionality underpinned by an Age, Gender and Diversity (AGD) approach aims to add value to inform the design and implementation of policies and programs of the Bangladesh Government, donors, humanitarian and development actors, and civil society organisations (CSOs), and to make inter-sectoral programming more effective in order to strengthen the protection of the Rohingya refugees and host communities in Cox's Bazar.

This study was conducted prior to the COVID-19 pandemic. Due to the change in context, it has now become even more imperative to adapt existing mechanisms within the ongoing response, especially the need for increased Age, Gender and Diversity (AGD) analysis and monitoring of vulnerabilities. While COVID-19 was not a factor in this analysis, the recommendations of this report need to be addressed and implemented with the changing context in mind.

Overarching Recommendation

“ We are part of the problem in terms of power, which is highlighted by the inadequate active engagement of refugees in response programming. The real challenge of the response is in how it can better connect to the agency of the Rohingya themselves in terms of understanding what their changed aspirations are and how they propose moving forward. There are thousands of FGDs taking place across the camps every week. But, by and large, the agendas are set by aid agencies and based on what agencies feel that the Rohingya need to know. We are setting the agenda. Already, there is quite a big power imbalance between the humanitarian community and refugees. We need to start with a blank sheet of paper and allow different social groups of Rohingya to be involved in setting the agenda of what is important to them, and the real issues that they have strong feelings and emotions about (KII, Donor Agency). ”

This report should be updated and revised periodically as the situation continues to unfold and develops into a more protracted one. Sex, Age and Diversity Disaggregated Data (SADD) should form the basis for ongoing monitoring, evaluation, and strengthening of humanitarian and development interventions.

Gender and intersectionality analyses, assessments, and research should be institutionalised, systematised and integrated into policies and program cycles of all sectors and across sectors. This will help better contextualise humanitarian and development interventions when it is time to plan, implement, monitor and evaluate the response, and consistently factor in considerations of the different vulnerabilities, challenges, needs, capacities and aspirations of diverse women, men, girls, and boys.

Notwithstanding the prevalence of power dynamics that exist within families and communities, a well-informed policy that places women and girls at the heart of the program can facilitate gender equality. The Government should lead on this and strengthen its coordination mechanism through, at least, quarterly colloquiums held at the local level involving concerned line ministries, the Office of Refugee Relief and Repatriation Commissioner (RRRC), local government actors in Cox's Bazar, the humanitarian and development agencies, donor community, and Civil Society Organisations (CSOs). Furthermore, ensuring that donor and government policies and programs on gender equality are well informed and adapted to the local context.



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Donors, along with humanitarian and development actors and civil society members can intensify advocacy with the Government to formulate a policy framework for inclusion of refugees and a medium to a longer-term programme targeting them based on a holistic gender-sensitive and inclusive approach.

Donors should ensure adequate funding for gender assessments, continuing gender and intersectionality analysis and social norms research to underpin longer-term and transformational programmes to address the needs and rights of women and girls as well as those of men and boys.

Rohingya refugees and host communities need to be supported with social cohesion training to maintain peace and harmony between and within communities, prevent sexual and gender-based violence (SGBV), and avoid further victimisation of women and girls. Humanitarian actors should engage with the media on ethical issues related to reporting refugee issues and enhance the visibility of female humanitarian responders in the crisis; highlighting their positive contributions to both refugees and host communities.

Sector coordinators must ensure that sectoral programs are rights-based and informed by the right of women and girls to access information, be able to meaningfully participate in decision-making processes that affect their lives, and have access to leadership opportunities. The ISCG should be engaged with sectors and agencies to encourage dedicated resources to co-ordinate and undertake periodic collaborative research and analysis of gender and intersectionality; including on topics such as gender and power dynamics, gender and diversity, gender and disability, the analysis of child protection systems, as well as on the social norms, values and practices of the Rohingya community. The dissemination of research findings must be integrated into the core strategies of sectoral policies and programs to protect the diverse needs and rights of women, girls, men, boys, and people with diverse identities in refugee and host communities alike.

Key Findings and Recommendations

“ We often do not understand the community; our work is very meaningful yet very tokenistic (KII, UN Agency) ”

Research Areas	Key Findings	Recommendations
Gender Roles	<ul style="list-style-type: none"> • In Myanmar, Rohingya men had a traditional role as breadwinners and took on primary roles in community life. • In Myanmar, Rohingya women were predominantly involved in domestic work and were the primary caregivers for the family, and did not actively participate in community decision-making. • In the refugee camps in Bangladesh, men are largely unemployed and primarily depend on humanitarian aid for their livelihood. Some men also participate in household work, which includes childcare and domestic tasks, in a limited way in the camps. Rohingya men manage to get occasional work as day laborers in the local informal economy and participate in the limited cash-for-work opportunities in the camp. • Rohingya women, while continuing in their domestic work (with new challenges), engage also in new and largely unfamiliar roles, such as cash-for-work, casual day labour, and volunteering with NGOs to manage community-based project activities. • Like the Rohingya community, the gendered division of labour is evident in the host community. However, men in the host community maintain rigid gender roles compared to men in the refugee community. The role of Bangladeshi women in the humanitarian response may also bring positive changes to gender roles in the host community 	<ul style="list-style-type: none"> • Research and analysis of pre-existing social norms and the post-displacement shift in social norms and values amongst the Rohingya must inform humanitarian interventions to ensure they are more effective or successful, and do no harm - for instance, in areas related to developing female leadership and women’s economic empowerment. • The humanitarian response should strengthen partnerships with community influencers and religious leaders, men and boys, to change harmful social norms and practices. • Humanitarian agencies should enhance skills training and sensitisation activities targeting adolescents, youth, and adult males to cultivate positive masculinity through redefining gender roles, responsibilities, and relationships to address harmful societal and institutional gender norms, values and practices.



Research Areas	Key Findings	Recommendations
<p>Meaningful Participation and Female Leadership</p>	<ul style="list-style-type: none"> • Men in both refugee and host communities remain the ultimate decision-makers. • Some men are involved in the unrepresentative camp governance structure known as the 'Majhi system.' • There are initiatives to promote refugee women's participation in various meetings and community processes, but these are not standardised across all camps as part of the overall humanitarian response. • Due to the disruption of social and family networks during and after flight, the spread-out nature of the camps and internal security issues, the refugee situation in Cox's Bazar has reinforced and exacerbated pre-existing gender norms, which have resulted in a rise of social control by men, and conservatism. • Poor literacy coupled with language barriers constrain refugee women's and girls' access to information and capacity building. • The unelected camp governance structure (<i>Majhi system</i>) lacks female representation. There are a limited number of elected camp/block committees, established with UNHCR's support, where women constitute almost 50% of the committees. However, the practice of <i>Majhi system</i> remains predominant in the camp governance approach by the authorities. • There are limited opportunities for refugees in general, and women and girls and people with diverse identities, in particular, to participate and influence major policy decisions affecting their lives. • There are also limited opportunities for women in the host community to participate in their community governance structures and influence decision-making processes. 	<ul style="list-style-type: none"> • Humanitarian actors should strengthen partnerships with influential community and religious leaders (e.g. <i>Imams</i>), to facilitate female participation and leadership. • Humanitarian agencies should create sub-block and block-wise female volunteer opportunities across the camps and develop their leadership and life skills through training. • Humanitarian agencies should increase space for elected refugee representation as well as ensure women, girls, persons living with disabilities and gender diverse populations (e.g. <i>Hijras</i>), are given opportunities to take on leadership roles within decision-making processes. • Humanitarian agencies should facilitate the removal of language, literacy and skills barriers that prevent meaningful participation of women and girls, in line with the Do No Harm principle. • Humanitarian agencies should scale up the empowerment agenda for adolescent girls, youth, women and gender diverse populations through skills training; foster informal self-help groups; support civic engagement with self-organised female groups; and support women-led and grassroots level CSOs, whilst in parallel engaging the authorities as well as men in the process of making this happen. • Humanitarian agencies should use innovative and creative tools and methods to share knowledge, build capacity, and solicit information, opinions, aspirations and perspectives of women and girls as well as men, boys, people living with disabilities, and <i>Hijras</i> to inform policy, programming and practices.

Research Areas	Key Findings	Recommendations
<p>Water, Sanitation, and Hygiene (WASH), including Menstrual Hygiene Management (MHM)</p>	<ul style="list-style-type: none"> • There is inadequate WASH infrastructure due to a lack of space in the camps. This affects location of the water points and latrines (including accessibility, proximity). There are limited gender-segregated and disabled-friendly latrines and bathing units, which often lack privacy, have inadequate lighting around toilets and on the road, and increase fears of SGBV which can prevent refugee women and girls, especially, from accessing WASH facilities. • Girls' and women's MHM needs, such as appropriate space for practising MHM and sanitation, as well as availability of hygiene materials, are not adequately met. There is an irregular supply of reusable sanitary towels and a lack of appropriate space for practising MHM and sanitation. 	<ul style="list-style-type: none"> • Humanitarian actors should scale up consultations with women, girls, people living with different disabilities and <i>Hijras</i> across the camps to make sure that water points, latrines, and bathing units are located at appropriate locations, are gender-segregated and disability-friendly, lockable, and well-lit. • Humanitarian agencies should increase access to culturally appropriate information on MHM; create appropriate spaces for practising MHM, including washing, drying, and disposal facilities; further, earmark budgets to continue the distribution of sanitation and hygiene materials across the camps.
<p>Emergency Food Security, Vulnerable Livelihoods (EFSVL), and Nutrition</p>	<ul style="list-style-type: none"> • There is a lack of sufficient food to meet the differential needs of family members, as the allocation and distribution modality is based on household numbers without considering any differential household or gender needs, such as whether there are younger or adult members in a household, lactating women, or persons with special needs. Similarly, the distribution of non-food items also lacks consideration of differential household or gender needs. • Lack of adequate food and food diversity has caused malnutrition, especially among pregnant, lactating mothers, and children. • Lack of inclusion has caused gender diverse populations, such as <i>Hijras</i>, to be left behind without addressing their needs. 	<ul style="list-style-type: none"> • The humanitarian response should build the capacity of partners to integrate AGD approaches into needs assessments, programs, improved monitoring and evaluation for EFSVL and nutrition programs. • Sectors and agencies should have a joint strategy to empower women and girls, including through strengthening home-based income generation and self-reliance programs, and the provision of alternative childcare arrangements. • Concerned sectors, including Food Security, Site Management, Shelter, WASH and Nutrition should diversify economic empowerment initiatives for women, men, male and female youth, people living with disabilities, older people, and <i>Hijras</i>, through skills training, paid volunteering, cash-for-work and other viable long-term livelihood and self-reliance schemes, and link them with the mainstream market. • The humanitarian response should ensure that women's economic empowerment initiatives also consider how to engage men in income generation activities and livelihoods.

Research Areas	Key Findings	Recommendations
Emergency Food Security, Vulnerable Livelihoods (EFSVL), and Nutrition	<ul style="list-style-type: none"> There is a gap in understanding the Rohingya patriarchal cultural context among humanitarian actors. Thus, the advancement of economic empowerment of women eventually met with considerable backlash in the community from men.⁴ 	<ul style="list-style-type: none"> Donors, along with national and international stakeholders, such as NGOs, human rights bodies, academia, and humanitarian and development actors, should enhance advocacy with Bangladesh to ensure freedom of movement, and access to income generation activities and livelihood opportunities for refugees. Concerned sectors, such as Food Security and Protection, should ensure that survivors of Intimate Partner Violence (IPV) continue receiving food and non-food item support through referrals, even after they have left their households.
Health	<ul style="list-style-type: none"> There is a high prevalence of health-related conditions among refugees, and particularly among women, older people, and people living with disabilities. Inadequate health services with limited female health professionals, prevent refugees from accessing health services, especially women and girls. Only 17% of the 200 health facilities in the camps have 24/7 access, and only three health facilities have surgical facilities. Safety concerns and fear of SGBV prevent women and girls from accessing 24/7 facilities, particularly at night.⁵ Policy restrictions on refugees using mobile phone networks poses a challenge to the critical health needs of pregnant Rohingya women and girls in emergency cases. Indeed, all emergency situations are affected. The proportion of women who accessed facility-based deliveries have improved from 32% at the beginning of 2019 to 47% by the end of September 2019, which is also subject to geographic variations within the camps. Inadequate SADD data results in a poor understanding of the SRHR needs and challenges of women, adolescents and youth. 	<ul style="list-style-type: none"> Health Sector and humanitarian agencies should allocate sufficient budgets for quality health services, including an increased number of health professionals, particularly women. Health Sector and humanitarian partners should continue to ensure the recruitment of female and male refugees for gender-segregated health assistance, particularly for SRHR and technical support for people living with disabilities. Humanitarian agencies, together with the Government, should consider the scale-up of SRHR awareness and services for both refugee and host communities, particularly targeting women and girls. In coordination with Site Management and Site Development, the Health Sector should continue to address physical access barriers to health services. In coordination with Protection and other sectors, the Health Sector should continue improving dignified and safe access to multi-sector services, including by offering outreach services for people, particularly women and girls living with disabilities, <i>Hijras</i>, and provide age-friendly health services and rehabilitation programs.

Research Areas	Key Findings	Recommendations
Health	<ul style="list-style-type: none"> Limited SRHR services, coupled with a lack of knowledge and socio-cultural acceptance of SRHR and family planning, prevent refugees and host communities, particularly women, youth, adolescent boys and girls, from accessing SRHR and family planning services. Referral pathways that connect refugees with essential medical care, legal support, law enforcement, economic, and psychosocial resources for SRHR within camps are consistently weak, resulting in women's and girls' limited access to healthcare. Due to inadequate outreach services, women and girls living with disabilities, in particular, have limited access to facility-based health services. Despite high demand, there are few provisions for health services for the host community in the Rohingya humanitarian response. The lack of a coordinated mechanism for collecting, analysing, and using data to monitor women's and girls' access to services and the quality of the services received, that would help to better address the barriers for women and girls. Considering the high risk of SGBV in the camps, women and girls are at risk of Sexually Transmitted Infections (STI) and Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). However, due to restrictive policies, despite the existence of referral structures, refugees lack access to HIV/AIDS testing and treatment in camps; long-acting reversible contraception; safe and comprehensive post-rape care; safe abortion and post-abortion care; and a blanket restriction on unmarried women's and adolescent girls' access to family planning services without a married couple's registration.⁶ The limited and facility-only based antenatal care creates a further access barrier for women and girls in need. 	<ul style="list-style-type: none"> Health Sector, in collaboration with the GBV Sub-Sector, should continue to ensure specific programs for engaging men with the purpose of breaking down gendered access barriers to family planning and other health services. Health Sector should continue to ensure that health committees have an inclusive representation of people from diverse backgrounds to strengthen two-way communication and feedback and to better address diverse needs. Health and SGBV actors should continue supporting capacity building initiatives for health actors. The Government and Health Sector should scale up psychosocial counselling, particularly targeting men and women in high-risk groups, including people with disabilities, IPV and SGBV survivors. The Government and Health Sector should scale up provision of health services for host communities. Health Sector and humanitarian agencies should scale up 24/7 integrated medical services, providing a comprehensive set of health and protection services to address access barriers for women and girls. The GBV Sub-Sector, through its partners, should strengthen coordination mechanisms through a common database so that SRHR survey and assessment results can be easily accessed by relevant service providers. The Government should address key policy barriers, and adopt a more coordinated approach, for effective SRHR implementation for both refugees and host communities. Concerned sectors, including Health, Food, Protection, should integrate victim protection program elements into their capacity building training, as well as targeted aid for SGBV survivors so that food and non-food items should continue to be provided even if they leave their households.

Research Areas	Key Findings	Recommendations
Education	<ul style="list-style-type: none"> • Policy restrictions, gender norms such as child marriage, restricted movement in public, home care responsibilities, insecurity, and the lack of gender-inclusive teaching-learning facilities are the key reasons for lesser educational outcomes for girls in comparison to boys. Only 1% girls compared to 9% of boys aged 6 to 14 years attend Temporary Learning Centres.⁷ • Only 4% adolescent girls compared to 14% adolescent boys aged 15 to 18 years attend education and learning programmes, including literacy, numeracy, life-skills and vocational skills training.⁸ • There are fewer female teachers. • For children living with disabilities, the educational and learning facilities lack ramps and inclusive teaching-learning materials. • Host community parents, in some cases, restrict their daughters from going to schools due to security concerns following the refugee influx.⁹ • Reasons for both refugee and host communities' choice of sending boys over girls for education points to the less value attached to girls' education,¹⁰ as well as protection concerns after the influx that restrict the mobility of adolescent girls, largely on grounds of security, in public spaces in both refugee and host communities.¹¹ 	<ul style="list-style-type: none"> • Donors, as well as national and international stakeholders such as NGOs, human rights bodies, academia, and humanitarian and development agencies, should continue to advocate with the Government to allow education at all levels for refugee children, adolescents and youth. This education should be aligned with a formal curriculum that will lead to accreditation. • Education Sector should accelerate interventions, such as Ability Based Accelerated Learning, for gender-responsive education targeting children and adolescents living with disabilities, out-of-school and transgender children, and adolescents across the camps. • Humanitarian actors should scale up the involvement of religious leaders in community-based sensitisation and awareness programmes regarding the significance of education for girls. • Education sector should consider introducing incentive-driven catalysts, to promote and encourage balanced participation of adolescent girls and boys. • Education and other concerned sectors and humanitarian agencies should scale up adolescent-focused programmes to reach all 74,000 adolescent girls and boys aged 15 to 18 years.¹² • Education Sector should continue providing and supporting provisions for inclusive teaching-learning and facilities across the camps.
Protection, SGBV and Child Protection	<ul style="list-style-type: none"> • Inadequate security, a sense of impunity among perpetrators, inaccessibility to or lack of justice for survivors of SGBV, especially in the camps, gives rise to a vicious circle of harassment, abuse and exploitation. • Inaccessibility of formal and informal justice systems and the reliance on camp governance mechanisms dominated by empowered <i>Majhis</i> at the community level, make women and girls vulnerable to SGBV, including sexual abuse and exploitation (SEA), victim blaming, as well as resulting in an under-reporting of SGBV incidences.¹³ 	<ul style="list-style-type: none"> • Humanitarian agencies should continue to work with the Government, particularly Ministry of Women and Children Affairs, security actors, and refugees to increase safety and security in the camp. This can include a scaling up of community policing, provision of more female police officers in the camps, and capacity building of female police officers to address SGBV issues.

Research Areas	Key Findings	Recommendations
Protection, SGBV and Child Protection	<ul style="list-style-type: none"> • Rohingya girls and young women are particularly vulnerable to child marriage, sexual abuse and trafficking. • Women and girls, particularly those living with disabilities, and Hijras, are vulnerable to physical, psychological and sexual harassment and abuse. • Due to refugees' heavy reliance on aid, there is a risk of SEA by humanitarian workers in the camps.¹⁴ • Women and girls in polygamous marriage situations are particularly at risk of experiencing IPV.¹⁵ • Married girls are at higher risk of IPV than their unmarried counterparts in the camps. For instance, 17% of older (15 to 19 years) married girls have experienced violence in the past 12 months compared to 4% of the older unmarried girls.¹⁶ • The GBV Sub-Sector received only 46% of budgetary requirements in 2019,¹⁷ resulting in limits to programs to address SGBV. • Mainly women and girls lack adequate access to information, coupled with insufficient provision for SGBV prevention and response. • Inadequate SGBV outreach activities and social stigma result in under-reporting of sexual abuse, and IPV cases.¹⁸ • There is a gap in understanding the concepts of protection and gender among some key humanitarian actors, including a lack of regular and systematised sensitisation on rights-based and refugee rights issues. Overall coordination on gender-specific protection issues in the response still requires improvement. • There is inadequate understanding of the Rohingya culture and local context among humanitarian actors that acts as a barrier for undertaking culturally-sensitive interventions. For instance, the economic empowerment agenda mostly targeted women, excluding men to some degree, which led to SGBV incidents being perpetrated against women.¹⁹ 	<ul style="list-style-type: none"> • Gender in Humanitarian Action (GiHA) Working Group and the Protection Sector should intensify the capacity building initiatives for Camp-in-Charge (CiC) officers, army and security personnel, and humanitarian actors, on gender in humanitarian action. • Humanitarian actors should advocate for refugee women's access to family courts in order to address SGBV within the family. • Humanitarian actors should consider introducing and integrating legal literacy and gender equality concepts into host community programs, as well as intensify rights-based and peace-building initiatives; including enhancing mediation skills for refugees; taking into account gender-specific challenges related to current mediation practices in the camps. • Humanitarian agencies and sectors should continue with targeted community messaging to Prevent Sexual Exploitation and Abuse (PSEA) by aid workers. • Donors, humanitarian actors together with Government, should continue to prioritise SGBV services as critical and essential in this humanitarian response. • Through sustained and systematic training and sensitisation activities, SGBV actors through the GBV Sub-Sector should harmonise activities involving men, adolescent boys and youth as skilled 'change agents' in addressing harmful attitudes, values and practices in their communities in order to achieve gender equality, prevent SGBV, and promote good practices on reproductive health and family planning. • The humanitarian response should also strengthen targeted and coordinated actions to promote safety and address security issues experienced by boys and men.



Research Areas	Key Findings	Recommendations
<p>Accountability: Complaints and Feedback</p>	<ul style="list-style-type: none"> • Women and girls have inadequate access to information about legal rights, services, and complaints and feedback mechanisms, which makes them less confident to come forward and seek justice. • The deep-rooted power imbalance between the refugees and aid workers may prevent refugees, particularly women and girls, from acknowledging and reporting sexual harassment, abuse and exploitation, by humanitarian workers.²⁰ • The host community mostly rely on informal justice mechanisms, the village courts, where women’s voices are rarely heard in decision-making processes. • The low level of practice, among women in the host community, in making complaints or giving feedback, also points to the social and structural barriers in those communities that prevent women from seeking justice, as well as a lack of accountability by the duty bearers. 	<ul style="list-style-type: none"> • The authorities, with the support of site management and protection agencies, should introduce elected camp committees across all camps. Ensuring the participation of women, girls, people living with disabilities and <i>Hijras</i>, should likewise be supported, monitored and implemented consistently in the camp governance structures across all camps. • Communications with Communities Working Group (CwC WG), in liaison with the humanitarian sectors and working groups, should strengthen and harmonise the community feedback and accountability mechanisms across all camps. • Humanitarian agencies and Sector leads should document and scale up good practices of using SADD data across the camps. • Development agencies should initiate programs to address socio-cultural barriers for women and girls, and development actors should strengthen accountability mechanisms in host community settings.
<p>Vulnerability and Priority Needs</p>	<ul style="list-style-type: none"> • The current policy restrictions on freedom of movement, and income generation and livelihood opportunities for Rohingya refugees has created an exclusive reliance on humanitarian aid, resulting in refugees resorting to various negative coping strategies. Risks to refugee women and female adolescents include less access to and consumption of assistance items, child marriage, survival sex, and trafficking. Refugee men, adolescents and youth are at risk of child labour, involvement in drug trade, drug abuse, gambling, trafficking, petty crimes, perpetrating sexual harassment and abuse, IPV, and practices such as polygamy. 	<ul style="list-style-type: none"> • All Sectors should integrate systems to regularly monitor the vulnerability and coping mechanisms of women, men, girls, boys, people living with disabilities and <i>Hijras</i> in refugees and host communities to respond with targeted programmes to the raised issues.

Research Areas	Key Findings	Recommendations
Vulnerability and Priority Needs	<ul style="list-style-type: none"> • Food is the topmost priority need for both women and men in Rohingya and host communities. However, there are gender differences in other priorities. • Safety, security, protection and health care are key priority needs for women in both refugee and host communities. • Provision of income generation and livelihood opportunities for male members of families is a concern for women as they have the potential to impact gender roles and intimate partner violence at the household level. • Shelter and household items and livelihoods are key priorities for men. • Education is a key priority for Rohingya boys and protection, and livelihoods opportunities are key for refugee girls. • For host community girls, quality education is one of the key priority needs. Another priority need for the host community women and girls includes the opportunity to participate in decision-making and freedom of movement. • 14% of Rohingya households reported the presence of at least one member with a disability.²¹ Women and girls living with disabilities are more at risk of SGBV. However, the exact number of men, women, boys and girls living with disabilities, types of disabilities and their distinct needs are largely unknown. • Women with disabilities face more challenges than men in accessing humanitarian services. For instance, there is a stigma attached to men carrying women with disabilities to access services such as health clinics. • Information about diverse gender populations, such as <i>Hijras</i>, is mostly unknown. Only one organisation is currently providing minimal services, such as SRHR. 	<ul style="list-style-type: none"> • Humanitarian agencies to systematically provide support to informal self-help groups engaging women, men, girls, boys and people living with disabilities and <i>Hijras</i>. • Humanitarian actors should scale up psychosocial counselling for Rohingya, including women and girls, people living with disabilities and <i>Hijras</i>. • Humanitarian agencies should continue listening to the voices of different groups within the community on what they consider as priority needs to inform policy and program of humanitarian and development response. • Humanitarian actors should research and collate promising practices on gender and disability.



Research Areas	Key Findings	Recommendations
<p>Relationships between Rohingya Community and Host Community</p>	<ul style="list-style-type: none"> • In some cases, Rohingya men desert their wives and children to marry host community women. • Married host community men with family marrying Rohingya women generates resentment and anger, and reportedly leads to IPV. There is a reported increase in violence among polygamous families in both refugee and the host communities.²² • There have been reports that the influx has had an impact on the incidence of SGBV in the host community,²³ and host community women and girls feel more insecure in public due to crowds.²⁴ • The host community is allegedly involved, with some Rohingya men and women, in organised trafficking, drug trade, and sexual exploitation and survival sex.²⁵ • Considering the increased risk of SGBV in the camps, both Rohingya and host community women and girls are at risk of STIs and HIV/ AIDS. • Rohingya children are physically and verbally abused by the host community and are denied access to spaces to play. 	<ul style="list-style-type: none"> • Humanitarian and development actors should continue building social capital by engaging both of the communities through programmed initiatives. This can be done through forming gender-segregated joint project management committees consisting of host and refugee representation; provision of skills, development training on life skills and psychosocial competencies, leadership, social cohesion; through joint educational, sports, recreational and cultural pursuits involving women, girls, men and boys; and facilitating linkages between informal women’s groups and networks in Rohingya and host communities for support and greater social cohesion. • Establish a network and partnership with the media for broad-based public education to address gender stereotypes associated with host community females working in the refugee camps, as well as creating a positive community attitude towards Rohingya refugees. This can be done, for example, through a series of learning events for the media on the role of the media in unlearning harmful gender stereotypes and behaviours. • Government and Health Sector should scale up SRHR awareness and services for refugees and host communities. Health Sector in collaboration with other concerned sectors, CwC WG, and media should enhance broad-based public education, targeting refugees and host communities to address potential health consequences.



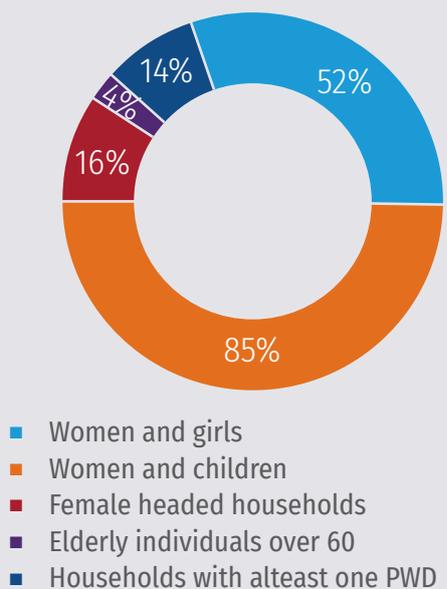
1. INTRODUCTION



1.1 Gender and intersectionality in humanitarian response

Violence and persecution in Myanmar have led the Rohingya to flee to Bangladesh from Rakhine State in successive periods over the last five decades.²⁶ Since August 2017, an estimated 745,000 Rohingya refugees have arrived in Cox's Bazar, Bangladesh, reaching the current number of 914,998 people. Of them, 905,822 refugees are living in 34 camps, including 34,172 registered as refugees before August 2017. Some 9,176 refugees are also estimated to be living in host communities in *Ukhiya* and *Tekhnaf* sub-districts.²⁷ The camps that host the majority of the newly arrived refugees are in hilly, formerly forested, areas that are vulnerable to landslides and flash-flooding during the monsoon season.²⁸ Contrasting with the minimum standard of international best practice that allocates 45 sqm per person for living space,²⁹ the population density in the camps reduces living space to as much as 8 sqm per person in some parts.³⁰

FIGURE 1: POPULATION DEMOGRAPHICS (ROHINGYA REFUGEE CAMPS)



Since the beginning, the Rohingya refugee situation shows a gendered characteristic. Over half (52%) of the total refugee population are women and girls,³¹ an overwhelming majority (85%) are women and children, and nearly a quarter (16%) of households are female-headed.³² Some 4% are elderly individuals over 60 years of age, and 14% of households have at least one member living with a disability (PWD) (Figure 1).³³ The female-headed households, households with persons living with a disability, elderly, and households with no income and with multiple children, are the most vulnerable.³⁴ The disruption of family structures during and after their flight from Myanmar has heightened the vulnerability of elderly people, widows, and persons living with disabilities. Adolescents and youth (male, female, and gender diverse) have high protection risks as they have specific needs but are often not included in targeted interventions for formal education, skills development, and employment. The 2019 JRP reports that one-third of refugee families have at least one specific protection vulnerability that requires specialised protection attention. These protection concerns are further reiterated in the 2020 JRP.^{35, 36}

1.1.1 Child Protection

A vast number of refugees are children, 55%, the majority of whom need protection support for psychosocial distress, neglect, abuse, separation from caregivers, sexual violence, child marriage, child labour and trafficking. As of September 2019, there are 8,596 unaccompanied and separated children (UASC) in the camps. They are challenged by multiple child protection risks, including child trafficking, abuse and exploitation.³⁷ A larger proportion of the vulnerable group are girls (57%), who are at risk of child marriage, neglect, sexual exploitation and abuse.³⁸ Children are married as young as 11 years old.³⁹ Boys are at high risk of child labour, trafficking and exploitation. Adolescents and youth pose a high-risk group due to the absence of education, life skills education, and livelihoods opportunities, as well as a lack of access to participate in and influence decisions that affect their lives.⁴⁰

1.1.2 Sexual and Gender-based Violence

Women and girls, who represent half of the total refugee population are at risk of SGBV, including domestic violence or IPV, child marriage, sexual abuse and exploitation and trafficking.⁴¹ Intimate Partner Violence (IPV) is the most commonly cited concern by survivors of SGBV. For instance, in two separate studies in 2018 and 2019, 100% of female respondents had experienced physical or emotional abuse by their husbands.^{42, 43}

Factors such as congested space, lack of privacy, inadequate lighting, and limited access to essential services for women and girls, are among the factors that increase the overall risks for their protection and are part of the conditions sustaining unequal power dynamics, which contribute to the high rates of IPV in the camps. The 2020 JRP reported incidences of multidimensional SGBV that include physical assault, sexual violence, rape, forced marriage, denial of resources, and psychological abuse. Considering that SGBV is generally under-reported, the fact that 75% of all reported SGBV cases are IPV points to heightened vulnerability of women and it is assumed that the actual rate of IPV is likely to be much higher.⁴⁴ Adolescent girls are at particular risk of early marriage, sexual violence and trafficking.⁴⁵ Adolescent girls experience challenges to access services because of concerns expressed by parents or guardians for their safety and security, coupled with the concern to maintain *pardah*.

Factors that have exacerbated incidences of SGBV risks, as already mentioned, include overcrowded camp conditions, the physical camp layout, and factors regarding service delivery locations. For instance, latrines, water points, and bathing facilities are the most unsafe spaces for refugee women and girls.⁴⁶ The 2020 JRP shows that 50% of interviewed women identified inadequate lighting as one issue that made them feel unsafe in latrines and bathing facilities at night.⁴⁷

Apart from SGBV case management support, there is an acute need for mental health and psychosocial support for all ages and social groups of refugees.⁴⁸ However, as of November 2018, only 43% of minimum service coverage was achieved for urgently needed SGBV case management and psychosocial support. There is limited accessibility to these services with 56% of camps lacking required services. In the host communities, most of the areas (85%) have limited access to SGBV service provision.⁴⁹ Underfinancing remains one of the key challenges. The GBV Sub-Sector received just 46% of its appeal requirements in 2019.⁵⁰

1.1.3 Impact of the Rohingya influx on the host community

Rohingya refugees now outnumber locals nearly three to one in the two sub-districts, *Ukhiya* and *Teknaf*.⁵¹ At the onset of the emergency, rapid deforestation was witnessed as a result of efforts to establish space for refugees to live. Firewood collection for fuel¹ as well

as the increased draw on local water supply and the establishment of basic sanitation management systems have contributed to environmental degradation and impacted some of the livelihood opportunities for local communities, who are mostly dependent on agriculture and fishing.⁵² The cost of daily wage labour has declined and individuals have resorted to exploitative day labour in the informal economy as a coping strategy. The recruitment of local teachers by humanitarian agencies in the refugee camps also resulted in insufficient teachers for the host community.^{53, 54} The large-scale humanitarian response that was mounted in Cox's Bazar has also undoubtedly provided the local community with additional work opportunities, and local businesses have profited from increased demand for goods and services. Efforts are also on-going to address environmental degradation with tree planting and other activities.

The host community experiences a myriad of complex challenges, including accessing quality services and pursuing livelihoods. The impact of the influx on the environment, agriculture and the informal economy-based livelihoods, and the already existing unmet basic needs of the impoverished local community, has contributed to inter-community tensions between the host community and refugees and resulted, in particular, in the manifestation of SGBV against women and girls in both communities.^{55, 56} Efforts to address these complex challenges are on-going and being upscaled.

1.1.4 Gaps in Humanitarian Response

Over the last three years, there has been considerable success in meeting basic service provision for refugees in Cox's Bazar.⁵⁷ For example, increased access to WASH infrastructure, distribution of energy-efficient liquid petroleum gas bottles, stoves and refills,⁵⁸ and the rolling out of e-vouchers for food aid, were all services completed by mid-2020.^{59, 60} Increased attendance has been recorded in NGO managed safe spaces, women-friendly centres, and learning centres, though addressing only a fraction of the target refugee population.⁶¹

Despite considerable improvements, there remain notable gaps in addressing many service provision needs, and there are continued high levels of vulnerability among refugees. For instance, as of March 2019, the majority of the refugees (88%) were entirely dependent on humanitarian assistance, 65% of refugees received monthly food entitlements, whereas over half of all refugees (54%) were identified as being unable to meet the minimum level of essential needs, called

1 The issue of firewood collection for fuel has been addressed by providing liquid petroleum gas (LPG) in the camps.



Minimum Expenditure Basket.^{2,62} The majority of refugee families do not have access to a varied diet and a significant proportion of households continue to suffer “borderline” food consumption⁶³ and run the risk of malnutrition, or exacerbate other health conditions.⁶⁴ Moreover, the specific situation of people living with disabilities and the *Hijras* is not well-known.

Despite official restrictions on employment and self-employment for Rohingya refugees, there were some limited livelihood opportunities available, including cash-for-work projects such as bamboo-bridge repair, drainage excavation, road development, and slope stabilisation, in which over 38,000 refugees took part in 2019.⁶⁵ However, the scale of these opportunities can hardly support or sustain refugee livelihoods. Similarly, refugees can participate in volunteering activities organised by humanitarian agencies with incentives calculated on an hourly rate, depending on skill levels. However, with the limitations on working hours, working days, and how much refugees can earn, these opportunities eventually prevent refugees from accessing sustainable livelihoods.⁶⁶

There was notable progress made in the education sector for Rohingya refugees, including the introduction of a tailor-made Learning Competency Framework curriculum for children aged 4 to 14 years. This was jointly developed by UNICEF and education sector partners in 2018.⁶⁷ The Government has approved the first two of four levels of the framework. However, this framework is not aligned with any formal curriculum for accreditation.⁶⁸ More recently in 2020, the Government has allowed the humanitarian response to pilot the introduction of the Myanmar curriculum in the camps for students in grades six to nine. This will be expanded to other grades in phases.⁶⁹ This progress, however, does not sufficiently address the educational needs of children, adolescents and youth. Existing reports indicate that education for adolescents in Cox’s Bazar remains a serious concern.⁷⁰ The JRP 2020 report shows that an alarming 83% of the Rohingya adolescents and youth aged 15 to 24 years lack any educational or skills development opportunities.⁷¹ The situation is worse for girls with only 2% of them in

the age group of 15 to 18 years, as compared to 15% of boys in the same age group, being able to access learning in informal education centres in the camps.⁷²

There is inadequate inclusion of people living with disabilities and gender diverse populations in the cash-for-work or volunteer opportunities. The participation of children living with disabilities in educational programs is low. The current Government policy approach presents a barrier to fully realising the standards advocated by humanitarian and development actors that could better support both refugees and host communities in the longer term.

There are restrictions on humanitarian agencies in implementing livelihood programs in the camps, as well as cash-for-work opportunities. The humanitarian and development community has been advocating for easing measures that prevent refugees from entering the labour market and obtaining a formal, accredited education in schools.⁷³

Despite existing efforts by the humanitarian response to integrate AGD into sectoral policies and activities, there remains a gap in terms of the analysis of how gender intersects with other factors such as the specific needs of women, girls, men and boys, people living with disabilities, and gender diverse populations. There is very limited information about how the intersection between gender with age, disability and other diversities impact individual choices, and opportunities to access resources and services.⁷⁴ This analysis attempts to fill that gap by examining the differential factors affecting the access of women and men, girls and boys, people living with disabilities and gender diverse populations (*Hijras*) to resources and how power within the household and community impacts them, as well as how all of this has been reflected in the humanitarian response.

2 The Minimum Expenditure Basket (MEB) refers to the average monetary value of goods and services that a household requires in order to meet its essential needs, on a regular or seasonal basis, and captures the average, recurrent and regular needs of beneficiaries.

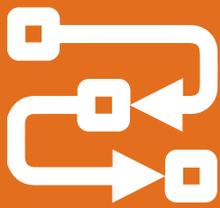


Asafuzzaman Captain/CARE

1.2 Objectives of the Gender and Intersectionality Analysis

The analysis aims to understand the unique vulnerabilities, needs, capacities and coping strategy of women, men, girls, boys and people with diverse identities among Rohingya refugee, and local Cox's Bazar host communities, and to formulate recommendations for action for the different humanitarian response sectors. The analysis will inform the policies and programs of ActionAid, CARE and UNHCR, and other concerned actors. The analysis will also shape advocacy direction on existing policies and inform the humanitarian and development response more broadly. The specific objectives of this study are as follows:

- Understand the gender differences (needs, interests, capacities, roles, relations, risks, vulnerabilities) amongst women, men, girls, boys and people with diverse identities and how they are affected by the refugee situation. The analysis also seeks to understand how these differences have changed since the 2017 crisis first began. It will:
 - Identify different gendered needs and interests, risks, vulnerabilities and capacities;
 - Better understand the context and identify opportunities for women's empowerment, particularly in increasing their meaningful participation;
 - Identify and understand challenges that Rohingya refugees face and how they cope;
 - Understand power dynamics at the household and community level.
- Identify capacities and the current service delivery of duty bearers (Government, international organisations and UN agencies, international and national NGOs, and CSOs) in responding to the needs of the affected women, men, girls, boys and people with diverse identities.



2. METHODOLOGY



2.1 Data Collection Methods

A mixed methodology was used for this analysis. It combined a review of secondary data, qualitative methods such as focus group discussions (FGDs), community resource and mobility mapping, power mapping, individual stories, field observations and safety audits, key informant interviews (KIIs), and quantitative methods through the use of the data collection tool SurveyCTO. A literature review helped to understand the current situation, identify gaps in existing gender analysis, and to help adapt both quantitative and qualitative tools used from CARE's Gender Analysis Toolkit. A triangulation of findings and analysis from applying quantitative and qualitative tools formed the basis of this report.

The primary quantitative and qualitative data used for this study were collected during period 3 December 2019 to 7 January 2020. Leveraging CARE and ActionAid's network of local enumerators, who speak the *Chittagonian* dialect (which is to a considerable extent intelligible to Rohingya speakers), quantitative and qualitative data were collected. The monitoring, evaluation, accountability and learning team (MEAL) of CARE Bangladesh led the quantitative data collection and basic analysis, including the training of 15 male

and 13 female enumerators for the Household Survey (HH survey). A group of 21 enumerators, 10 male and 11 female, from CARE and ActionAid collected the qualitative data. The qualitative enumerators received a day-long training by the research consultant to help review and adapt five tools from CARE's Gender Analysis Toolkit, including on FGDs, Power Analysis, Resource Mapping for Mobility Analysis, Individual Stories, and Safety Audit/Field Observations. The training also highlighted issues to be observed in carrying out qualitative research and gender analysis, including facilitation, note taking and ethical research practice.

The selected questionnaires were translated from English to Bangla by Translators without Borders. A protocol was established in the case of SGBV disclosures during data collection to ensure an ethical and safe referral. For respondents who were under 18 years, a child protection protocol was devised by identifying prospective risks, incorporating risk mitigation strategies, and identifying the responsible positions or institutions to be contacted for referrals, if required, as established by existing pathways. The research consultant was responsible for conducting KIIs, analysing qualitative data from 47 FGDs, 14 community resource mappings, mobility analyses, 28 individual stories, 10 observational notes, 11 power analyses, 24 KIIs, 1,528 HH survey findings, and producing the report.

2.2 Sampling

The chosen selection of 10 refugee camps (Camp 4, 4 Extension, 10, 11, 12, 13, 14, 15, 16, 18) and the local community in *Ukhiya* was based on the program intervention sites of ActionAid and CARE. The male and female ratio of respondents was balanced in each group. The household interval was determined as per the total household number and the sample size for the respective camp and host community. For each of the target camps and host community, blocks, wards, and villages were selected randomly. A cluster sampling method was applied to define the sample size. Both Rohingya refugees and the host communities were grouped into four clusters with the host community as one of the clusters. The clusters were defined based on geographical location and proximity. Considering a 5% margin of error and 95% confidence level, the total sample size for this survey was calculated as 1,528 (384 for Cluster I, 383 for Cluster II, 381 for Cluster III, and 380 for Cluster IV) (Annex, Table 1). A pilot study was conducted prior to the data collection to ensure that all processes concerning survey technology, enumerators' training, and data collection and management were operational.

The following are the breakdown of the survey respondents (Figures 2-5).

FIGURE 2: RESPONDENTS SEGREGATED BY GENDER (REFUGEE)

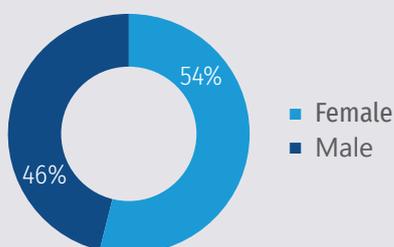


FIGURE 3: RESPONDENTS SEGREGATED BY GENDER (HOST)

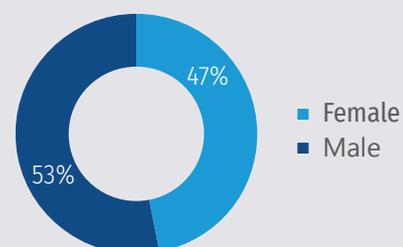
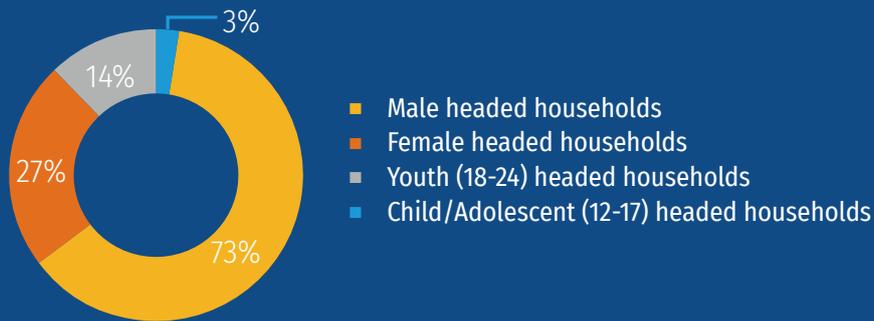


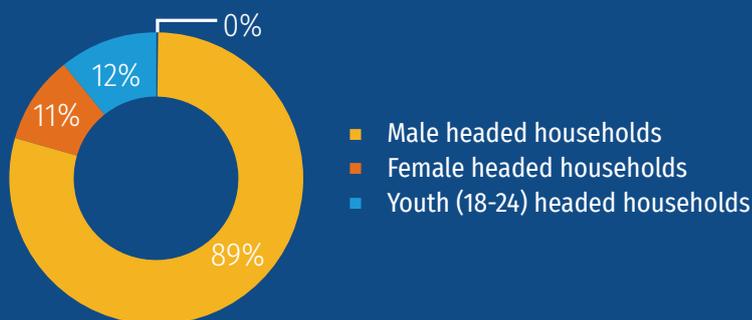


FIGURE 4: PROFILE OF RESPONDENTS: HEADS OF HOUSEHOLDS (REFUGEE)



A pilot was carried out to identify any issues concerning the selection of research participants, appropriateness of research timing, language and comprehension of research questions, and the suitability of research methods. Necessary adjustments were made based on the pilot exercises. An average of eight to twelve participants attended each gender segregated FGD or community resource and mobility mapping, and adolescents aged 12 to 18 years participated in boys' and girls' groups. Using CARE's Gender Analysis Toolkit, a total of 47 FGDs, 10 power analysis, 28 individual stories, 14 community resource mappings, in addition to mobility analyses were completed. The breakdown of each tool by participants is available in the Annex (Tables 2-6).

FIGURE 5: PROFILE OF RESPONDENTS: HEADS OF HOUSEHOLDS (HOST)



Key interviewees were strategically chosen to identify those involved in providing humanitarian services to the affected population. A semi-structured interview guide was used to facilitate the discussions. At the end of KIIs, four brief meetings were held separately with a small number of Rohingya women, men, and adolescents. These individuals consisted of *Majhis*, *Imams*, informal female leaders and community-based male and female youth volunteers. The meetings helped to gain a deeper

understanding of the individual experiences and perspectives of the refugees (four male youth volunteers representing Camps 11, 12; three female volunteers from Camp 12; six *Majhis* and *Imams* from Camp 12; and four informal female leaders representing Camps 1, 1E, 2, 5). The research consultant also met with ActionAid program staff representing community-based protection and livelihood, and CARE's program staff representing health, WASH and shelter.

2.3 Challenges and Limitations

The research instruments were translated from English to Bangla. The enumerators were unable to use Rohingya language to conduct research at field level. However, using Bangla questionnaires, the enumerators articulated the questions in the *Chittagonian* dialect, and took notes in Bangla. Some richness and nuances in data might have been lost due to applying different languages in the data collection process.

Limited time was allocated for reviewing and adapting quantitative and qualitative tools from CARE's gender analysis toolkit and customising training for this research. Limited comprehension of the tools could have led to misinterpretation of the survey questions by the enumerators as well as respondents. This could also have been due to the limited understanding of gender concepts.

Qualitative data from the host community was very limited. More effort could also have been placed on identifying people living with disabilities in the host community, as well as from the camps.

While the experiences and views of people living with disabilities from the host community were absent in the data gathered, data collected from people living with disabilities in the refugee communities gave limited insight into their experiences. Out of four participants, one pregnant woman was included as a person living with a disability, indicating a limited understanding of the topic among enumerators or little time to identify and recruit people living with disabilities. The household survey too did not identify respondents representing people living with disabilities or gender diverse participants. Focus Group Discussions (FGDs) were carried out only with a small group of people living with disabilities in the camp, and with gender diverse populations from the refugee and the host communities.

There were challenges faced in engaging the participants in the absence of refreshments for one team. There was no opportunity for the research consultant to discuss and review either the data collection process or the quality of data collected by the enumerators.



3. FINDINGS OF THE GENDER AND INTERSECTIONALITY ANALYSIS



3.1 Gender Roles and Relations in the Household: Changing Gender Dynamics

“ I am frustrated as a man because I fail to perform the responsibility of a breadwinner (Male, Camp 16, Individual Story) ...I had land and my farm in Burma, here I am unemployed, and my wife is the sole income earner by sewing (Male, Camp 13, Individual Story) ...We had family and social status and respect. After the crisis, we have lost that family and social status (Male, Camp 11, Individual Story) ... My wife has become a woman leader. We cannot live in peace (Male, Camp 18, Individual Story). ”

Gender Roles in the Household in Myanmar

In Myanmar, Rohingya men usually had traditional roles as breadwinners. This included working predominantly in farming, fishing, running small businesses, wood cutting, teaching and working as *Imams*. Men also usually took on the primary role of participating in community activities. While some of them had stable economic and living conditions, others had moderate to low livelihoods and living status. Women, on the other hand, were usually involved in cooking, cleaning, collecting water and firewood, care work, livestock rearing, agricultural production.

Generally, boys, male adolescents and youth studied Burmese and English in schools or *madrasha* (religious school), attended private tuition,³ worked in shops and farms, ran errands, helped in collecting water and firewood, and spent time playing with friends and praying in the mosque. Some girls spent most of their time either studying in school, getting private tuition, helping with household chores, playing with friends and praying at home. Some adolescent girls also had the opportunity to attend training and activities run by NGOs.

³ Education instruction received in a small group or individually and is arranged and paid for by an individual or their family.

Gender Roles in the Household in Refugee Camps in Bangladesh

“ A deliberate affirmative attempt could be to empower women financially through very viable livelihoods as well as to work towards changing the mindset of men. You see a positive change in the gender dynamics when you engage men in the community-based program to create balance in a very equitable manner (KII, International Non-Government Organisation). ”

In the refugee camps in Bangladesh, men are mostly unemployed and exclusively depend on humanitarian aid for livelihood. Some men are able to get occasional work as day laborers in the local informal economy outside the camp. They work as nightguards, run small businesses inside the camp, work as NGO volunteers, and participate in cash-for-work interventions by NGOs. A handful of Rohingya men function as *Majhis* – a volunteer position in the camp governance system in the majority of camps, but not all. Some men spend time being totally or partially engaged in childcare (41%), collecting water (52%), doing housework and cleaning (48%), and providing care for relatives (47%). Findings from the qualitative data collected illustrate how the lack of employment has also led to men spending their time in talking and socialising with other men in the camps.



Women and girls are primarily responsible for cooking (100%), cleaning (100%), care work (95%), collecting water (92%), homestead gardening (41%). Along with this they are also engaged in working as paid volunteers or participating in activities run by NGOs. Some women work as casual day laborers in their blocks. The refugee women and girls who engage in work outside the home and community managing roles⁴ represent a significant change to gender roles from the pre-displacement period.

Young boys below the age of 11 years either go to learning centres or *maqtab*s (religious learning centres). Some attend private tuition, help in collecting water and run errands. They also play with neighbours in congested areas close to their shelters. Some assist the family in collecting assistance items from the distribution centres. A lack of productive things to do has also led to some adolescent boys and youth spending their time strolling in neighbouring blocks, sitting at local shops and marketplaces in groups, gossiping, watching adult movies on mobile phones, using drugs, and sexually harassing women and girls. Male adolescents and youth also attempt to use the limited space in the camp for sports. Only a limited number of adolescent boys attend meetings and awareness-raising activities at youth friendly spaces run by NGOs. Some youth can work as paid volunteers for NGOs.

Young girls below the age of 11 years either attend the learning centres or *maqtab*s, help with household chores, collect water and play with the neighbours. Adolescent girls and young women are mostly confined to the home and spend time in sewing and embroidery. Some of them attend safe spaces for women and girls (SSWG) and/or are actively engaged in economic activities and paid volunteering work at NGOs.

Despite changes in gender roles with some women working with NGOs or as volunteers, the household division of labour appears to be relatively static amongst Rohingya families in the camps. The household survey (HH survey) findings show that despite some participation of men, women are primarily responsible for carrying out domestic work and caregiving. In the camps, women's care burden has increased. Women participants from FGDs identified collecting water from a distance or from the top of the hill several times every day as an added extra burden for them, especially for older women and women with disabilities.⁵ Women also participate in collecting humanitarian aid at the distribution points.

⁴ The community managing role of women relates to work involving care and unpaid work, provision of collective resources, such as, water and healthcare.

⁵ Camp 16.

While some women living with disabilities get support transporting assistance items to their shelter by volunteers working as part of the humanitarian response, such support is not available for female-headed households, although they also experience challenges because of the additional time burdens they face due to being primarily responsible for running their households. In terms of economic empowerment and female leadership, women now have better access to participate in trainings on leadership capacity, vocational skills and other economic opportunities through NGO interventions. In one of the FGDs, a woman stated how their refugee context has opened up opportunities for women's empowerment, especially when compared to the past in their communities' settings in Myanmar where Rohingya women were by and large not allowed by their communities to engage in certain types of work in public.

Women and female adolescents and youth participants in the FGDs expressed pride arising from their ability to work and have a source of income to support their families rather than being solely dependent on assistance.⁶

It is evident that displacement to Bangladesh has broken-down social barriers for women. Findings from FGDs, individual stories, and KIIs reveal that initiatives for increased female employment, access to resources such as information, skills training, and income have a positive impact by cushioning families from economic hardship and have enabled some women to gain vital skills and confidence.

A flip side to this female empowerment is that without a comprehensive approach in place that promotes gender equality, addresses masculinities, and creates livelihoods for men, women become particularly vulnerable to losing social approval and support. The female empowerment agenda, therefore, runs the risk of destabilising existing relations between men and women at the household level, especially without additional interventions such as gender equality awareness-raising work. Without this, and with limited livelihoods opportunities for men, the shift in household-level dynamics sometimes have resulted in increased SGBV, especially IPV. The lack of income generation opportunities for men has seriously undermined their pre-displacement identities as household heads and breadwinners, which has in turn exacerbated violence against women, drug use, gambling, alcoholism, abandonment of families, and the rise of IPV associated with polygamy.⁷⁵

The reversal of traditional gender roles between men and women in households does not necessarily and

⁶ Woman, Individual Story, Camp 4; Girl, Individual Story, Camp-4E.

automatically translate into a reversal in power relations or a change in the household division of labour. Ensuring gender equality, however, needs a holistic approach, including multi-stakeholder partnerships with Government, UN, INGOs, NGOs, *Imams* and CSOs,⁷⁶ with culturally sensitive initiatives that empower men and boys to act as partners to transform entrenched social norms and institutions that produce and reproduce gender inequality.

Gendered Division of Labour in the Host Communities

Like the Rohingya community, gendered divisions of labour are evident in the host community where it is predominantly women who are responsible for childcare, collecting water and firewood, cooking, cleaning, and overseeing the health care of family and relatives over long hours. Unlike in the refugee community where men are engaged to some extent in non-traditional roles, men in the host community maintain rigid gender roles. For instance, childcare seems to be predominantly the responsibility of women. Women spend up to three hours every day in comparison to men, who are either engaged for shorter periods or not engaged at all. More than half of the women participants in the HH survey spent long hours in farming or homestead gardening compared to men. Boys spend time attending school or *madrasha*, in private tuition, or playing with friends. Girls spend their time attending school or *madrasha* as well, in private tuition, helping with household chores, doing embroidery or tailoring, and socialising with friends.

Impact of the Displacement on Hijra – Gender Diverse Populations

“ We are always at risk in public spaces. We have a fear of being raped while returning from an event. If we are alone, people attempt to rob and rape us. If we go to the health centres, the doctors do not want to treat us (FGD, Hijras, Host Community). ”

The current situation of post-flight from Myanmar has negatively impacted the *Hijras*, who are gender diverse individuals, in both the Rohingya and host communities. Before the 2017, some *Hijras* in the host community used to work as private tutors, wood cutters, and participated in some functions and recreational activities. After the crisis, only one out of five participants (aged 19-52) continued providing tutoring services, and the

rest of them avoided going out in public. Focus Group Discussions (FGDs) with *Hijras* in both Refugee and host communities suggest that they often experience psychological, physical and sexual abuse by the public, including verbal harassment, physical assault, humiliation and rape. This finding is in line with the existing report that discrimination, harassment, and violence against *Hijras* are reportedly prevalent in both Myanmar and Bangladesh.⁷⁷ As the *Hijras* are socially ostracised due to their gender diverse identity, the influx and overcrowding might have caused them to protect themselves from further victimisation.

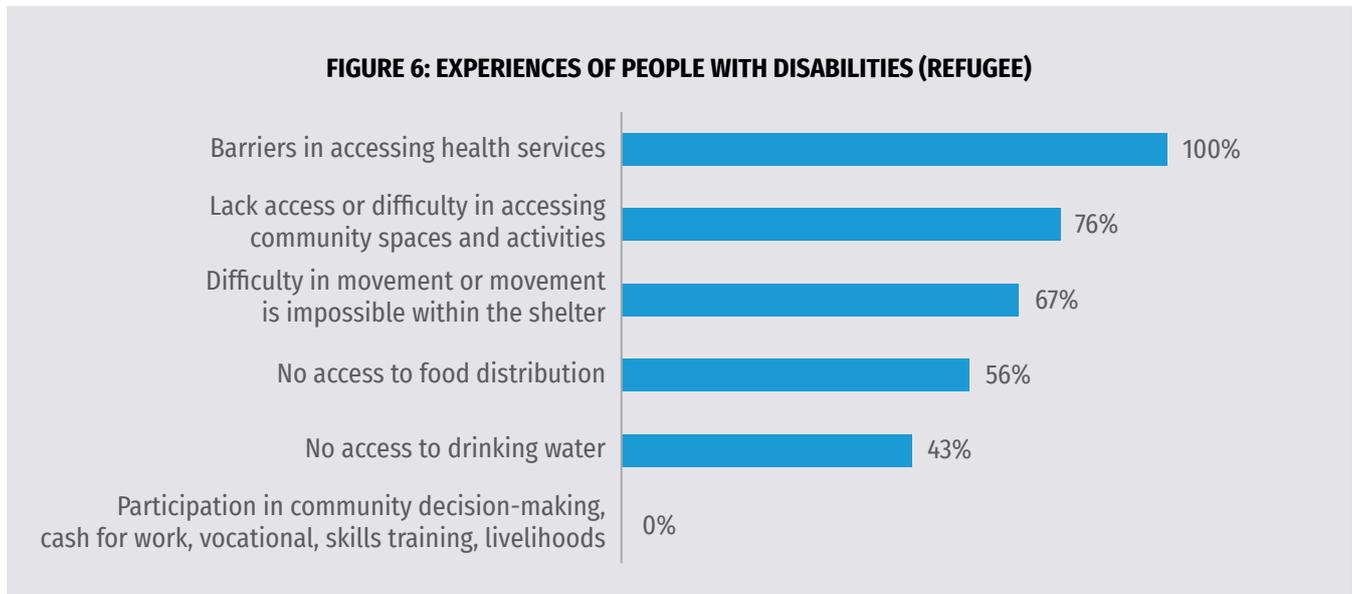
There has been a significant shift in the role of *Hijras* among Rohingya people. In Myanmar, some *Hijras* used to work in beauty salons and farms. They also sold clothes and ran small businesses. Findings from FGDs show that other than doing household chores, the *Hijras* in the camps have no livelihoods now, and they rely on the humanitarian assistance received by their families. *Hijras* in the host community receive a small amount of allowance from the Department of Social Welfare. *Hijras* in the camps are not individually registered to receive humanitarian assistance, therefore, having to rely on the humanitarian assistance received by their families. *Hijras* do not have access to cash-for-work, skills training and leadership training offered by humanitarian agencies. The 2018 JRP identifies *Hijras* as a particularly vulnerable group with specific protection needs. However, limited knowledge of the service providers about the gender diverse populations, the lack of targeted and specific services and outreach coupled with the negative social attitude towards *Hijras* are the key reasons for their exclusion from available support and services.⁷⁸ *Hijras* from both Rohingya and host communities expressed their frustration that the stigma attached to their identity prevents them from accessing available opportunities.

Impact of the Displacement on People living with Disabilities

“ People living with disabilities are stigmatised. A big challenge within our work is that we do not have any statistics of the number of people living with disabilities disaggregated by gender, age and types of disabilities. We do not accept the REACH and ISCG report that includes only 4% people living with disabilities in the camps (KII, INGO working with people living with disabilities). ”

Despite humanitarian efforts by a few agencies, information on people living with different disabilities is limited. Existing reports show that very few women and girls living with disabilities attend the Safe Spaces for Women and Girls (SSWG).⁷⁹ For instance, research conducted by Humanity and Inclusion,⁸⁰ an INGO working with people living with disabilities, shows that 90% of female FGD participants who were living with a disability never accessed SSWG. The report further shows that people with disabilities are more likely to be at risk of sexual abuse and exploitation.

FIGURE 6: EXPERIENCES OF PEOPLE WITH DISABILITIES (REFUGEE)



Women and girls living with disabilities, particularly those with intellectual disabilities, are vulnerable to sexual violence. The existing facility-based SGBV services and limited SGBV outreach program activities makes it challenging for service providers to safely identify and support SGBV survivors who are living with disabilities.⁷ Limited outreach services, coupled with social norms of maintaining *purdah*, means that women and girls living with physical disabilities experience more challenges than men and boys living with physical disabilities when it comes to accessing facility-based services. As shared by a group of *Majhis* and *Imams* in a meeting: “It is inappropriate to see our women being carried by a man.”⁸

The 2019 Humanity and Inclusion report⁸¹ suggests that around 44% of Rohingya refugees have a disability or a serious medical condition. The mobility of persons with disabilities is significantly reduced due to living in an environment that is hilly and challenging to move around. A participatory assessment carried out in November 2018 with 63 refugees living with disabilities in *Jadimura* (Camp 27) and 11 humanitarian service providers shows that persons living with disabilities are often socially isolated, cannot participate in community decision-making and capacity development activities, experience restricted movement, are less likely to access essential services, and have lower attendance rates in school or community spaces and their activities (Figure 6).⁸²

The assessment⁸³ further showed that 10 out of 11

7 KII-INGO representing working with people with disabilities.

8 Camp, 12.

service providers reported a lack of knowledge about the locations of persons with disabilities and how to identify them, as none of them were using the Washington Group Short Set of Questions on Disability⁸⁴ to identify persons living with disabilities. All 11 humanitarian service providers reported a need for more training on the inclusion of persons living with disabilities.⁸⁵ According to a study in 2019, 52% of the 622 children interviewed between two to sixteen years old were reported to be in the abnormal range for emotional symptoms, and 25% within abnormal range for peer problems, indicating mental health risks faced by refugee children.⁸⁶

Capacity development for the accurate collection and analysis of disability-disaggregated data is required across the humanitarian response. As an example, a WASH household survey in 2019 was carried out in 33 of 34 camps, showing that only 34% of all individuals were reported as having access to support services. However, over half (56%) of the individuals reported experiencing difficulties in accessing water points; 39% had difficulty accessing latrines; 28% had difficulty accessing bathing spaces; and, 29% felt unsafe accessing WASH facilities.⁸⁷ The survey was carried out by proxy rather than directly for each individual member, which could be the reason that the results lacked any significant differences between female and male experiences. Further research on the intersectionality between gender and disabilities is, therefore, critical in illuminating the impact of displacement on women, men, girls, boys, people living with disabilities, and the gender diverse populations.

3.2 Participation and Decision-making within Household and Community

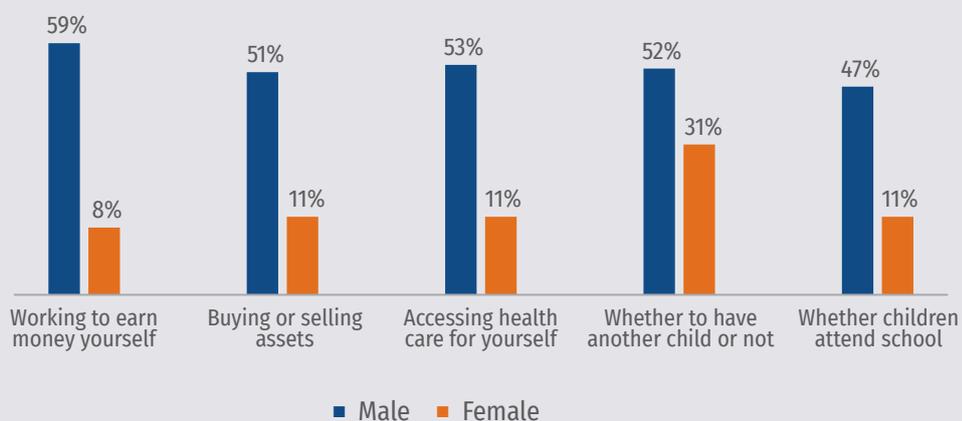
3.2.1 Household Decision-making

“ Before and after the crisis, males are the decision-makers in family and society (Female Group, Power Analysis, Camp 4)...Before the crisis, women could not participate in the decision-making process. In a joint family setting, males are the sole decision-makers; however, in a single-headed family, women could make decisions (Male Group, Power Analysis, Camp 16)... Women’s opinions were valued on education and marriage for children, and family matters (Male Group- Power Analysis, Camp-11) ”

Understanding the process of decision-making and negotiation within the household during displacement is critical. It requires a shift from looking at women’s practical needs to their strategic interests⁹ and examining the way change impacts women’s relative power and autonomy.⁸⁸

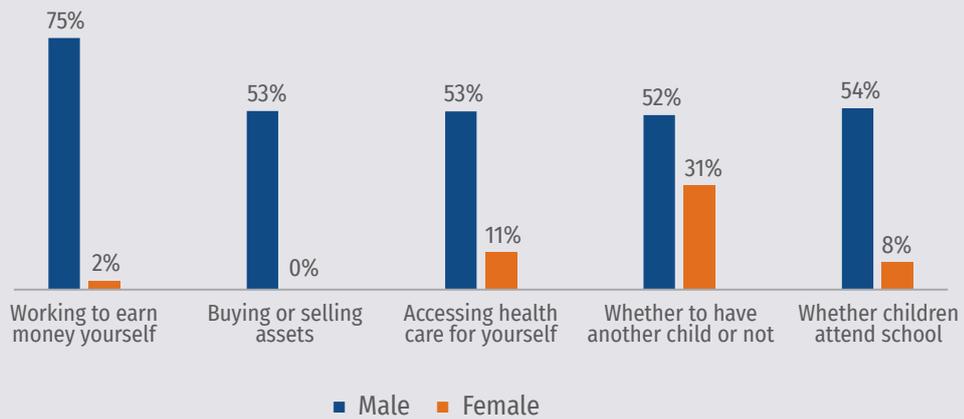
Despite evolving gender roles, the Rohingya refugee context is shaped by pre-displacement social roles for men and women. The analysis in this research shows that men in both the refugee and the host communities primarily hold the decision-making power, despite humanitarian efforts at promoting female leadership and empowerment (Figures 7-8).

FIGURE 7: LEVEL OF DECISION-MAKING SELF (REFUGEE)



⁹ Practical needs generally involve issues around conditions or access. Therefore, practical gender needs of women or men relate to responsibilities and tasks associated with their traditional gender roles or to immediate perceived necessity. Gender interests, on the other hand, generally involve issues of position, control, and power. Therefore, strategic gender interests concern the position of women and men in relation to each other in each society. Addressing strategic gender interests helps women and men achieve greater equality in changing existing gender roles and stereotypes.

FIGURE 8: LEVEL OF DECISION-MAKING SELF (HOST)



In both the refugee and the host communities, women appear to have less control over five identified domains: working to earn money, buying or selling assets, accessing health, family planning, and schooling for children. Women from the refugee and the host communities further had little decision-making power concerning expenditure. The HH survey showed that 3% of refugee women in comparison to 42% of refugee men, and 7% of host community women compared to 35% of host community men had control over decision-making on household expenditure.

Similarly, the October 2019 Joint Multi-Sector Needs Assessment⁸⁹ shows that Rohingya husbands predominantly decide on where a pregnant woman gives birth. The HH survey shows that there are few instances of consultation and joint decision-making regarding education, health, and income. Men remain predominant in household-level decision-making in both refugee and the host communities.

Analysis from FGDs, individual stories and power analysis shows that the refugee situation has created a limited window for some Rohingya women's participation in household-level decision-making, such as working to earn money themselves or participation in capacity development and leadership projects, although it is not a universal experience for all women across the camps. One of the FGD female participants echoed other participants stating that they did not have any opportunity to participate in decision-making in their community setting in Myanmar, nor do they have the opportunity now in Bangladesh. Instead, women are not allowed to go outside their shelters, and their movement is largely controlled by the decisions of their husbands or fathers.¹⁰

Access to resources appears to influence the access of women to participate in decision-making. While men generally have more access to and control over various resources in the refugee and the host communities, Rohingya men have more control over resources than the men of the host community, which is also reflected in their control over income. In the HH survey, a noticeable difference was observed between the host population and refugees in terms of income sharing with their spouse. For instance, most of the host community population, compared to less than half of the refugee community, shared their income with their spouses to the full extent. This finding indicates that Rohingya men tend to have more control and power over resources than host community men.

In line with the HH survey, qualitative findings further show that the majority of the Rohingya male participants made decisions independently for their families, and only a few reported that they occasionally consulted their wives and eldest son. However, none of them considered consulting with daughters and younger sons. Unmarried young girls have hardly any opportunity to participate in household decision-making compared to their married counterparts, who have also limited opportunity to participate in joint decision-making with their husbands.

Children and aged parents were completely excluded from any consultation. The power of the male head of households as the decision-maker was aptly expressed in the following statement of a boy participant: "My mother has to take permission from my father for everything; even, my mother cannot visit anywhere alone and has to take us with her."¹¹ Thus, gender intersects with age, birth order, legal rights, as well as marital status, and these factors play a defining role in the distribution of power in the household decision-making.

10 Power Analysis - Women's Group, Camp 4.

11 Individual Story, Camp-16.

Findings from FGDs, KIIs, and individual stories suggest that women in both communities have less access to resources than their male counterparts. Women’s lesser access to resources can be attributed to women’s legal entitlement over family property, which is less than men in the general interpretation of *Sharia* law¹². This is also due to lower literacy rates, lack of access to information and Internet, and lack of access to social networks in comparison to men in both the refugee and the host communities.

3.2.2 Community Decision-making

“*Majhis are the key decision-makers in the camps. If Majhis fail, only then the issues are taken to the CiC to solve (Women’s Group, Power Analysis, Camp 15).*”

Few women from the Rohingya and the host communities have membership of any association or groups. They also have limited participation in community decision-making processes (Figures 9-10).

FIGURE 9: PARTICIPATION IN COMMUNITY DECISION-MAKING (REFUGEE)

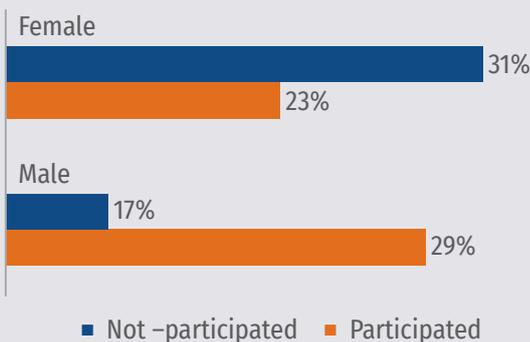
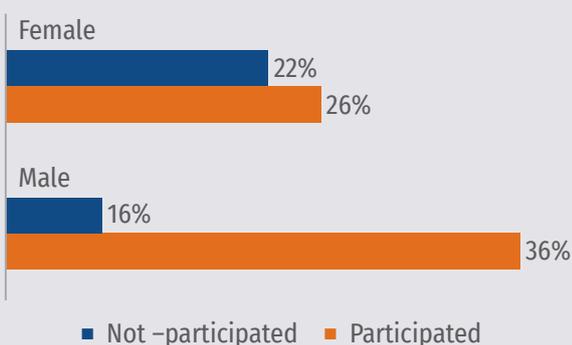


FIGURE 10: PARTICIPATION IN COMMUNITY DECISION-MAKING (HOST)



The HH survey findings showed differences amongst women and men, both in the refugee and the host community, in who they considered to be decision-makers within their communities. Rohingya women overwhelmingly identified religious leaders or *Imams* as the key community decision-makers (women 76%, men 24%). In contrast, nearly half of the Rohingya men identified *Majhis* as being the key decision-makers in the refugee community (men 54%, women 46%). This finding gives an indication of the power and influence of both *Majhis* and *Imams* in governing the lives of Rohingya refugees.

For the host community, most men (men 63%, women 37%) identified local government as the key community decision-makers. Comparatively, surveyed women (women 51%, men 49%) identified the elderly as key community decision-makers. This points to the role of the *Salish* which is an informal mediation system, and a common form of community-level justice practice in Bangladesh, devoid of female participation.⁹⁰

3.2.3 Women’s Participation in Community Decisions before Displacement

“*In Myanmar, Rohingya women were not allowed to go outside of the house and participate in the community decision-making. There was no access for us to influence in any decision-making space (Power Analysis, Female Group, Camp 11).*”

In Myanmar, Rohingya males were consulted in the mosque, *madrasha* and other informal groups in the community. There was no opportunity for women to go out and participate in community decision-making processes such as social meetings, meetings with *Imams*, religious assemblies, and various discussion forums where men would usually participate. Younger and unmarried women experienced more restrictions to go out of the home and participate in any such activities. Through the power analysis, all the five women’s groups¹³ and five men’s groups¹⁴ identified refugee women’s lack of participation in community decision-making as a pre-existing situation before their displacement.

12 *Sharia* law refers to Muslim family law.

13 Camps 4, 10, 11, 13, 15.

14 Camps 11, 12, 14, 16, 18.

However, contradicting the majority's view, one female participant in one group claimed that: *"Before the crisis, we were able to express our opinion and had influence."*¹⁵ This alternative and minority view suggests that although women had largely been excluded from the community decision-making process in their community settings in Myanmar, there might have been some sort of informal female self-help groups or networks that enabled women to engage with and exert influence within the community. This finding points to the significance of fostering women's informal associations, networks, and self-help groups to encourage more women to engage with and help each other, build resilience and social capital to address gender inequality.

One such prospective space could be *Taleem* - a women's prayer space - as a site of identity, home and belonging, which is practised in the refugee camps in Cox's Bazar. The literal meaning of *Taleem* is education in Arabic. *Taleem* in the Rohingya community are led by women and are organised usually after the Friday *Jummah* prayer, or any other day, and are held in one of the women's shelters. *Taleem* is a space for Rohingya women to engage with other women through religious activity and prayer. The significance of *Taleem* for Rohingya women can be perceived in three ways: in the social relations, bonds and friendships it generates; through religious observance as a coping strategy; and, in providing a sense of collective identity and belonging in displacement, as well as reminiscing about memories of home. Thus, *Taleems* appear to be a significant part of Rohingya women's life in the refugee situation,⁹¹ which can be tapped on to reach more women to develop their critical awareness, empowerment and build community protection.

3.2.4 Women's Participation in Community Decisions after Displacement

"The Rohingya men with big sticks started putting barricades on the roads so that Rohingya women could not go out to work at NGOs (KII, Office of RRRC, Government)."

Women and girls participate in NGO-run community engagement projects and various awareness-raising

activities. They also participate in several sectoral management committees, workshops, attend meetings, and spend some time at the SSWG. In the refugee camps, all the five women's groups and five men's groups noted refugee women's participation in the various community processes. These include WASH committees, school management committees (SMC), SSWG, community and women leaders' meetings, participation in tree planting, awareness-raising activities on hygiene and cleanliness, childcare, and gender equality activities. Women's participation in the community resulted in women's greater access to information, increased school attendance, participation in vocational training, and income opportunities through sewing and handicrafts. A larger number have been able to participate in NGO meetings, and be involved in issues such as preventing and responding to SGBV, including polygamy, child marriage, and domestic violence. There are examples where women's participation has helped to address specific issues at the police station and CiC office. However, in line with existing research,⁹² qualitative findings reveal that women and girls experience strong resistance by the family and community regarding female participation.

3.2.5 Women's Leadership

"We are often criticised and looked down upon by our community because of our economic engagement with NGOs as well as leadership roles (Female Rohingya Youth Volunteer, Camp 12)."

Despite women's interest in taking on leadership roles, social, structural, policy, and institutional factors act as constraints in the flourishing of female leadership in the camps. Through the power analysis, all the five female groups identified several challenging factors such as limited family support, resistance by their husbands, household responsibilities, care work, as well as a lack of awareness of opportunities, consideration with regard to education level, confidence and shyness. Men do not consider it necessary for women to go out of the house and participate in public activities. Husbands prevent their wives from participating in public activities. This is further reinforced by social norms and beliefs that discourage women's activities in the public realm. There is also resistance by organised groups in the camps

against women's participation in the community due to cultural sensitivities that expect women and girls to maintain *pardah*. These patriarchal challenges to female leadership in the camps have also been highlighted in recent reports.⁹³

All five men's groups highlighted several challenges for female leadership. One of these challenges was stated from a religious point of view by a male participant: *"There are good aspects of women's participation in decision-making and leadership roles; it is good for the family that women can make informed decisions. There is no problem in women's greater participation and leadership positions, but they have to maintain modesty."*¹⁶ This finding points to the significance of the need for understanding the social and gender norms prevalent amongst the Rohingya community when it comes to engaging with refugee women and men in a manner that is culturally sensitive. This point was raised repeatedly by key informants from the Office of the Refugee Relief and Repatriation Commissioner (RRRC), UN agencies and INGOs.

In FGDs, most girls identified their lack of confidence as a key issue that acted as a barrier for women and girls to be in public. Women and girls' participation, decision-making, power and empowerment, therefore, need to be reconceptualised in a way that creates space and an opportunity for them to have access to resources, and develop the necessary knowledge, skills, confidence, and giving them the tools to reflect, meet and take action. The empowerment agenda for women and girls, therefore, needs to foster a range of power dimensions, such as "power from within", which is developed around an individual's awareness and self-confidence; the "power to" and "power with," which focus on individual and collective strengths to take a stand and make a change.^{94,95,96} The focus of women's leadership initiatives should go beyond just women's leadership in formal decision-making structures. Instead, it needs to be re-examined to recognise the potential for different forms of leadership, networking, collective action, and ways of developing informal solidarity,⁹⁷ as well as understanding how self-help forums such as *Taleem* and women led community-based organisations can play key roles in fostering the empowerment processes of women and girls.

3.3 Access to Water, Sanitation, and Hygiene Facilities

“ WASH was gender blind, male-dominated. WASH facilities are not organised in a very gender mainstreamed and gender-sensitive way and not segregated by gender across the camps. The design lacks incorporation of voices of women and girls. Women and girls ended up using makeshift toilets rather than using the WASH facilities. Gender has not been mainstreamed from the onset (KII, ISCG). ”

The HH survey findings, KIIs, community resource mappings, and field observations suggest that refugees and host communities have access to basic WASH facilities. However, the findings point to gendered experiences of safe access to water points, bathing facilities and latrines. As such, significant improvements need to be made in terms of their accessibility, effectiveness, availability and

adequacy to address the differential needs of women, girls, people living with disabilities and older people. The need to improve WASH facilities to cover all refugees, including people living with disabilities and the elderly, is also underscored in the 2020 JRP.⁹⁸ This research stresses the significance of conducting further research on the challenges and needs of women, men, girls and boys living with disabilities and gender diverse populations (*Hijras*) to access WASH facilities.

3.3.1 Access to Safe Water Facilities

Collecting water several times a day for the household places a heavy time burden on women and girls in both refugee and host communities (Figures 11-12).

FIGURE 11: TIME SPENT COLLECTING WATER (REFUGEE)

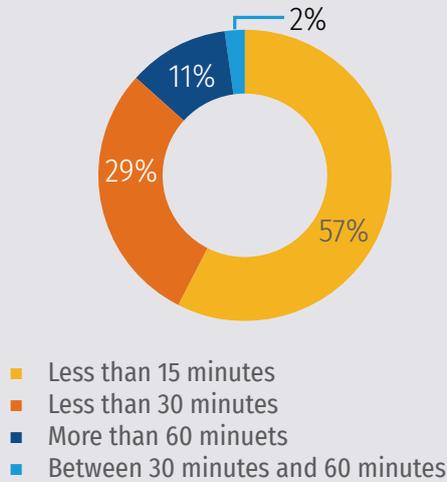
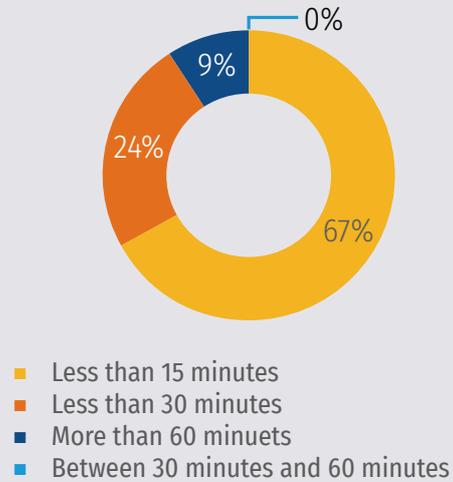


FIGURE 12: TIME SPENT COLLECTING WATER (HOST)



A significant number of both Rohingya and host community women and men did not consider the water points to be safe (Figures 13-14). Although the HH survey results show that women appeared to have relatively better access to safe water points than men, the qualitative findings from FGDs, field observations and community social and resource mappings suggest that there were challenges for women to access water points safely. For instance, except in Camp 18, field observations in nine out of 10 Camps¹⁷ suggests that there were significant problems in accessing safe water points.

FIGURE 13: SAFE ACCESS TO WATER POINT (REFUGEE)

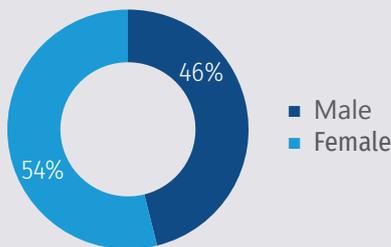
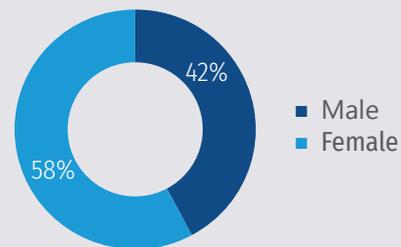


FIGURE 14: SAFE ACCESS TO WATER POINT (HOST)



Some of the water points in these camps were not functioning, set up either on the top or at the bottom of the hill, far away from the shelter, did not have light at night, were not situated in safe places, tube wells got flooded with drain water and sewerage causing diarrhoea, skin disease, and mosquito breeding. In many blocks, due to a limited number of water points, camp residents must wait in long queues. Due to safety issues women and girls avoid going to the water points in the evening or at night and collect water in the daytime.

In some camps, for example, in Camp 14, the tube wells are not only at the bottom of the hills but are also

located beside the road. Therefore, only men and children under 10 years use these tube wells. Collecting water from a distance, and from the top or bottom of hills is particularly challenging for women and girls living with disabilities and older women. The research did not have specific information about experiences of *Hijras* in accessing safe water points and this is an area that ought to be investigated further. For the host community, and particularly women, the Rohingya influx has caused not only a scarcity of water but also created safety concerns due to overcrowding at water points. Shared waterpoints between the refugee and the host communities are very few, with most waterpoints being used either by the refugees or by the host community.

¹⁷ Camps 4, 4E, 10, 11, 12, 13, 14, 15, 16.

3.3.2 Access to Safe Latrine

In contrast to the qualitative findings from the field observations, KIIs, and FGDs, the majority of the HH survey respondents of this study (Rohingya female - 83%, Rohingya male - 89%; host community female - 84%, and male - 82%) reported that they had access to safe latrine facilities.

However, for those who responded negatively, the reasons for not being able to access safe latrine facilities were gendered. For instance, the key reasons for Rohingya women included no locks on the door, no lighting, and not secure at night (Figure 15). The main reasons for not being able to access safe latrine facilities for the host community women included that latrines were not secured at night; no sex-segregated toilets; and, no lighting (Figure 16).

FIGURE 15: REASONS WHY LATRINES ARE UNSAFE (REFUGEE)

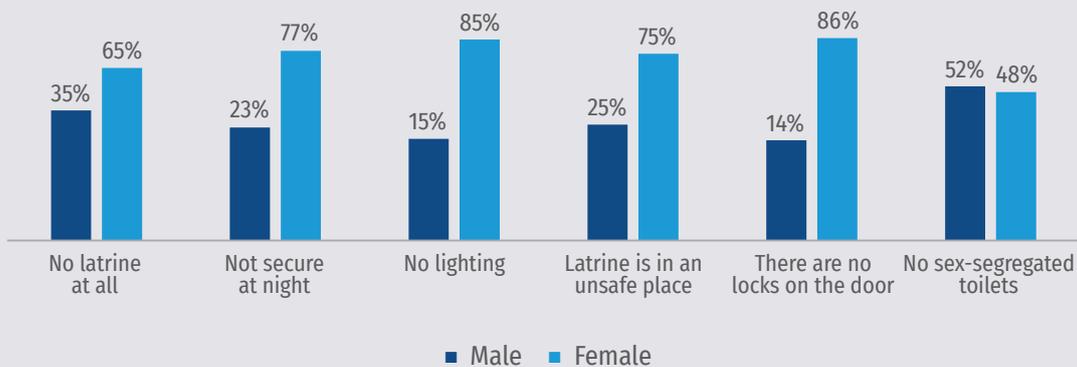
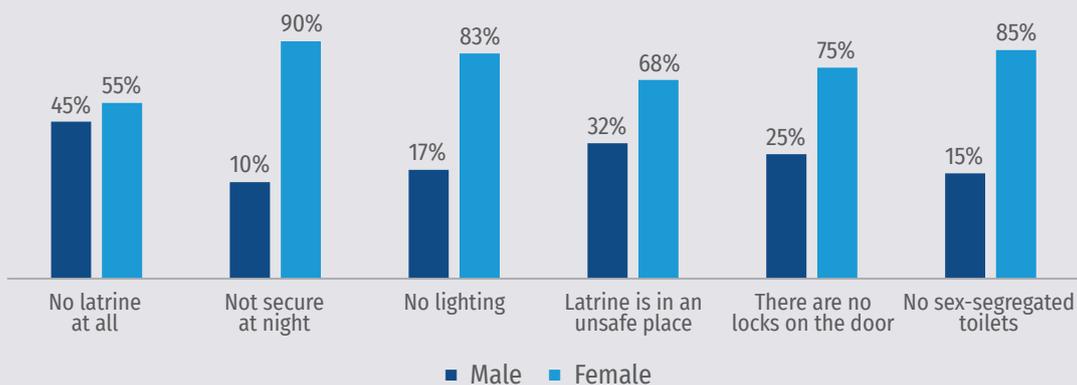


FIGURE 16: REASONS WHY LATRINES ARE UNSAFE (HOST)



The HH survey result contradicts qualitative findings that particularly women and girls have access to safe latrine facilities, especially in the camps. Conforming to previous studies,⁹⁹ this research also suggests unpacking the idea of “safety” to make sure that the humanitarian actors, refugees and the host community share a similar understanding of the concept, and this can help strengthen inclusive service provision.

Unlike the quantitative results, the qualitative data shows that Rohingya women and girls, in particular those living with disabilities, experience barriers to safe access to latrine facilities. The most common reasons cited in

qualitative findings include fear of SGBV, particularly at night, and shyness in using toilets during the day. Findings from FGDs and the mobility analysis on the use of toilets by women and girls at night, highlight two concerns which include the location of toilets beside the road, and a lack of privacy due to men and boys hanging around. These issues, the fear of SGBV, and the restricted mobility Rohingya women and girls’ experience, create more challenges for them with regard to accessing latrines than for men and boys. The research did not have specific information about experiences of *Hijras* in accessing safe toilet facilities, which is an area that needs further exploration.

The field observations carried out in nine camps show that latrines were away from the tube wells and just in front of or beside the shelters. Due to the lack of nearby water points, the toilets remained dirty all the time. Not every camp or block had gender-segregated or disability and age friendly toilet facilities. Many toilets were broken and did not have a lock inside. While some of the toilets were on the top of the hill with solar streetlights, others were at the bottom of the hill and situated away from the light. The toilets did not have adequate privacy and lacked facilities for menstrual hygiene. Only a few toilets were designated for older people and people living with disabilities. Most children under five years use open defecation around the camps, which is a serious public health concern.

The 2020 JRP¹⁰⁰ shows that 32% of Rohingya refugee households experience problems accessing or using latrines due to their low coverage, while 14% experience problems due to the distance between the latrines and their shelters. Similarly, the 2019 UNICEF gender, GBV and inclusion audit of the WASH sector and capacity development assessment¹⁰¹ shows that a lack of gender segregation of latrines made women and girls have to

queue together with men to use them, thus affecting the access of women and girls to WASH facilities. The Sphere Handbook for Humanitarian Charter and Minimum Standards in Humanitarian Response¹⁰² suggests that one toilet for 20 persons (shared family) is the standard to be pursued in medium to long-term situations. Currently, 100 to 150 people use one toilet in the camps. As a result, the toilets get flooded due to overuse and a lack of frequent desludging.

Rohingya and host community women and girls use various strategies to cope with unsafe latrine facilities (Figures 17-18). The HH survey shows that some women and girls in both the refugee and the host communities had an alternative toilet arrangement inside the house. Considering the congested layout of the camps, it is unhygienic to have a makeshift toilet inside the shelter, which is a major public health concern. Unlike men, other strategies used by both the Rohingya and the host community women and girls included reducing the number of times they used the latrine and going to the latrine in groups.

FIGURE 17: STRATEGIES TO COPE WITH UNSAFE LATRINES (REFUGEE)

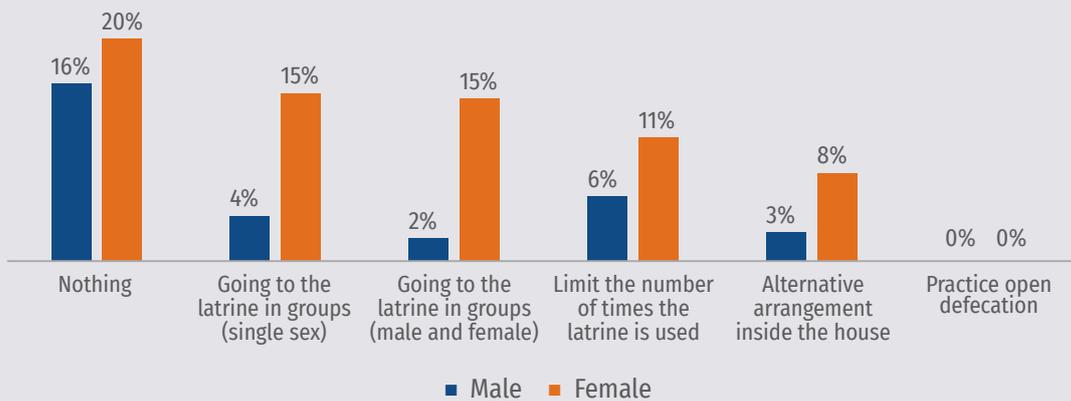
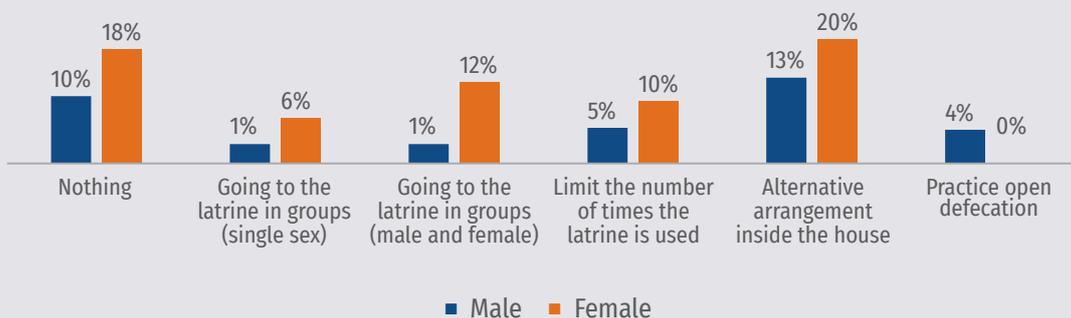


FIGURE 18: STRATEGIES TO COPE WITH UNSAFE LATRINES (HOST)



3.3.3 Access to Safe Bathing Facilities

The HH survey results show that the majority of the Rohingya respondents (male 85%, and female 76%), compared to the host community (male 72%, and female 52%), felt that they had access to safe bathing facilities. Men in both communities had better access to safe bathing facilities than women. The main constraints for refugee women not having access to safe bathing facilities included lack of privacy, lack of security at night, no lighting, no locks on the door, or no bathing facilities at all (Figure 19). For the host community, the key reasons included lack of privacy, no locks on the door, no gender-segregated bathing facilities, or no bathing place at all (Figure 20).

FIGURE 19: REASONS WHY BATHING PLACES ARE UNSAFE (REFUGEE)

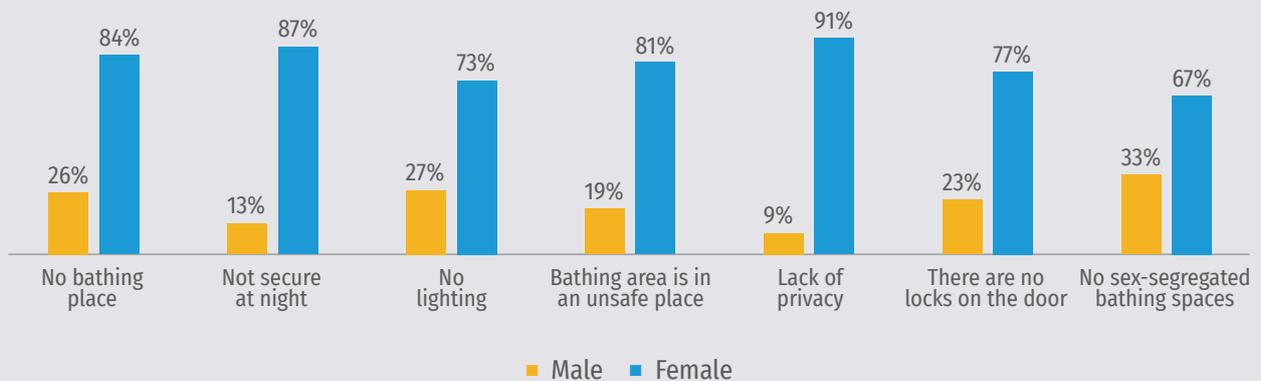
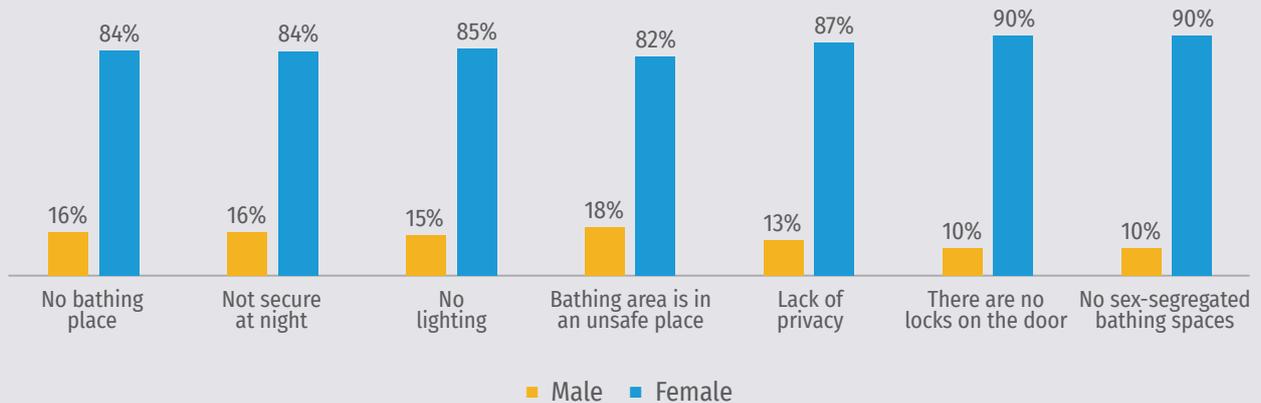


FIGURE 20: REASONS WHY BATHING PLACES ARE UNSAFE (HOST)

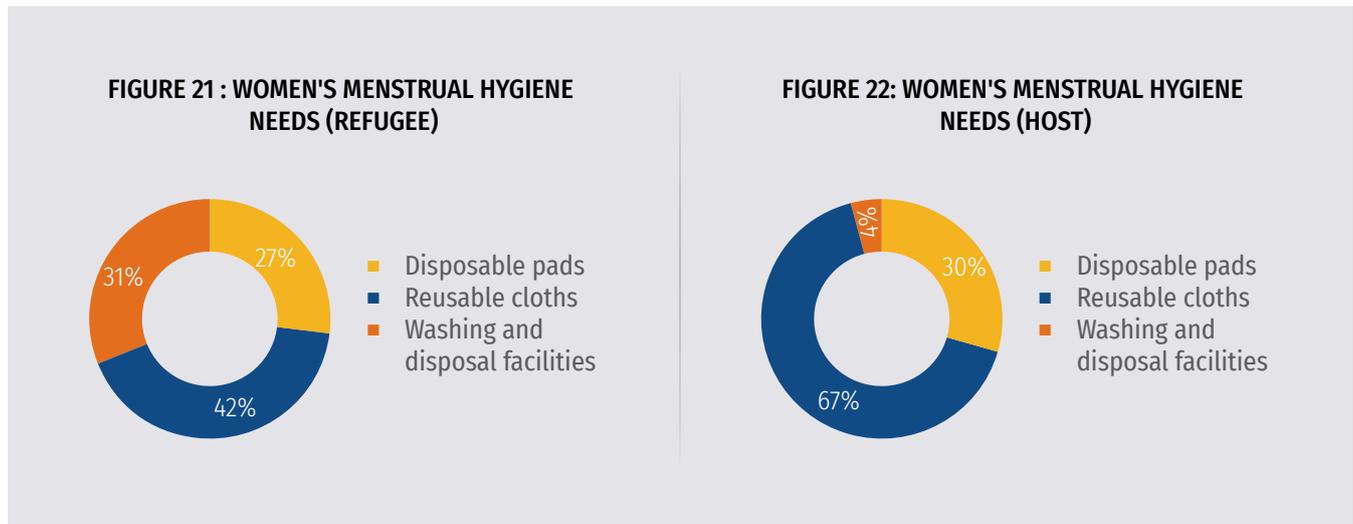


This finding was further compared with findings from field observations which illustrated that in most of the camps bathing facilities are adjacent to the latrines and tube-wells and thus, not safe. While in some camps, there are gender-segregated bathing facilities, women have trouble in accessing bathing facilities as both men and children use these bathing spaces. Most of the bathing facilities did not have any locks or enough lighting at night. While bathing facilities on the top of the hill were considered safe, bathing facilities at the bottom of the hill were considered unsafe due to the limited number of houses around the facilities. These facilities were also mostly inaccessible to women and girls and people living with disabilities. The research did not gain any specific information about the experiences of *Hijras* when it came to accessing bathing facilities.

A finding from the KIIs showed that most SGBV survivors were young women aged 17 to 21 years old. It further shows that SGBV occurs in the dark, after sunset, or early in the morning. The inaccessible and inconvenient locations of bathing facilities, and the fear and risk of SGBV, prevent women and girls, including women and girls living with disabilities, from accessing bathing facilities. This is especially the case at night.¹⁰³ Therefore, designing WASH facilities must include an AGD approach. This requires the involvement of women and girls in designing and choosing the location of the WASH facilities.

3.3.4 Menstrual Hygiene Management

Displacement had altered women’s and girls’ menstrual hygiene practices. Women and girls, from both the Rohingya (42%) and the host communities (67%), identified reusable cloth pads as their biggest menstrual hygiene need. This was followed by disposable pads, and washing and disposing facilities (Figures 21-22).



Most of the female refugees (82%) and the host community (76%) participants in the HH survey considered that their respective hygiene needs were met (Table 1). However, contradicting the HH survey findings, most of the women and girls participating in FGDs repeatedly identified dignity kits as one of their priority needs to be met. Many of them mentioned that they had received dignity kits earlier but not in recent times.

Table 1: Are women’s and girls’ menstrual hygiene needs being met?

Are your hygiene needs being met?	Refugee Community	Host Community
At times	5%	9%
No	13%	16%
Yes	82%	76%
Total	100%	100%

Considering women’s and girls’ dependency on reusable cloth, these findings point to the need for providing appropriate spaces for washing, drying, as well as disposal facilities in the camps. Other reports identify the need to increase provision of women’s MHM kits in the camps.¹⁰⁴ To meet women’s and girls’ menstrual hygiene needs, issues around harmonising menstrual hygiene kits and inconsistent and limited programming on the MHM need to be addressed.

3.4 Emergency Food Security, Vulnerable Livelihoods, and Nutrition

The Rohingya refugees show high levels of vulnerability in terms of food security. According to the Refugee Influx Emergency Vulnerability Assessment (REVA 2),¹⁰⁵ 88% are vulnerable, reflecting poor food insecurity indicators, which resulted in refugees resorting to negative coping

strategies. Similarly, the Fill the Nutrient Gap Analysis^{106,107} reveals that almost none of the Rohingya households have the capacity to buy nutritious food. A lack of opportunity to produce their own food, limited financial resources to access nutritious food, a lack of freedom of movement, and limited sources of income, have led to the Rohingya refugees becoming fully reliant on food assistance. The prevalence of anaemia amongst children from 6 to 23 months, and stunting amongst children up to 59 months, remain major concerns.¹⁰⁸ Despite food assistance received by the Rohingya, in a survey, half of the households expressed concerns highlighting insufficient food distribution, and two-thirds indicated

having inadequate funds to purchase food.¹⁰⁹ The analyses from the HH survey findings, FGDs, Individual Stories and KIIs repeatedly underscore the need for sufficient food, food security, and income generation activities for the refugee community across gender, age, and for people living with disabilities, as well as *Hijras*. Respondents highlighted that the impact of their reliance on humanitarian assistance, without access to the formal economy and only limited access to the informal economy, have had negative consequences on their lives and resulted in increasing SGBV and deteriorating health and nutrition, especially amongst women, children, the elderly, people living with disabilities, and *Hijras*.

The Rohingya influx and the humanitarian response has had a significant impact on livelihoods within the host community^{110,111}. Analysis from KIIs and individual stories suggest that the loss of farmland and uneven competition for labour in the informal economy, have left a negative impact on the livelihood opportunities available to the host community. Some Rohingya men and women have a few opportunities that come from cash-for-work schemes working with NGOs, or receive assistance by participating in NGO activities, volunteering and day labour. The average paid working hours differ between the communities and by gender. For instance, Rohingya men (6 hours) and women (6.3 hours) spend more time in paid working hours than host community men (5.3 hours) and women (4 hours). Rohingya women spend more time in paid activity than their male counterparts. These findings suggest that in post-displacement, some refugee women have a relatively better opportunity for paid work in comparison to Rohingya men.¹¹² However, the change in gender roles has negatively impacted on the power dynamics and intra-household relationships, which has further contributed to gender inequality as described in section 3.1: Gender Roles and Relations in the Household and Community.

3.5 Access to and Participation in Humanitarian Assistance

According to the HH survey findings of this study, most of the refugee (96%) and the host community (75%) can access humanitarian assistance. The main reasons for women and girls not accessing humanitarian aid identified in the HH survey, according to male participants, was due to restrictions imposed on their mobility. In contrast, female participants reported that priority was given to men to receive aid. Other reasons for reduced access of women and girls included a lack of sufficient medicine at the health facilities, locations of services not being convenient for girls and women, and no female staff providing assistance.

The HH survey result further shows that 80% of the refugees reported having received humanitarian assistance in the last 30 days prior to data collection. This suggests there is a gap in coverage. The assistance was received from various organisations responsible for the delivery of humanitarian aid. A limited use of AGD approach in targeting on the one hand, and reliance on *Majhis* on the other, might have created an information gap in accurately determining the target beneficiaries of the assistance. The number of refugees potentially reporting non-receipt of assistance may include people living with disabilities, *Hijras*, older people, female-headed households, and unaccompanied children, adolescents and youth-headed households.

The HH survey findings also show that more men (62%) than women (53%) had an opportunity to be personally consulted about their needs by aid organisations. This finding implies that refugee men have more opportunity than women to participate in aid related decision-making processes. However, several KIIs with donors, UN agencies and the Government stated that there was hardly any consultation with the refugee community to identify differential needs, aspirations, and the perspectives of different groups to inform policy. These findings point to the significance of the need to strengthen coordination among concerned Government agencies, donors, humanitarian actors, implementing agencies, and refugee and host community representatives to ensure inclusive decision-making processes.

3.6 Access to Education

A key education sector objective in the 2020 JRP is to provide quality inclusive education to Rohingya refugees and host community girls and boys aged 3 to 24 years. This includes providing professional development for teachers.¹¹³ As of September 2019, the total number of 304,005 children, adolescents and youth aged 3 to 24 years from the refugee community, and 116,892 from the host community, were enrolled in learning centres.¹¹⁴

Despite significant progress made, 69% of the Rohingya households reported that at least one child between the ages of 5 to 17 years old per household fails to benefit from any learning opportunities. Unfortunately, 83% of the Rohingya adolescents and youth aged 15 to 24 years are deprived of any educational or skills development activities.¹¹⁵ Only 4% of adolescent girls compared to 14% of adolescent boys, aged between 15 to 18 years, attend education and learning programs, literacy, numeracy, life-skills and vocational skills training.¹¹⁶ A vast majority of the 74,000 adolescent girls and boys aged 15 to 18 years remain without any educational and adolescent-focused programs.¹¹⁷



Recently, progress has been made with the approval of two out of four levels of an informal learning framework. The Government also announced the extension of educational opportunities for Rohingya children aged 11 to 13 years.¹¹⁸ However, the educational framework for Rohingya children aged 4 to 18 years emphasises the framework's informality and is not aligned with any formal curriculum that could lead to accreditation.¹¹⁹ Similarly, in the host community only 60% of children and youth aged 12 to 24 reported having completed primary school in *Teknaf*, and 75% in *Ukhiya*. Only 26% of youth reported attending formal education during the current academic year.¹²⁰

Other than the policy restrictions, existing reports further reveal that the key factors preventing refugee children, adolescents and youth from fully accessing educational opportunities include socio-cultural barriers (23%), early marriage (36%), and the need to provide support at home (20%). Furthermore, there are issues of limited availability of education opportunities, distance of facilities, and the gender inclusiveness of learning centres. These centres also require gender-segregated latrines and gender-separated classrooms. For children with disabilities, the educational and learning facilities lack ramps and inclusive teaching-learning materials and approaches, which makes 10 to 40% of children living with a disability less likely to attend any learning facilities.^{121,122} Barriers to education for host communities include children and young people's engagement in household chores or economic activities due to high rates of inflation. Other contributing factors include an increased sense of insecurity due to road traffic congestion, as well as the deteriorated quality of education impacted by the loss of teachers who sought higher-paid employment in the camps with humanitarian agencies.¹²³

Conforming with existing reports,¹²⁴ qualitative findings of this research also show that social constructs such as the notion of ideal femininity, restrictions on association with the opposite sex, and restricted movement outside the household as soon as girls attain puberty, all significantly constrained the participation of adolescent girls in education.

The HH survey shows that the main reasons behind only boys attending school after the 2017 influx is due to a lack of money to send both boys and girls, and consideration around the safety and cultural acceptance for adolescent girls to go to school. In line with these findings, a recent study illustrates how gender norms, coupled with insecurity and the lack of gender-inclusive teaching-learning facilities, have become the main reasons for reduced educational outcomes for girls, with only 1% compared to 9% of boys aged 6 to 14 years attending Temporary Learning Centres.¹²⁵

The reasons for both the refugee and the host communities choosing boys over girls for education also points to the lower value attached to girls' education. Cross-cultural research shows that parents from impoverished families tend to invest in boys' education over girls', because investment in boys is perceived as security for their old age.¹²⁶

3.7 Access to Health

The ability to deliver health services is challenged by large caseloads at health facilities and high staff turnover.¹²⁷ As of September 2019, the proportion of refugee women who accessed facility-based services to give birth improved from 32% at the start of the year to 47% by year end, with geographic variations within the camps.¹²⁸ According to the Joint Multi-Sector Need Assessment 2019 report, in 80% of Rohingya households there is at least one person with an illness serious enough to require medical treatment, with more of these people being female than male.¹²⁹ This finding conforms to the results from this research where refugee men and women highlighted the high prevalence of health-related complications among refugees, particularly amongst women, older people and people living with disabilities. Both the refugees and the host communities identified several reasons that prevented them from accessing health facilities.

Quantitative (Figures 23-24) as well as qualitative results of this research show that concerns exist for both Rohingya and host community women, men, girls and boys involving issues related to safety and the distance to be covered to access health facilities, as well as the limited quality of health services provided. The establishment of all the big health facilities in the same area in *Ukhiya* also creates an uneven distribution of services.

Other barriers that women and girls face in accessing health services were identified in the qualitative findings, and include fear of SGBV, inadequate number of health professionals, a lack of female health professionals, long queues at health facilities, and the quality of health services. A factor that further constrains refugee women's access to health facilities is the lack of mobile networks to call for an ambulance to take pregnant women to the hospital in emergency situations. Women and girls with physical disabilities face access and attitudinal barriers in accessing reproductive health services. There are limited opportunities for host communities to access health services.

The 2019 JRP identifies as an issue of the limited use of health services by marginalised and vulnerable groups. Inadequate SADD data results in a poor understanding

FIGURE 23: REASONS FOR NOT ACCESSING HEALTH FACILITIES (REFUGEE)

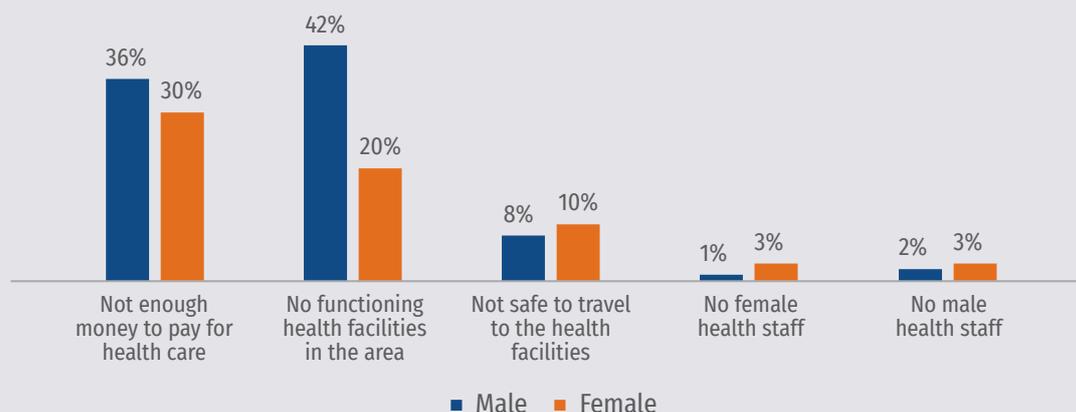
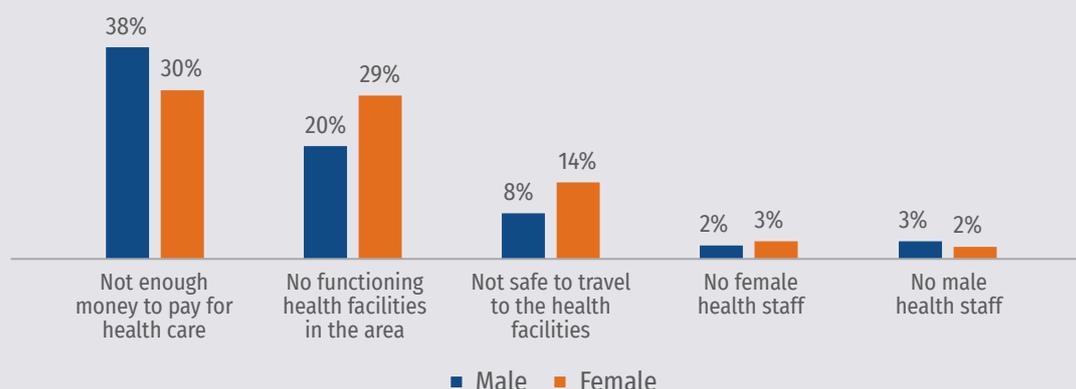


FIGURE 24: REASONS FOR NOT ACCESSING HEALTH FACILITIES (HOST)



of SRHR needs and challenges of men and women, particularly amongst adolescents and youth. This coupled with a lack of knowledge and socio-cultural acceptance of SRHR and family planning can combine to further prevent refugees, particularly women, youth, adolescent boys and girls, from accessing SRHR services and family planning.¹³⁰

Conforming to the above findings, qualitative results of this research show that female and male adolescents and youth seriously lack awareness of SRHR needs and, therefore, have made limited use of SRHR services. The *Hijras* indicated that they lack knowledge and information on available SRHR services. While social control prevents the *Hijras* from accessing health and SRHR services from health centres in the camps or in the local community, even when they do approach these services, they are often rejected by the service providers. *Hijras* commented that the only NGO that recently started providing services for gender diverse populations is largely under-resourced to meet their needs.

Considering that SGBV is highly prevalent, particularly in the camps, women and girls are at risks of STIs and HIV/ AIDS. However, despite the existence of referral

structures, due to restrictive national policies, refugees lack meaningful access to HIV/AIDS testing and treatment in camps¹⁸, birth control implants that can be delivered by midwives, as well as comprehensive and safe abortion and care. The limited, and exclusively facility-based antenatal care for pregnant women, to treat and prevent potential health problems throughout the pregnancy acts as a barrier for women and girls to access health care. Only 17% of the 200 health facilities in the camps have 24/7 access, and only three health facilities have surgical facilities. Safety concerns and fear of SGBV further prevent women and girls from accessing 24/7 facilities, particularly at night.¹³¹ Considering the high prevalence of SGBV, particularly among Rohingya refugees, coupled with limited basic facilities in the refugee camps, women and girls are more vulnerable to exploitation and exposure to STIs, HIV/AIDS.^{19,132}

18 Normally HIV testing is only available at district level. UNICEF and WHO expanded testing and treatment (ART refill) to the *Upazila* level with focus on prevention of mother-to-child transmission (PMTCT). In the camps, there exist 10 health facilities that do PMTCT testing and 3 facilities that also do general HIV testing for high risk groups.

19 KIIs: Health Sector, Media, Human Trafficking Researcher.

3.8 Protection, SGBV and Child Protection

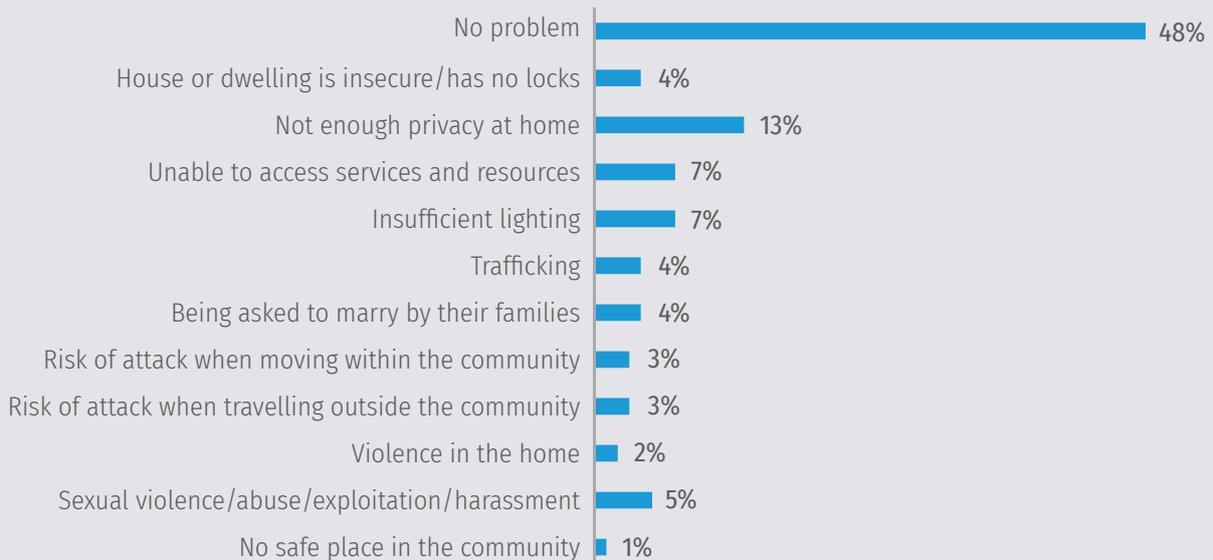
“ In Myanmar, we did not go to the toilet with Burqa. Here in the camps, we have to wear Burqa when going to the toilet. For women and girls, everywhere outside the house is unsafe (Female Rohingya, Individual Story). ”

The significant challenges of refugee protection in general and protection from SGBV and Child Protection in particular, are highlighted in the humanitarian response. Key protection commitments have been set out in the 2020 JRP and the Strategic Executive Group (SEG) has also key actions set out for Gender Equality and Empowerment of Women and Girls (GEEWG).^{133,134} There are initiatives undertaken by the humanitarian actors to prevent, mitigate and respond to SGBV, and SEA.¹³⁵ However, protection and empowerment issues are yet to be sufficiently mainstreamed into every sectors’ activities.

There are power dynamics between humanitarian aid and aid beneficiaries.¹³⁶ For instance, consultations to develop the PSEA communication strategy highlighted that while refugees have a high level of knowledge of SEA, their ability and confidence to report it is low, resulting in negative consequences for the level of trust and relationship between refugees and humanitarian workers.¹³⁷ Despite some sectoral achievements on gender equality and the empowerment of women and girls, there are notable gaps in terms of strengthening systems and structures for the prevention and response, as well as scaling up of SGBV interventions, including the outreach of SGBV services across the camps and settlements.

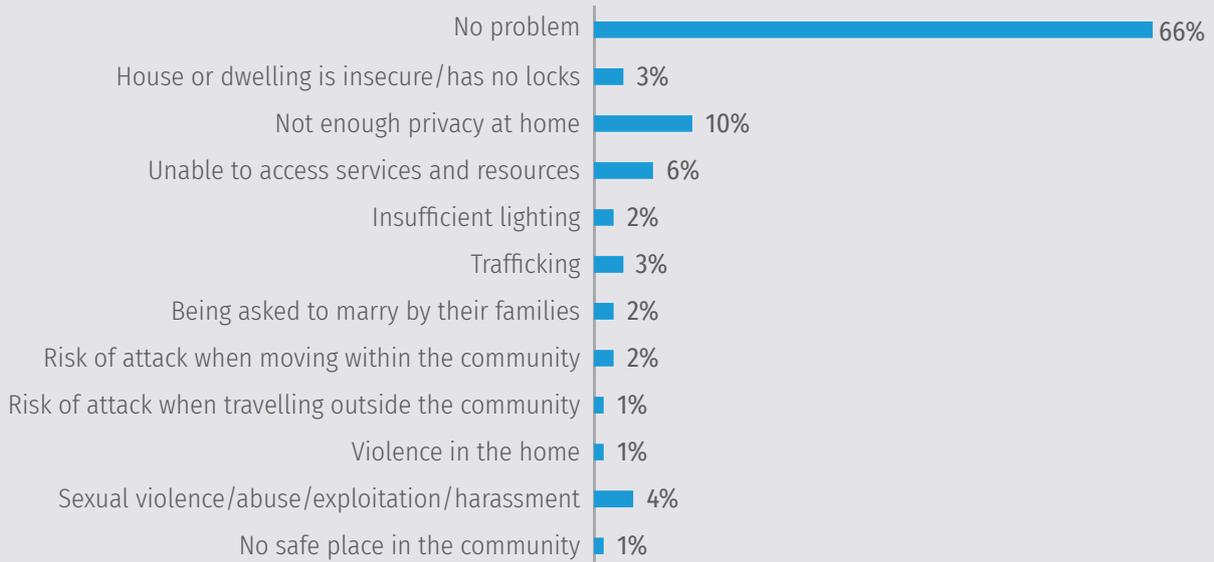
The HH survey results show that more women from both the Rohingya refugee (71%) and the host communities (59%) compared to men from the refugee (63%) and the host communities (42%) stated that women and girls are experiencing increased security concerns following the 2017 influx.

FIGURE 25: SPECIFIC SECURITY CONCERNS AFFECTING WOMEN AND GIRLS (ROHINGYA)



Compared to the host community women, just over half of the refugee women participating in this research expressed several security concerns affecting women and girls (Figures 25-26), such as the lack of privacy at home, which indicates that shelters are constructed without considering gender needs. Moreover, the historical legacy of spontaneously settled camps after the influx and the limited availability of space have impacted on privacy and security issues.

FIGURE 26: SPECIFIC SECURITY CONCERNS AFFECTING WOMEN AND GIRLS (HOST)



Qualitative findings also revealed that Rohingya women, female adolescents and youth are vulnerable to child marriage, sexual harassment, abuse and exploitation, IPV, survival sex, and trafficking. Men, male adolescents and youth, on the other hand, are at higher risk of drug abuse, drug trade, trafficking, sexual harassment and abuse, gambling, and petty crimes. Adolescents and youth who are unaccompanied and separated are at risk of exploitation and abuse. Conforming to previous reports,^{138, 139} this study highlights several core protection issues corresponding to rights violations in the Rohingya refugee and the host communities.

3.8.1 Access to Public Spaces and Services

While men and boys can enter public spaces safely, women and girls' access to public spaces is limited by traditional, harmful, social and gender norms, and power relations. The HH survey results in this research demonstrate that Rohingya women and girls are more constrained by cultural norms than host community women and girls concerning freedom of movement (Figure 27). On the other hand, the heightened security concerns due to the influx posed security concerns that constrain host community women's and girls' movement in public spaces (Figure 28).

FIGURE 27: KEY FACTORS LIMITING FREEDOM OF MOVEMENT (REFUGEE)

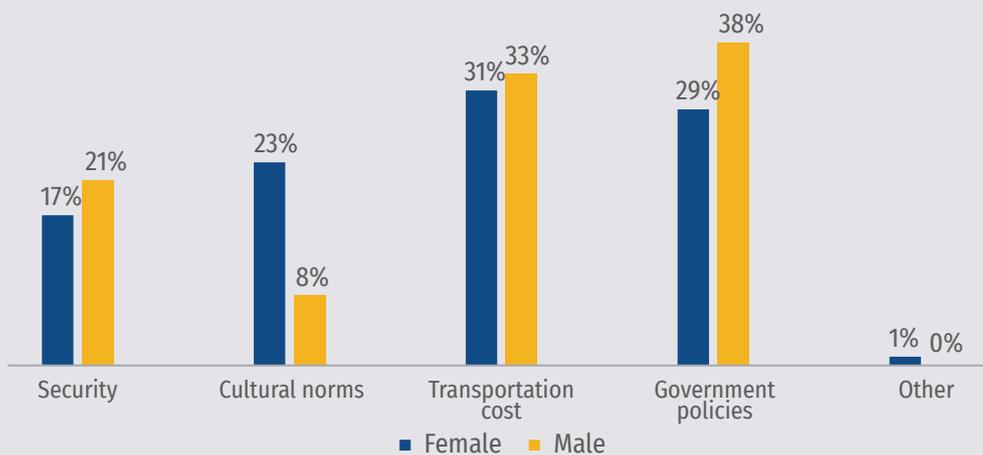
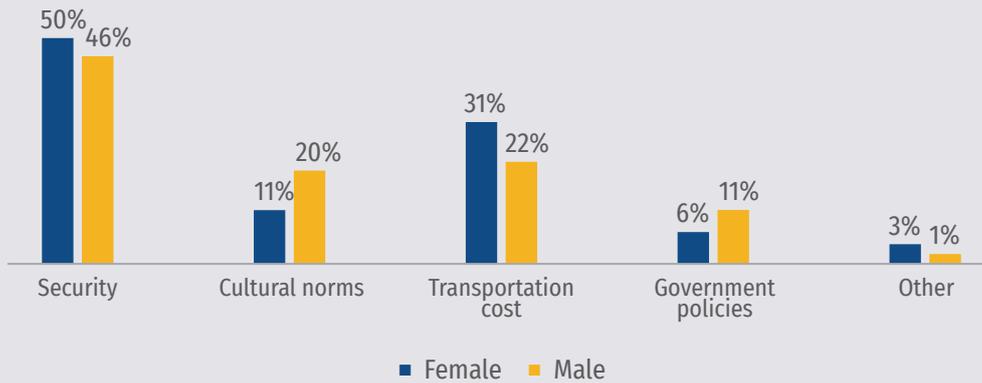




FIGURE 28: KEY FACTORS LIMITING FREEDOM OF MOVEMENT (HOST)



Qualitative findings from Mobility Analysis and FGDs show that the movement of unmarried and adolescent girls are more severely restricted than married or older women. In public, refugee women and girls are either accompanied by their older or younger male family members, female family members, or neighbours.

Unlike men and boys, women - and particularly adolescent and young women in the camps - must be accompanied by a few family members or neighbours if they are in public either during the day, and especially at night. Both women and girls in FGDs identified the fear of being sexually harassed and abused outside their shelters as one of the main reasons for their restricted movement in public. To protect themselves from sexual harassment and abuse and to maintain *purdah*, refugee women and young girls must wear a *Burqa* and be accompanied by family members or neighbours, even to visit toilets. Refugee women's and girls' access to public spaces and services is, therefore, severely constrained by the risks and threats posed in public spaces, as well as the social norm to maintain *purdah*. This situation was not necessarily the case in rural Myanmar.

A range of factors further constrain women and girls' free access to public spaces and services in the camps. One factor is the lack of appropriate clothing as revealed by women and girls across FGDs and through Individual Stories. Echoing previous research,¹⁴⁰ the results of this study also identified other constraining factors, including fears around safety, the responsibility and burden of care work, a lack of sufficient public lighting, and feelings of

shame around using WASH facilities in public. Women, and especially those from female-headed households, experience constraints also due to such restrictions in accessing services in the camp.

For the host communities, women are also subject to social control by men, and the maintenance of *purdah*, which restricts their movement in public spaces. However, as findings from FGDs show, the movement of host community women and girls is not as regimented as Rohingya women and girls in the refugee camps.

Women and girls' autonomy to move freely within and beyond the immediate community is very much structured by social norms that demand that women and girls must "maintain their purity," which is a means of controlling female sexuality. Due to fear of social sanctions, women, girls, and their families conform to these social norms.

While freedom of movement is challenging for people living with disabilities and particularly for women, the *Hijras* are socially excluded. They are easy prey to verbal, physical, psychological, and sexual abuse. In FGDs, *Hijras* from both the refugee and the host communities stated that they tend to avoid localities due to fear of being harassed and abused. They expressed the frustration of being discriminated against while seeking employment opportunities and accessing basic services. Despite limited support, *Hijras* greatly value services such as psychosocial counselling that they have started receiving from one NGO who supports gender diverse populations.

3.8.2 Violence and Lack of Control over One's Body

The Rohingya refugee situation has resulted in a conservative backlash towards Rohingya women, leading to a decrease in their rights and mobility. The findings from FGDs, KIIs, and mobility analysis demonstrate that SGBV is a threat for both the Rohingya and the host community women and girls. Refugee women and girls are more vulnerable to sexual harassment, abuse and exploitation and tend to have less control over their body and sexuality than their host community counterparts. Conforming to other research,¹⁴¹ participants spoke about the high prevalence of SGBV. The qualitative results of this research show high incidences of reported SGBV in the refugee community. These include IPV, child marriage, survival sex, sexual and physical abuse and exploitation, trafficking, abduction, kidnapping, divorce, polygamy, and women's lack of choice over family planning. The Gender and Age: Global Evidence 2019 survey results from 32 camps show that across locations, married girls are at higher risk. As much as 17% of older (15 to 19 years) married girls have experienced violence in the past 12 months compared to 4% of their unmarried counterparts. One participant aptly explained the prevalence of IPV among older and married adolescent girls in an FGD, saying: *"I don't get beaten, as I don't have a husband."*¹⁴²

Qualitative data also show that refugee women and girls are subject to intimidation, physical attack, and verbal abuse by their community. Empowerment or economic development programs primarily targeted towards women and girls, to the exclusion of men, also resulted in a backlash in creating tensions and violence within households and the community.

Rohingya women and girls experience several forms of sexual violence, such as verbal harassment and rape, not only by Rohingya men, but also by male members of the host community. Conforming to existing reports,¹⁴³ the qualitative results show that there is a practice of taking Rohingya women and girls to local villages for a few days where they experience sexual assault. Upon return to the camps, these women and girls experience social sanctions which has a negative impact on their prospects for marriage and social inclusion. A group of informal female leaders representing Camps 1, 1E, 2, 5 as well as female youth volunteers from Camp 12 who participated in separate meetings, confirmed incidences of multiple forms of SGBV. They also highlighted challenges concerning unsafe abortion among Rohingya females and especially among young girls.

FGDs and meetings with a group of informal female leaders in the camp also revealed that the number of female-headed households is on the rise as more men tend to desert their wives and children and marry other Rohingya women or local women. There are also practices of host community men marrying Rohingya women and girls. The power imbalance between these two communities further challenges Rohingya women and girls who are isolated from their families and community, and experience abuse not only by their husbands but also by their in-laws. Considering that marriage between refugees and members of the host communities is prohibited and can result in a jail sentence for up to six years, Rohingya women and girls marrying host community men are deprived of legal status and redress.¹⁴⁴

Social patterns and changes may contribute to women's vulnerability to SGBV. More research is necessary to have an in-depth understanding of gender and power dynamics to explore possibilities of restorative justice for women and girls who are subject to SGBV.

Kidnapping, Human Trafficking, Drug Abuse and Sexual Exploitation

Refugees consulted reported an increased incidence of abduction, kidnapping, trafficking, drug abuse, and survival sex. While more young boys expressed fear of kidnapping and trafficking, male and female youth groups expressed concerns regarding trafficking, drug trade, drug abuse and sexual exploitation. Similarly, according to a survey¹⁴⁵ carried out in 33 out of 34 refugee camps in 2019, the fear of kidnapping of young girls and boys was reported by nearly half of the households. Existing research¹⁴⁶ shows that since the Rohingya influx, crime in the area continues to be of concern as well-established drug trafficking and human trafficking networks target both girls and boys. As a result, there have been repeated incidences of Rohingya refugees being kidnapped for ransom by well-established criminal groups who prey on the most vulnerable. Rohingya women and young girls, mainly aged 15 to 22, are vulnerable to trafficking and sexual exploitation. This finding is in line with existing reports that point to their vulnerability to human trafficking for commercialised sexual exploitation and cheap child labour in and around Cox's Bazar.²⁰

20 KII, Human Trafficking Researcher.

3.9 Vulnerabilities, Capacities, and Coping Mechanisms

“ We get exhausted by sitting idle and doing nothing. Being frustrated, some of us attempt to go to Malaysia, organised by the traffickers, some of us use drugs to feel good about life, and also do things that are not socially approved (Male Youth Group, Camp 12) ”

It is critical to analyse the factors that determine whether a community will survive a crisis by looking at the vulnerabilities as well as capacities in the areas of material and physical assets, social and organisational capacities, and attitudinal or psycho-social strengths.¹⁴⁷ Capacities and vulnerabilities analysis, therefore, can help identify why, how and when interventions need to be made in humanitarian response. Data from FGDs, individual stories, KIIs and HH surveys show that multiple dimensions of vulnerability, including economic, social, political, environmental, and geographic, have overlapping effects on the Rohingya refugees and the host communities, that prevent them from achieving multi-dimensional capability outcomes and achieve overall well-being. The analyses also show an intersection of gender with other social determinants, including age, language, sexual identity, different abilities, and political identity, all act as powerful determinants in shaping vulnerabilities as well as resilience in the different groups differently.

Coping Mechanisms

It is quite apparent from qualitative data that women across age and social groups within the refugee and the host communities bear most of the brunt of household-level negative coping strategies, including less consumption of food. Qualitative findings also show that despite some variations, due to their lack of access to and control over various resources, women have fewer networks and social capital to fall back on in times of crises than men.

Findings from FGDs, KIIs and individual stories reveal negative coping strategies being practised in the refugee community, where some young women are forced into survival sex and fall prey to trafficking. The 2020 JRP report¹⁴⁸ shows that child marriage takes place in 5% to 10% of the Rohingya households as a negative coping

strategy either for the perceived need to protect a girl through marriage or reduce the economic burden on households. Some refugee men and youth, on the other hand, are engaged in hazardous day labour in the informal economy, involved in the drug trade and drug abuse, trafficking, polygamy, sexual harassment and abuse, and petty crimes. All refugee focus groups revealed that some of the rations were bartered to buy other necessary items, including fish and meat.

Harsh and limiting conditions, coupled with a lack of livelihood opportunities, push refugees to resort to negative coping mechanisms. For instance, a noticeable increase was observed in 2018 compared to 2017 in types of coping mechanisms used, like buying food on credit, borrowing money to buy food, and selling or exchanging food assistance. In 2019, many refugees sold or exchanged their food aid to meet more nutrient-rich food, such as meat, eggs, chicken and fish.¹⁴⁹

However, there are examples of positive coping strategies undertaken by the refugee community. For instance, the practice of *Taleem* by Rohingya women reveals bonds and friendship forming as part of wider social relations, religious observance as a coping mechanism as well as the fostering of a collective identity and feeling of belonging while in displacement.¹⁵⁰ Besides this, there is an attitude expressed by a group of Rohingya male youth volunteers that also demonstrates their resilience: “*Tolerance, accepting the reality, and maintaining peace and harmony.*”²¹ This is the mantra of some male adolescents and youth who have minimal opportunities to be otherwise productive. Their coping strategies include studying, helping others, and playing.

Despite their social exclusion, the *Hijras* maintain close ties with each other and support each other to cope with their situation. *Hijras* are also interested in personal development to help themselves and the community, showing their ability to adopt positive coping strategies and demonstrate resilience.

People respond to displacement in different ways based on their strengths and weaknesses. Analyses suggest that vulnerabilities and capacities differ by gender, age, social class, disability, sexual identity, political status, and other factors. Policies and programs that address the vulnerability of refugees need to develop strategies that work to build communities security and resilience.

As the findings show, gender intersects with other determinants of vulnerability that shape the options or choices available to men and women, girls, boys, people living with disabilities, and gender diverse populations. This research briefly reflects on intra-household dynamics. For instance, as the HH survey

21 Male Youth, Camp 12.

results show, more 12 to 24 year old girls and young women than boys and young men, as well as their older counterparts in both refugee and host communities, tend to undergo significant challenges at the household level. This includes eating less preferred food, borrowing food, relying on help from friends and relatives, limiting

portion size at mealtimes, and sacrificing meals in order for other family members to eat. Further research is needed to fully comprehend the various vulnerabilities as well as the coping mechanisms of different groups of people in the refugee and host communities, and the impact these have on their broader well-being.

3.10 Priority Needs

“ Our immediate priority is to have employment and livelihood opportunities for our male family members, our husbands and fathers (FGD, Rohingya Female Group). Our priority is to become self-reliant, to have control over our lives, and to look after our families (FGD, Rohingya Girls Group). ”

Refugee Community

In order to identify key priorities for different groups in a comprehensive manner, women and men were given three sets of choice and asked to rank their top three priority needs from each choice. Refugee women who participated in the HH survey in this research ranked food (52%) first, then protection (19%), and followed by health care (10%) as their top three priorities among the first choice (Figure 29). The priority needs for women from the second choice included food (33%), health care (24%), and sanitation (12%) (Figure 30). The third choice included sanitation (21%), livelihoods (18%), and food (15%) (Figure 31). Broadly, refugee women’s priority needs included food, protection, health care, sanitation, and livelihoods.

FIGURE 29: TOP THREE PRIORITIES 1ST CHOICE (REFUGEE)

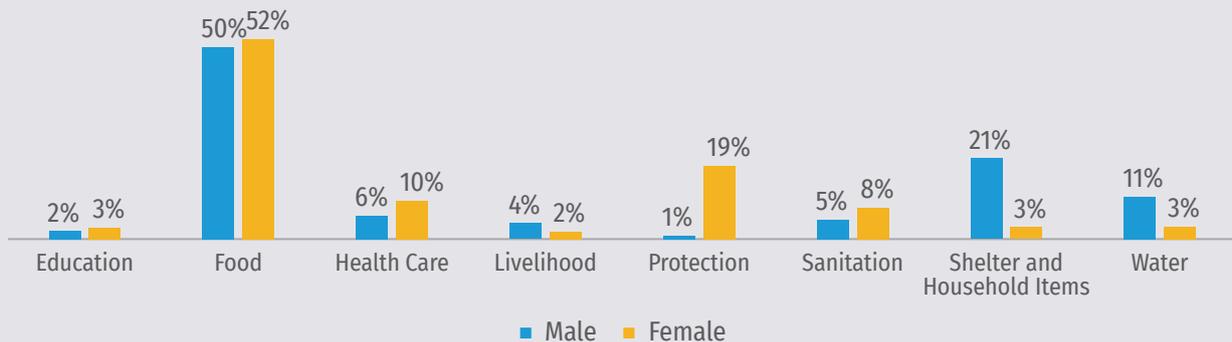


FIGURE 30: TOP THREE PRIORITIES 2ND CHOICE (REFUGEE)

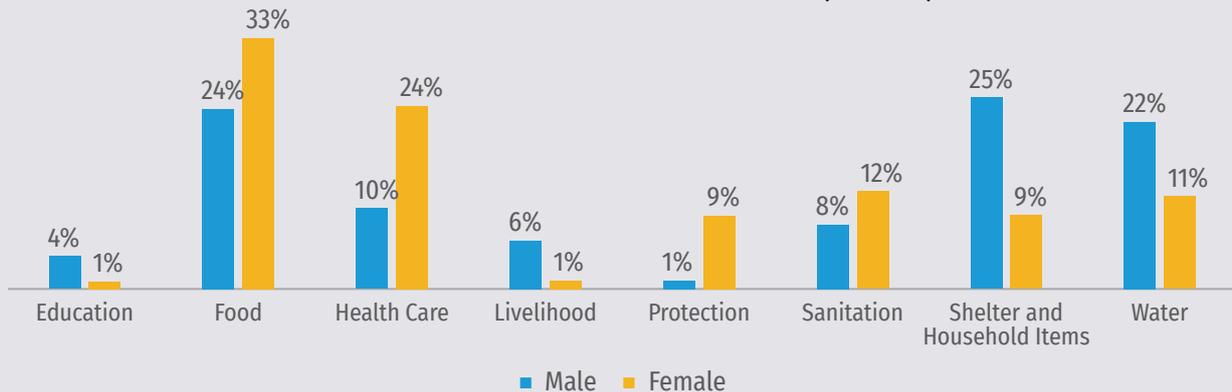
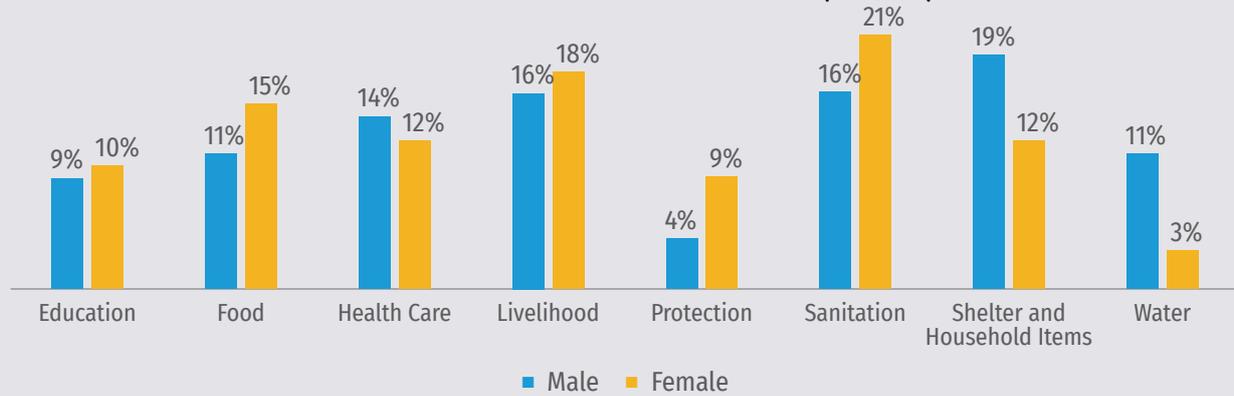




FIGURE 31: TOP THREE PRIORITIES 3RD CHOICE (REFUGEE)



Qualitative findings show that women's priority needs also included increased safety and security measures in the block, especially at night; opportunities to express their opinion in decisions that affect their lives; employment and livelihoods for themselves as well as for their male family members; increased rations; better health care; psychosocial support; legal support; freedom of movement; dignity kits; stable and durable accommodation; and non-food items such as winter clothing, mosquito nets, and utensils for cooking.

Qualitative findings further suggest that like women, girls also identified increased security measures in their blocks as one of their top priorities. Other priority needs for girls included an opportunity for education; increased amount and diversified types of relief food items; adequate and regular supply of dignity kits; legal awareness and legal support; employment opportunities for their fathers or male guardians; livelihood opportunities to become self-reliant; skills training on handicrafts and sewing machines; better health services; winter clothing; shoes; makeup items; mosquito nets; better living conditions, with more space and privacy at home.

Notably, women and girls in FGDs and individual stories repeatedly identified clothing as one of their priority needs in the camps to safely move in public, including to access markets, attend aid distributions, trainings and meetings, and for visiting hospitals and clinics. A 2018 OXFAM protection baseline survey shows that 97% of the men and women surveyed had reported not having enough appropriate clothes to wear outside of their shelters. Around 55% of the respondent women borrowed *burqas* from other female family members to go out, while 30% of women had to limit their movement to locations close to their shelters, and a further 15% avoided visiting public spaces at all. After the distribution

of *burqas* in 2018, OXFAM conducted a monitoring exercise, which revealed that 95% of the women respondents felt a sense of safety and additional comfort in public spaces as a result of the items they received.¹⁵¹

In the HH survey, the top responses for men from the first choice were food (50%), shelter and household items (25%), and water (11%). Men gave priority to shelter and household items (25%), food (24%), and water (22%) as their second choice, followed by shelter and household items (19%), sanitation (16%), and livelihoods (16%), as their priority needs from the third set of choices. More broadly, food, shelter and household items, livelihoods, sanitation, and water were priorities for men to improve their living conditions.

Qualitative findings show that other priority things for men also included access to mobile phone networks for maintaining communication; freedom of movement, especially the scope to work outside of the camp; employment, income generation and livelihood opportunities; old age allowance; psychosocial support; better health care; better housing; winter clothes; and safe and voluntary return to Myanmar, when conditions improved.

According to qualitative findings, priority needs for adolescent boys and youth of all age groups included educational opportunities; English language training; legal awareness and legal support; employment opportunities, including the opportunity for day labour for themselves as well as for their family members; increased amount of relief goods according to family size and different needs of different family members; life skills and livelihood skills training; freedom of movement outside the camp; clothing; access to better health services; playground, sports and recreational facilities; and access to mobile phone networks in the camps for maintaining communications and networks.

Host Community

“ We cannot go anywhere without the permission of our husbands. We want to move freely without being too constrained by our husbands or male family members (FGD, Female Group, Host Community)... We would like to express our opinions on matters that affect our lives and participate in decision-making (FGD, Girls Group, Host Community). ”

The host community women ranked food (51%), shelter and household items (11%), and health care (10%), as their top three priorities from the first choice (Figure 32). The priorities from the second choice included food (35%), protection (17%), health care (12%) (Figure 33). The third choice included health care (34%), protection (19%), and education (15%) (Figure: 34). Broadly, host community

women identified food, protection, health care, shelter and household items, and education as their priority needs.

Qualitative results show that an opportunity for quality education was one of the key priorities for girls. Other priorities for women and girls included an opportunity to express their opinion on matters that affect their lives and for meaningful participation in decision-making, freedom of movement without being constrained by their husbands or male family members, and better clothing.

The male participants in the host community ranked food (51%), shelter and household items (21%), and water (13%) as their topmost priorities from the first choice (Figure 32). Their second choice also included food (23%), shelter and household items (23%), and water (22%) (Figure 33). This was followed by prioritising, as part of the third set, shelter and household items (29%), livelihoods (16%), and sanitation (16%) (Figure 34). Qualitative findings show that both men and boys identified other priorities such as enhanced security, improved access to and quality of health services, quality education, and income generation activities.

FIGURE 32: TOP THREE PRIORITIES 1ST CHOICE (HOST)

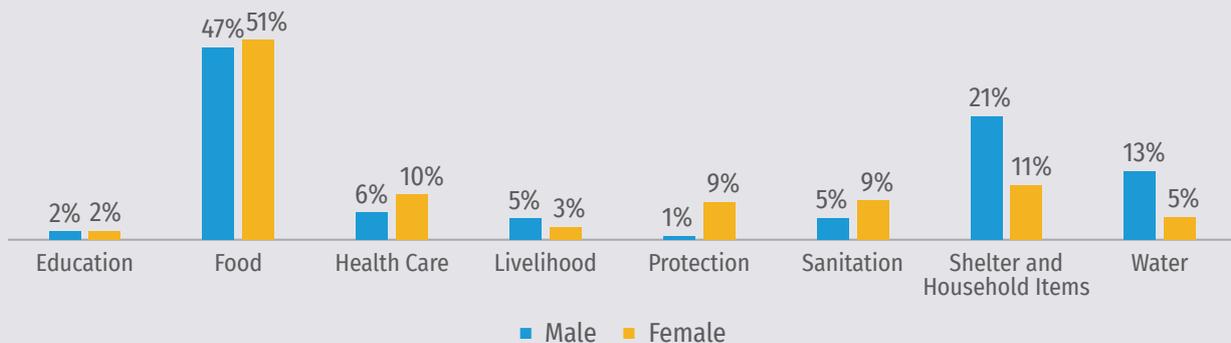


FIGURE 33: TOP THREE PRIORITIES 2ND CHOICE (HOST)

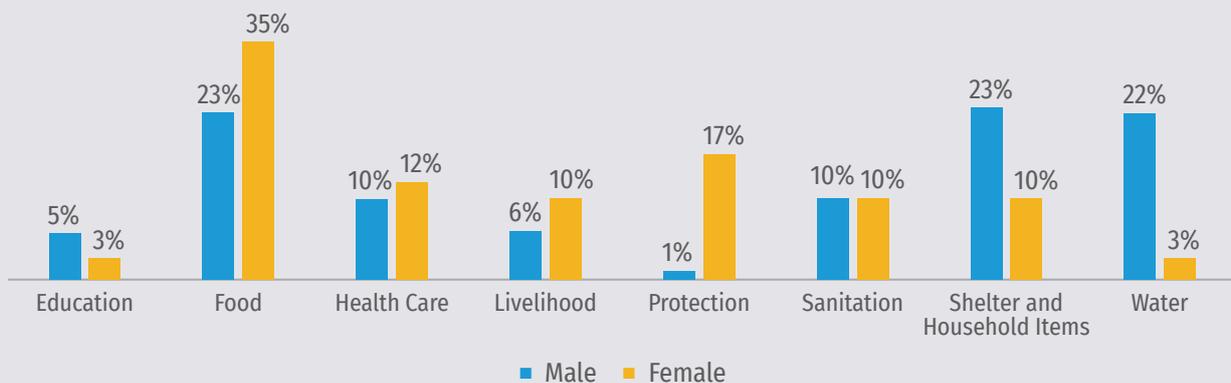
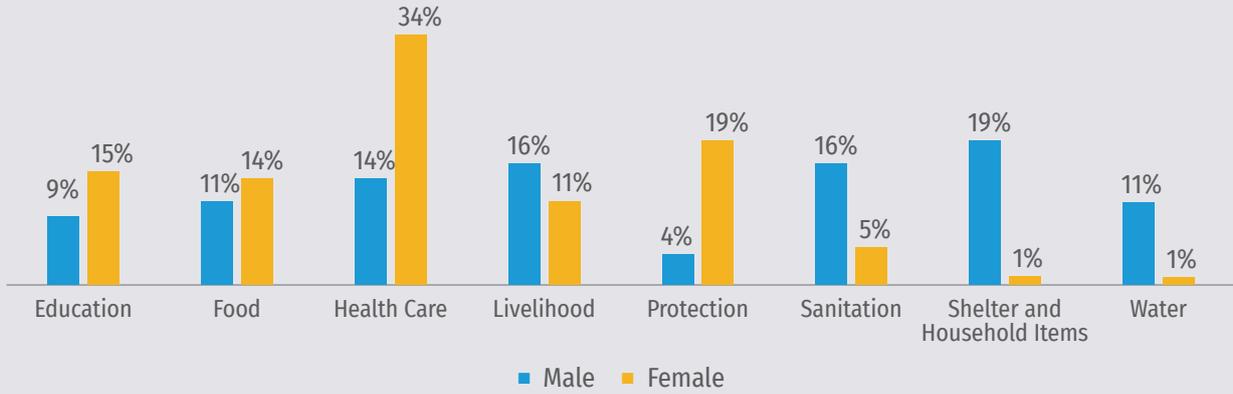




FIGURE 34: TOP THREE PRIORITIES 3RD CHOICE (HOST)



Despite commonalities across the groups and by gender over many prioritised needs, there are specific needs that are distinctively gendered and age-specific, which should be considered in planning policies and making service provision in humanitarian and development responses in both the refugee and the host community.

3.11 Accountability: Complaints and Feedback

“The Rohingya refugees are heavily dependent on humanitarian assistance and support, which has made them susceptible to sexual exploitation and abuse. There are attitudes among humanitarian workers that need to be addressed. One strategy is to develop volunteers at the grassroots level on the ground to avoid abuse and exploitation by the humanitarian workers (KII, UN Agency).”

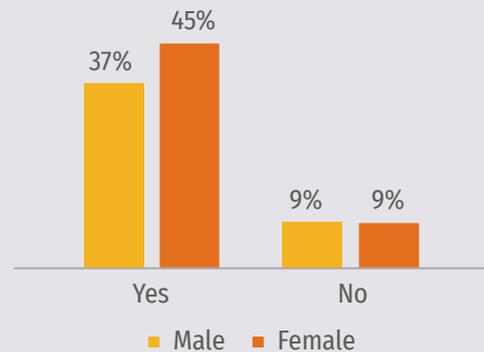
Rohingya Refugees

The governance of the Rohingya camps is a hierarchical intersection of Government of Bangladesh, humanitarian actors and local community leaders, which has direct implications for the administration of justice. The Rohingya refugees’ access to justice mechanisms are determined and affected to a great degree by governance structures introduced by authorities, as part of the response, for example – the Camp-in-Charge (CiC) and that functions’ authority, as well as the Army installed *Majhi* system.¹⁵² While there are significant challenges in accessing the country’s formal justice systems (i.e. the courts, and criminal justice systems), the host community’s informal justice mechanisms (i.e. the village courts) are likewise inaccessible to Rohingya refugees.

Rohingya refugees, therefore, rely on the Camp-in-Charge, the law enforcement agencies for legal redress.¹⁵³

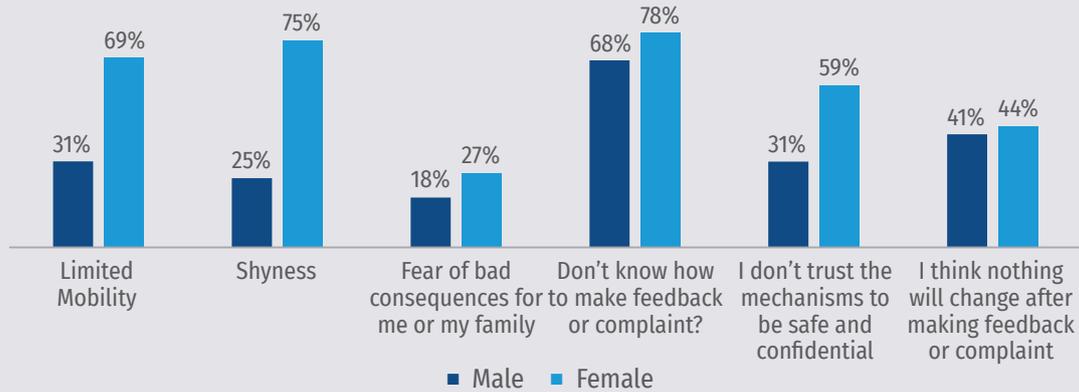
The HH survey results (Figure 35) show a low level of awareness among respondents on how to file a complaint, though women (45%) appear to be more knowledgeable than men (37%).

FIGURE 35: KNOWLEDGE OF HOW TO REPORT A PROBLEM (REFUGEE)



As per the HH survey, fewer men (42%) than women (58%) filed any complaints. An overwhelming majority (78%) of the HH survey women respondents stated that they did not know the specific details on how to file feedback or a complaint. Shyness (75%), and limited mobility (69%) were key reasons given for not making a complaint or giving feedback (Figure 36). Women and girls should be targeted for specific outreach activities to enable them to understand how they can access information, as well as increase their knowledge and gain skills. Accountability mechanisms also need to be strengthened to protect women and girls from potential backlash.

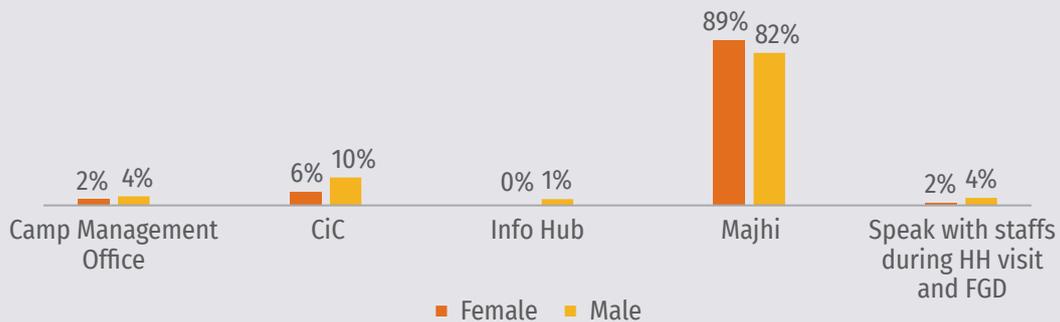
FIGURE 36: REASONS FOR NOT MAKING A COMPLAINT OR FEEDBACK (REFUGEE)



A majority of the men interviewed (68%) reported that one of the key barriers to accessing the accountability and feedback mechanisms was their lack of know-how in regard to lodging a feedback report or a complaint. A little less than half of the men (41%) on the other hand reported that the lack of trust in the feedback and complaints mechanism to address their issues was one of the key barriers they face in utilising the mechanism. While 34% of the men reported that confidentiality and

personal safety issues are the key barrier to utilising and accessing the feedback and complaints mechanism, 31% reported that limited mobility was the greatest hindrance (Figure 36). Along with increased access to information, the existing camp governance structures and mechanisms, therefore, need to be more accessible and accountable, and able to better target different groups in the refugee community.

FIGURE 37: MECHANISMS USED TO MAKE A COMPLAINT OR FEEDBACK (REFUGEE)



The HH survey findings show that in the case of complaints, most of the women (89%) and men (82%) complained through *Majhis* (Figure 37). Women (69%) and men (61%) also overwhelmingly identified *Majhis* as the first point of reference if they had been victims of violence.

Similarly, the 2019 Joint Multi-Sector Needs Assessment found that the majority (85%) of the Rohingya respondents referred to *Majhis* as their preferred point of contact for SGBV cases.¹⁵⁴ The 2020 JRP further stated that females are less likely to be aware of resources or mechanisms for support other than *Majhis*, and this can

be seen to point to women's general lack of access to information. The 2020 JRP report also states that *Majhis* were considered as the first point of reference for serious security issues.¹⁵⁵ Thus, *Majhis* hold a very powerful position in camp governance.

Although *Majhis* are the most preferred channel for complaints or feedback, one of the key reasons for female refugees not making complaints is the fear of repercussions. There are reports claiming that mediation through *Majhis* often results in impunity for SGBV perpetrators, survivor-blaming, and threats to women and girls. The October 2019 quarterly SGBV Information



Management System (SGBV IMS) report shows that only 21% of rape survivors reported within 72 hours, and survivors reportedly have declined referrals to legal assistance (67% survivors) and law enforcement services (95% survivors).¹⁵⁶ Abuse of power by *Majhis* appears to be a major obstacle for survivors' access to specialised services, which has resulted in a culture of impunity that seriously affects women and girls' health and well-being, security and dignity.¹⁵⁷

The 2020 JRP states that while a vast majority of Rohingya refugee households were unable to recognise any of the SGBV service points, 85% of cases were referred to *Majhis*, indicating a lack of information, but also highlighting the current power concentrated in the hands of the *Majhis*.¹⁵⁸ In the informal mechanism in place currently, *Majhis* were appointed by the Army to be intermediaries for communication and to either resolve conflicts, and if that failed, to take disputes to the CiC. Informal justice through *Majhis*, however, is rarely aligned with women's interests and suffers from the absence of female representation and corruption.¹⁵⁹

Unlike the *Majhi* system, the elected camp and block committees, that UNHCR has promoted, are camp-level governance structures that are designed to provide an accountable and representative governance mechanism with clearly defined roles and responsibilities for the committees, which operate within an agreed-upon structure. The new elected camp and block committees, piloted in 2019 in four camps, are planned to be replicated across the 34 camps, if the authorities give their agreement.¹⁶⁰ The mandate of the camp and block committees are mainly geared towards mobilisation and engagement with the community for facilitating the delivery of humanitarian assistance through better identification of community needs, as well as supporting the community with referrals to relevant services. The election process and defined Terms of Reference are designed to keep in check any abuse or exploitative acts by those invested with the trust of the community to perform this important function.¹⁶¹ However, the *Majhi* system remains predominant in the camp governance processes.

The GiHA WG report suggests that various factors constrain refugee women and girls' timely access to multi-sectoral services, which include considerations about social stigma and rejection, feelings of shame and self-blame, threats of retaliation, and low awareness of services and their benefits.^{162,163}

Similarly, an earlier Knowledge, Attitude and Practice (KAP) Survey 2018¹⁶⁴ also shows that the current accountability systems were mostly ineffective. There was a lack of awareness of feedback and complaint mechanisms. There were significant gender differences concerning attitudes towards accountability, as more women than men indicated the need to provide feedback. Several challenges for ensuring effective accountability mechanisms were identified, which include low levels of literacy among the Rohingya (27%), and limited legal literacy and understanding of rights regarding humanitarian assistance (27% amongst women and 17% amongst men).¹⁶⁵

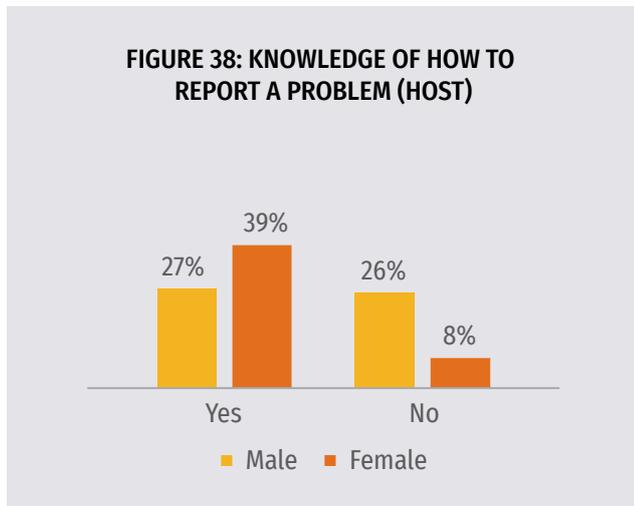
Other factors included cultural norms that restricted women from public spaces and a low level of participation and influence in decision-making. The report also shows that complaint boxes and hotlines are the least preferred, least trusted, and most ineffective mechanisms compared to voice recorders, face-to-face meetings with NGOs, CiCs, and the army. There were gender differences in terms of the preferred complaint or feedback mechanisms, as women preferred face-to-face interactions with NGOs compared to men who preferred face-to-face interactions with the CiCs and the army.¹⁶⁶

The 2020 JRP incorporates a Protection Framework which places protection at the core of the humanitarian response and emphasises, inter alia, community participation in all stages of the response and accountability to affected populations. The 2020 JRP submission of the Communication with Communities Working Group (CwC WG) further emphasises the need for better accountability that can be enhanced by strengthening feedback and accountability systems.¹⁶⁷ However, "The Accountability Manifesto" to affected populations (AAP) developed by CwC recognises that the low exposure of the Rohingya community to humanitarian systems before the 2017 influx can act as a constraining factor for the uptake of services currently. It is necessary to overcome this in order to decrease their vulnerability to abuses of power.¹⁶⁸

The analysis by the CwC suggests that there is a dual and conditional relationship between accountability and empowerment in protecting the rights of Rohingya refugees. Accountability cannot be ensured if people lack the power to make their own choices and demand their rights. As such, assurances of implementing accountability and good governance becomes critical in order to empower the community and promote their capabilities to access and secure justice.¹⁶⁹

Host Community

Like refugees, a low level of knowledge is observed among women (39%) and men (27%) in the host community regarding complaints or feedback mechanisms, though women reported being slightly more aware than men (Figure 38).



However, women in the host community still do not make complaints or provide feedback at a high rate. Those who made complaints were mostly men (71%) compared to women (29%), which implies that social and structural barriers prevent women from accessing justice and exercising their rights.

The HH survey findings (Figure 39) indicate that key factors such as a lack of confidence in complaint outcomes (89%), coupled with insufficient information

about complaint mechanisms (89%), shyness (67%), and lack of trust in complaint mechanisms, prevented women from making complaints. The reasons for men not making any complaints or giving feedback included a lack of confidence in complaint outcomes (81%), insufficient knowledge of how to make a complaint or give feedback (71%), and a lack of trust in the complaint and feedback mechanisms (56%).

While women (80%) mostly chose community leaders to complain to or give feedback to, men (56%) usually preferred to speak with humanitarian staff during household visits or make a complaint using a complaint box or visit the camp management office (Figure 40).

The HH survey results further show that 85% of the women and 88% of the men considered relying on community leaders as their first point of contact if they had been victims of violence. Conforming to the HH survey findings, female participants in the FGD revealed that women in the community report to the community leaders first, and then to the elected local Members and Chairman. Be that as it may, women also reported that they are locked out of the informal justice mechanisms like arbitration of disputes. The findings suggest strengthening the accountability and justice mechanisms by empowering men and women with the necessary information and knowledge to make informed decisions, as well as address barriers that constrain women's freedom of movement outside the home, and target community leaders and elected local Government representatives to fulfil their obligations.

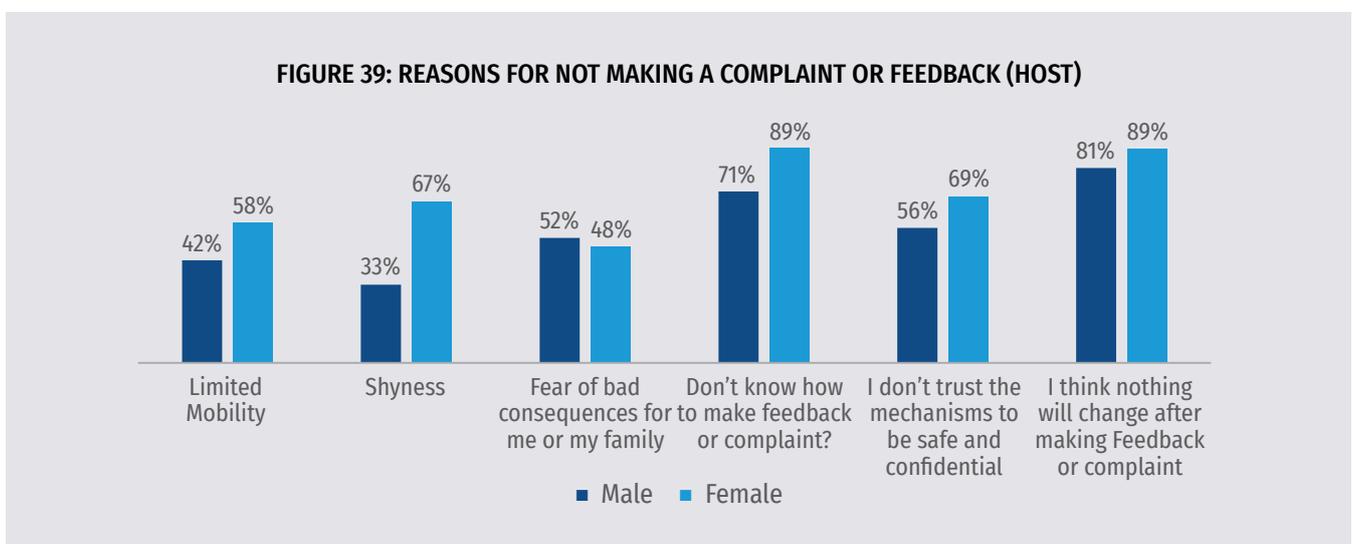
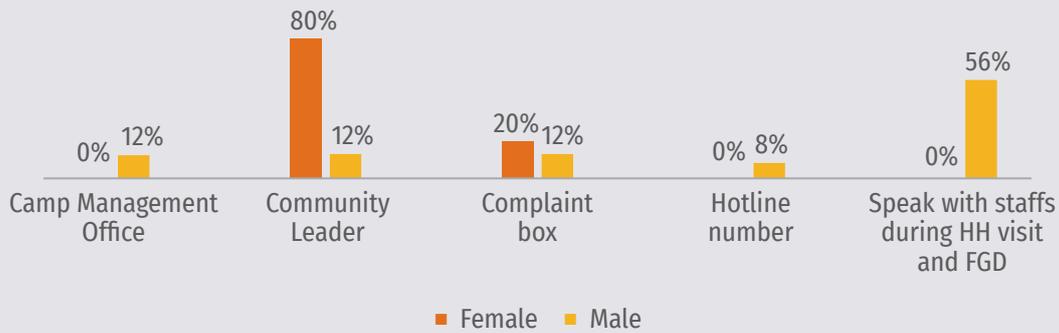




FIGURE 40: MECHANISMS USED TO MAKE A COMPLAINT OR FEEDBACK (HOST)



The formal justice system is not easily accessible to most people, especially the poor in Bangladesh. The informal or semi-formal justice system, on the other hand, is inherently discriminatory as it values social status, political influence, wealth, as well as community cohesion, at the expense of prioritising the interests or preferences of women or the marginalised. Furthermore, only 16% of the village courts representative are currently female. This situation further discourages women from accessing the informal justice mechanism.¹⁷⁰ The informal justice system reinforces patriarchal norms and values, as women are not encouraged to attend their hearings and rarely participate as arbitrators.

3.12 Relationships between Rohingya Community and Host Community

The initial cooperation and empathy host communities had towards the Rohingya refugees has gradually faded and transformed into competition and resentment, leading to increased tension between the two communities. Participants from both the refugee and the host communities expressed fear and antagonism towards each other. The inter-community tense relationship was particularly highlighted by key informants representing the Government, and the media. It also came up in meetings with informal Rohingya female leaders, *Majhis* and *Imams*, and male and female Rohingya youth volunteers. The inter-community tensions also have gender dimensions. In line with the existing reports,¹⁷¹ the findings of this research show that common conflicts between the Rohingya and the host communities include conflict over land and access to markets, inter-community marital relationships, rape, kidnapping, and trafficking. The main reasons for inter-community tensions are competition over resources, the perception of the host community towards Rohingya as the “other,” and a perceived or real sense of impunity within the host community.

“ We have noticed significant changes in our health after the Rohingya influx, as we are now suffering more from various diseases compared to the past (Male, Host Community). We live in fear that they might attack us at night (Male-Host Community). ”

“ The locals do not allow us to play on their land, they beat us and snatch our balls and take them away so that we cannot play (FGD, Rohingya Boy). ”

“ Every time I travel to visit the camps, I fear that the agitated locals might barricade our car (Key Informant - Office of RRRC, Government). ”

The marginalised and impoverished host community depends on land to meet their basic needs. Tensions also exist between the pre-existing registered and the newly arrived refugees over access to resources. This tension has escalated due to the reselling of humanitarian aid by the Rohingya refugees who arrived in 2017 contributing to a deflationary impact on local market prices for some goods. Both the local community and the registered

refugees feel a sense of deprivation due to the greater emphasis on humanitarian assistance for Rohingya refugees who arrived in, and after, 2017.¹⁷²

Overcrowding and the associated risks associated with the 2017 influx on local health services,¹⁷³ protection issues, as well as polygamous relationships,¹⁷⁴ are also other sources of tensions between the communities. An informal group of women refugee leaders highlighted that there are negative sentiments amongst some of the host community women who accuse some Rohingya women of “robbing their husbands.”²² Similarly, a group of males - composed of *Majhis* and religious leaders - also expressed their frustrations in a meeting, that refugees have to pay locals a rent and even a tax of Bangladesh Taka 10,000 (equivalent to USD 115) or more for renovating a shelter in some cases.²³ Previous reports confirm that camps with the highest proportion of households (10%) overall reported paying money or goods as a form of rent.¹⁷⁵ Like a previous study,¹⁷⁶ findings in this research also show that the host community obstructs Rohingya children from playing in local areas outside of the camp.

Therefore, the major sources of tension between Rohingya and host communities relate to the contested use of land and resources for displacement, economic frustrations due to increased competition for employment and operating small businesses, a decrease of wages for job seekers and profits for shopkeepers for selected items, and the stress on social life and local infrastructure caused by the population growth and density.^{177, 178} To address the negative impacts of the Rohingya influx on the host community, the JRP makes provision for 25% of donor funding for host communities.¹⁷⁹

Qualitative results also show that the Rohingya refugees feel that the local community perceives them as “culprits”. There has been a negative perception in the host community that the religious beliefs and practices of the Rohingya are different and regressive. The strong negative sentiments towards Rohingya refugees is also reflected in the Ground Truth Solutions Survey in January 2019¹⁸⁰ on social cohesion, where the majority (61%) of the Rohingya refugees compared to only about one third (31%) of the Bangladeshi locals believe that there is inter-community harmony between the Rohingya and the host communities.

FIGURE 41: CHALLENGES FACED BY THE AFFECTED POPULATION (REFUGEE)

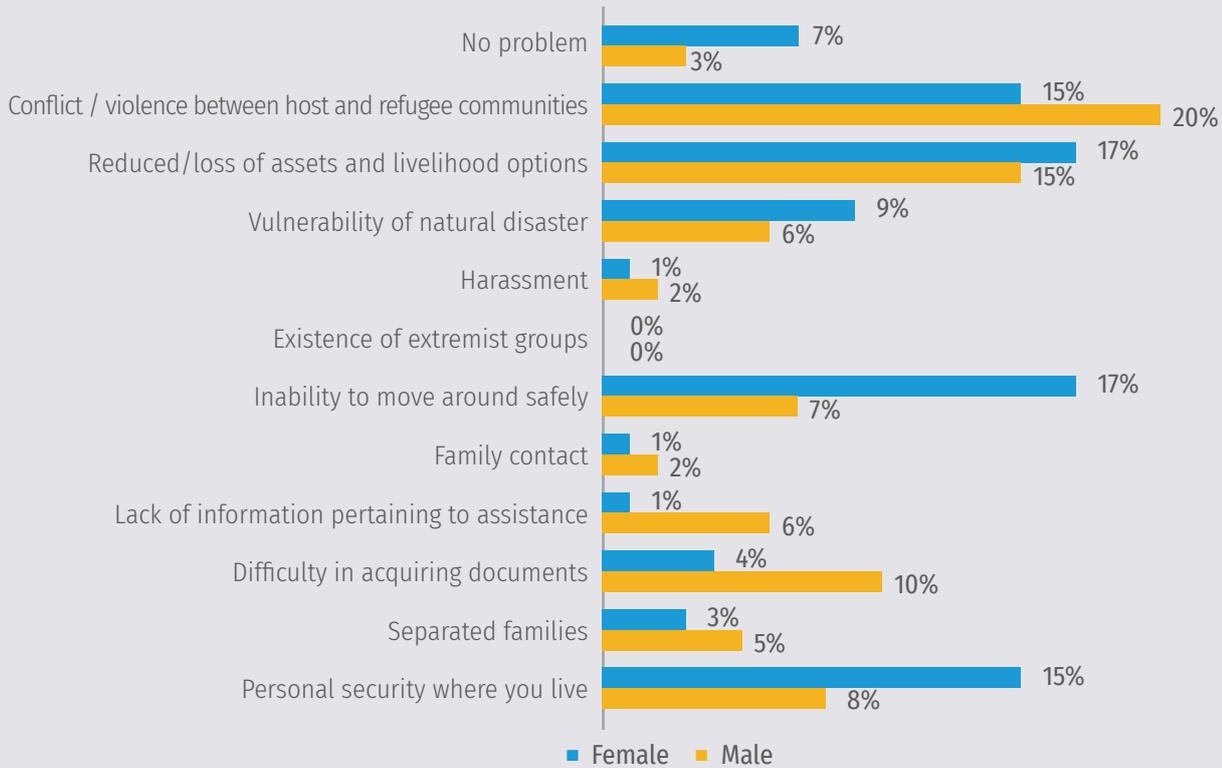


22 Camps 1, 1E, 2, 15.

23 Camps 11, 12.



FIGURE 42: CHALLENGES FACED BY THE AFFECTED POPULATION (HOST)



The HH survey results (Figures 41-42) show that more men (20%) and women (15%) in the host communities, compared to refugee men (6%) and women (4%), considered conflict and violence between the host and the refugees as one of the big challenges facing them. Similarly, according to a survey result in January 2019, nearly half (48%) of the surveyed locals, in comparison to only about one-tenth (11%) of the Rohingya, stated that inter-community tension exists.¹⁸¹

A more recent study by the Ground Truth Solutions Survey in June 2019¹⁸² showed that a majority of the Rohingya respondents (73%) remained more open to establishing social ties than local Bangladeshis (34%), indicating that Rohingya refugees were viewing the relationship more positively than their local host counterparts. Despite instances of integration and co-existence, such as inter-community unregistered marriages, the gap between the host communities and the refugees is further reinforced by the current restrictive policy environment, including

measures such as the one that does not grant Rohingya children access to formal education, the ban on inter-community marriage, the limits on freedom of movement and limits on the local employment of refugees.^{183, 184}

In a realistic scenario, credible estimates indicate that a sizable portion of Rohingya refugees will remain in Bangladesh for a protracted period.¹⁸⁵ This situation necessitates that a holistic medium to longer-term approach is needed and takes into account the critical needs of the local community and the Rohingya population in order to address current challenges. Addressing the existing needs and creating sustainable livelihood opportunities for both communities can address longer-term negative impacts, reduce existing tensions and facilitate social cohesion. This approach requires adequate and multi-year financing, better coordination, and more complementarity between humanitarian and development actors for programmatic interventions towards social cohesion.¹⁸⁶



4. CONCLUSIONS

“ There is almost no gender analysis in the 11 sectors. The key reason is a lack of capacity in the humanitarian response for conducting gender analysis, and how to use the gender analysis to translate it into programs (KII, UN Agency). ”





Despite relative successes, there remain challenges in addressing the diverse needs of Rohingya refugees and the host communities in Cox's Bazar. The refugees are primarily dependent on humanitarian assistance for meeting their basic needs, which are insufficient to maintain healthy and dignified living standards.

The Rohingya were exposed to rights violations at home and in displacement they continue to face challenges in a constrained policy environment that restricts Rohingya refugee's access to livelihoods, income generation, skills development, freedom of movement, SRHR, as well as formal educational opportunities for adolescents and youth. These policy choices precipitate situations in which Rohingya women, men, girls, boys and people with diverse identities are further pushed to the margins.

An undervaluation of the skills and capacities of refugees, coupled with existing policy restrictions, have resulted in refugees resorting to various negative coping strategies. These include selling humanitarian aid to diversify food intake, high incidences of SGBV including sexual harassment, abuse and IPV, polygamy, drug abuse, involvement in the drug trade, gambling, child labour, child marriage, trafficking, and survival sex. Sexual and Gender-based Violence (SGBV) remains a constant threat, especially for refugee women and girls. Although SGBV affects men and boys, it is girls and women who are particularly vulnerable and are at high risk of multi-dimensional SGBV. The displacement circumstances of the Rohingya has also exacerbated SGBV at the household and community level. The situation has also led to negative coping mechanisms by refugees due to different vulnerabilities.

Displacement has negatively impacted the lives of men and women living with disabilities. Women and girls living with disabilities are particularly impacted due to socio-cultural and gender norms and face heightened SGBV risks. The gender diverse populations (*Hijras*) in both the Rohingya and the host communities continue to experience social exclusion, physical, psychological and sexual violence, and are challenged in accessing basic rights such as health care and work opportunities.

The Rohingya influx has also had an impact on the host community economically, environmentally, and socially. There are reports of increased SGBV, including IPV in the host community, as well as concerns over security in the area. This has negatively impacted social cohesion between the Rohingya refugees and the host communities.

Traditional community protection mechanisms have broken down due to displacement, making different groups vulnerable and more at risk to protection violations. The unrepresentative camp governance system, as well as the governance system of the host community, appear both to offer very little space, particularly for women and girls, to seek and get redress against injustice.

Promoting community-based protection mechanisms along with strengthening accountability towards affected populations, especially women, girls, and people with diverse identities, demands more attention. One way is to ensure better community participation in decision-making processes and to support women's self-led groups in order to foster the empowerment of women and girls and people with diverse identities.

A medium to longer-term approach should address these protection concerns. This transformative approach must include a two-pronged strategy of gender and diversity mainstreaming, with targeted and specific programs and services. Apart from empowering women and girls, empowering men and boys by encouraging positive masculinity, continued education for children, adolescents and youth, as well as skills development and livelihood and income generation opportunities for refugees, are all crucial for creating an enabling environment towards gender equality.

Partnerships should be established with religious leaders to approach the community through culturally sensitive means as this can help tackle harmful social and gender norms. Alongside continued education, skills development and economic opportunities, the empowerment agenda for women and girls should be built on women and girls' existing capacities and seizing on opportunities offered by informal leadership, informal self-help spaces, and existing leadership initiatives.

This analysis suggests that an effective humanitarian and development response needs to consider the diverse needs and perspectives of the affected people as well as the contextual realities at household, community, state and international levels. It requires the recognition of the vulnerabilities of different groups to shocks, the need to support their capacity and resilience to achieve multidimensional capability outcomes. A framework needs to be in place to assess periodically who are the most vulnerable, what are their vulnerabilities, what are the differing needs, what are the challenges, and when and how assistance should be made available. This intersectional analysis of gender is the first step towards achieving that equity.

ANNEX

Table 1: Sample Size

Clusters	Camp	Total Individuals	Camp wise sample size	12-17 year	18-24 year	24-59 year	60+ year	Total sample
Cluster I	Camp 10	32,953	81	16	16	32	16.14	384
	Camp 11	31,487	77	15	15	32	15	
	Camp 12	23,745	58	12	12	23	12	
	Camp 13	41,770	102	20	20.46	41	20	
	Camp 18	26,801	66	13	13	26	13.13	
Cluster II	Camp 14	31,912	118	24	24	47	24	383
	Camp 15	49,400	183	37	37	73	37	
	Camp 16	21,838	81	16	16	32	16	
Cluster III	Camp 4	32,389	320	64	64	128	64	381
	Camp 4 Extension	6,172	61	12	12	24	12	
Cluster IV	HC (Palongkhali Union)	32,843	380	76	76	152	76	380
Total		331,310	1,528	306	306	612	306	1,528

Table 2: Breakdown of FGDs

	Female	Male	Girl	Boy	People living with Disabilities	Gender Diverse Populations- Hijras
Refugee	8	12	11	8	1	1
Host	1	2	1	1		1
Total	9	14	12	9	1	2

Table 3: Breakdown of Power Analysis

	Camp	Refugee	Host Community	Total
Women	Camp 4, 10, 11, 13, 15	5	1	6
Men	Camp 11, 12, 14, 16, 18	5	1	6

Table 4: Breakdown of Individual Story

	Women	Men	Girl	Boy
Refugee	Camp C-4, 4E, 11, 12, 16, 18	Camp 4, 4E, 11 (2), 12, 13 (2), 16, 18	Camp 4, 4E, 11, 12, 16,18	Camp 4, 4E, 12, 16, 18
Total Refugee	6	9	6	5
Host	1	1		

Table 5: Breakdown of Mobility Analysis: Refugees

	Women	Men	Girl	Boy
Camp	4, 4E, C11	4, 4E, 10, 11, 12	4, 4E	4, 4E, 10, 11
Total	3	5	3	4

Table 6: Breakdown of Key Informant Interviews (KIIs)

Organisations	Number
UN Agencies: UNHCR, Community Based Protection UNHCR, Legal Protection UNHCR, Community Leadership - Protection UNWOMEN IOM	5
Inter-Sector Coordination Group: Gender Hub	1
Government: Government, Office of RRRC- Cox's Bazar Government, Camp in Charge Government, Army Government, Health Government, Women and Children's Affairs Local Government, UNO- <i>Ukhiya</i>	6
Donor: DFID	1
INGOs: ActionAid International Rescue Committee (IRC) Humanity & Inclusion CARE- WASH, Shelter	7
NGO: BRAC The World Commission of Human Rights	2
Media: Journalist Local News Paper	2
Total	24

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