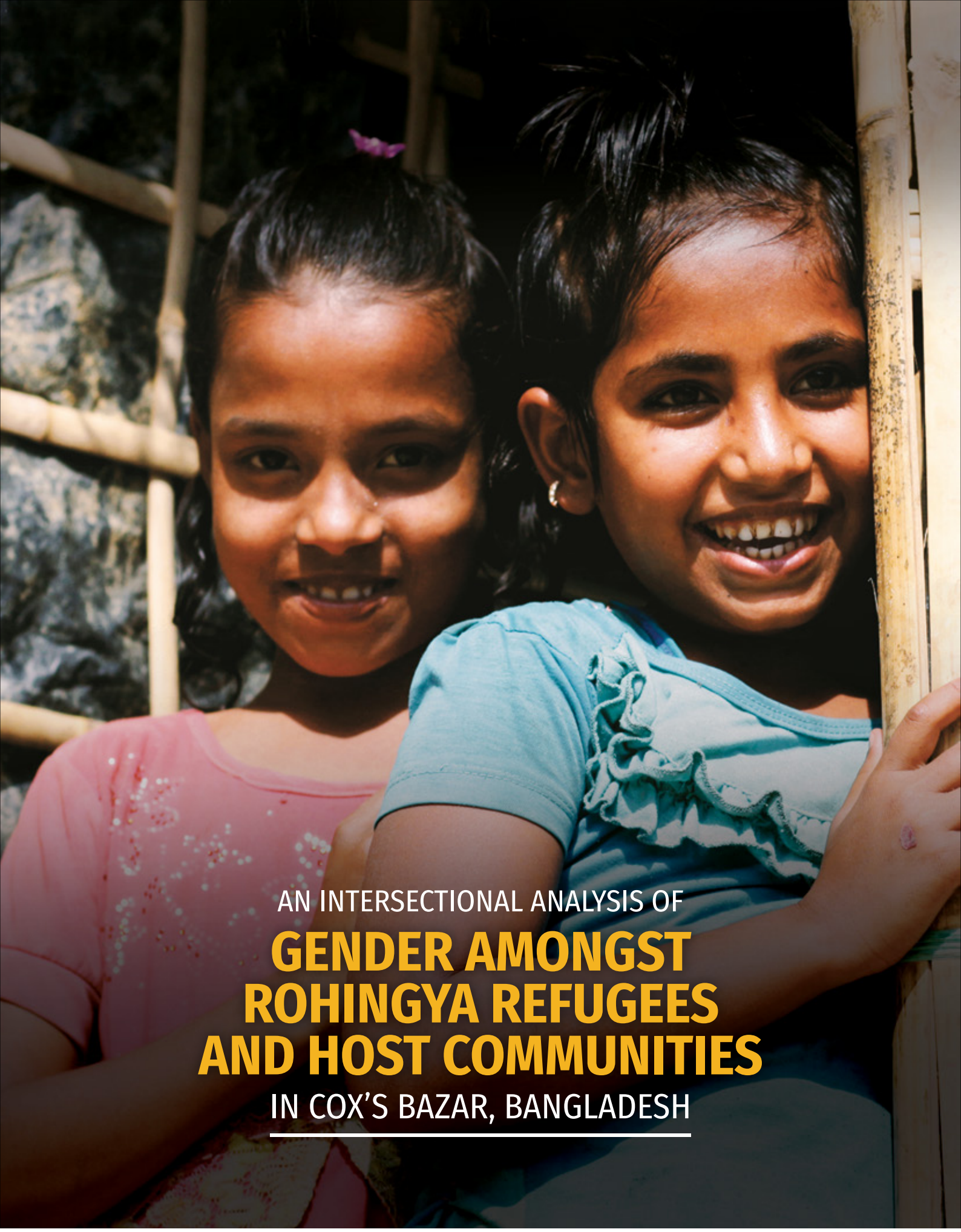

AN INTERSECTIONAL ANALYSIS OF

GENDER AMONGST ROHINGYA REFUGEES AND HOST COMMUNITIES

IN COX'S BAZAR, BANGLADESH

Inter-Agency Research Report

UNHCR The UN Refugee Agency

actionaid

care

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1. Background

The Rohingya ethnic minority population in Myanmar have been persecuted over generations and are denied of their fundamental human rights. Violence, discrimination and persecution in Myanmar have eventually led the stateless Rohingya people to flee to Bangladesh from Rakhine State in successive waves over the last four decades. Since August 2017, an estimated 745,000 Rohingya refugees arrived in Cox's Bazar, Bangladesh, reaching the total number of 914,998 people and constituting the largest refugee camp in the world. The rapid and sizable influx of Rohingya refugees now outnumbers locals nearly three to one in the two sub-districts, *Ukhiya* and *Teknaf,* where refugees and the subsequent humanitarian response have had an impact on the host community.

This inter-agency research is commissioned by ActionAid in collaboration with UNHCR and CARE Bangladesh to investigate how age, gender and diversity issues are addressed in the humanitarian response amongst Rohingya refugees and the host communities. The quantitative and qualitative data were collected from 03 December 2019 to 07 January 2020. This transdisciplinary[1],[2] research aims to fill a significant gap by providing a critical analysis of the present status of gender relations addressed in humanitarian response, taking into consideration the intersectionality among specific needs based on age, gender and other diversity factors contributing to a person or group's vulnerability.

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 report, the recommendations of this report need to be addressed and implemented with the changing context in mind.

2. 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. It is not well understood that if we could ensure gender mainstreaming right from the onset by looking at different needs of women, men, boys and girls, we could have avoided a lot of protection issues, including SGBV. The point is that without mainstreaming and integrating gender issues, you only achieve 50% of the target (Key Informant, Gender Hub, ISCG).”

Asafuzzaman Captain/CARE

Asafuzzaman Captain/CARE

The empowerment of women, men, girls, boys and people who share diverse identities is key to a gender-transformative humanitarian response in emergencies. It is critical to understand how gender roles and power relations intersect with other identity factors, such as age, ethnicity, disability, sexual orientation, language, socio-economic class, and political status, which play out in an emergency context and reproduces inequality. An understanding of gender and intersectionality in emergencies is necessary to address the diverse needs of different groups in humanitarian response.

Moving beyond the crisis, the 2017 emergency phase has taken a protracted nature that necessitates comprehensive and periodic information on the needs and vulnerabilities of the affected refugee and host communities. This necessity is further reinforced by the policy environment that restricts Rohingya refugees' access to livelihoods, income generation, freedom of movement, continued and accredited education, Sexual and Reproductive Health and Rights (SRHR), and limiting the programming of humanitarian actors have contributed to harmful coping strategies and high levels of vulnerability.

To avoid making particular groups more vulnerable, humanitarian and development interventions should continue to underpin a sound understanding of differential impacts of emergencies based on different vulnerabilities and capacities of 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 looking at the capacities and vulnerabilities in the area of material and physical assets, social and organisational capacities, and attitudinal or psycho-social strength.

This transdisciplinary research, therefore, aims to fill a significant gap by providing a critical analysis of the present status of gender relations addressed in humanitarian response, taking into consideration the intersectionality among specific needs based on age, gender and other diversity factors contributing to a person or group's vulnerability.

The significance of this intersectional analysis of gender lies in its potential to explore differing vulnerabilities of women, men, girls, boys as well as people living with disabilities and gender diverse populations to crises along with their differentiated capabilities, multi-dimensional deprivations and coping strategies to underlie the most effective response programs. Illuminating unequal power relations underlying social institutions, an intersectional analysis of gender exposes how various personal, social, and environmental factors influence the achievement of broader well-being,[3] and ensures that humanitarian responses do not marginalise particular groups.

This study identifies the key issues contributing to gender inequalities in the context of Rohingya refugees and the host communities in Cox's Bazar in Bangladesh. It examines the process through which gendered power relations give rise to discrimination, subordination and social exclusion, which is further marginalised due to various socio-economic and political conditions. Through examining different roles of women and men from interpersonal, households and community levels, this study shows the nature of gender-related rights that are violated in such humanitarian emergencies. The analysis also demonstrates that the way humanitarian response chooses to act to promote gender equality affects the relative status of Rohingya women and men by contributing to equity in some areas while exacerbating others.

There are challenges in understanding the nuance between changing social norms, women's aspirations and the idea of empowerment in the Rohingya refugee context. There is also a lack of gender analysis in terms of understanding social norms, power dynamics between men and women, the roles of women in the Rohingya society, and the aspirations of women and girls as well as men and boys. Although there is a certain level of understanding about the conservativeness, traditional social and gender norms, there is an absence of assessment, analysis and understanding of how the social norms and values have changed over time in the refugee context, and its impact on gender relations.

A lack of knowledge of gender analytical frameworks and tools results in gaps in analysing gender in a structured way by different humanitarian actors. The existing tools and methodology 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 the gender analytical tools and methodology. Moreover, there is limited competency of humanitarian actors to conceptually comprehend and practically analyse gender power dynamics and the intersection of gender with other factors. As a result, there is limited use of Sex, Age and Diversity Disaggregated Data (SADDD) in Sectoral planning, programming and reporting affecting the effectiveness of humanitarian interventions. For instance, despite the requirement set by the Joint Response Plan (JRP), the Sectoral reports lack sex and age disaggregated data. Similarly, disability inclusion, as well as the inclusion of gender diverse populations, is still very limited, and the analysis of the intersection between gender and disability is largely absent in 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, Inter-Sector Coordination Group (ISCG).[4] An analysis of gender and intersectionality underpinned by a protection lens of Age, Gender and Diversity (AGD) approach aims to add value to inform the design and implementation of policies, planning and programs of Government, donors, humanitarian and development actors, and Civil Society Organisations to strengthen protection of Rohingya refugees and the host communities through effective Inter-Sectoral programming.

3. Key Findings

“We often do not understand the community; our works are very meaningful yet very tokenistic (Key Informant, UN Agency).”

Asafuzzaman Captain/CARE

3.1 Gender Roles and Relations within Household and Community

Unlike in Myanmar, men in the refugee camps in Bangladesh are largely unemployed and exclusively depend on humanitarian aid for livelihood. Women, on the other hand, while continuing their increased reproductive burdens, have been engaged in productive roles, such as cash-for-work, NGO volunteers for managing community-based project activities, and representatives for community meetings and committees. However, empowerment and economic development programme primarily targeted towards women and girls to the exclusion of men resulted in backlash and created tensions and violence within the households and community, especially in a context where men have been unable to fulfil their traditional role as the breadwinner. In the context of refugee, the changing gender roles resulted in feelings of powerlessness and frustration, which is manifested in men's more violent behaviour than they were pre-crisis.

Therefore, the Rohingya experience demonstrates that social patterns and changes may contribute to women's vulnerability to Sexual and Gender-Based Violence (SGBV). The Rohingya refugee crisis has changed gender ideology and identities, which are reflected in producing more conservative attitudes to Rohingya women's behaviour. On the one hand, the refugee situation has offered limited opportunities for women and girls to assume new roles and opportunities for self-reliance and leadership. On the other, the Rohingya women are upheld as the symbolic bearers of religious and ethnic identity in this humanitarian situation, which constrains their mobility and challenges their rights.

3.2 Participation and Decision-making at Household and Community levels and Female Leadership

Men in both refugee and host communities remain the ultimate decision-maker at the household and community level. There are initiatives to promote refugee women's participation in the various community processes, such as WASH committee, School Management Committee (SMC), Safe Spaces for Women and Girls (SSWG), and community and women leaders' meetings. However, women's community participation and leadership initiatives are piecemeal and not standardised across all camps as part of the overall humanitarian response. Moreover, there is strong community resistance against female leadership in the camps, which suggests involving male household heads and community leaders, such as influential community members and religious leaders, *Imams,* for community-based programmes to change social and gender norms. There is a lack of structures, mechanisms and thereby hardly any opportunity for refugees in general and women, girls, and people with diverse identities in particular, to participate and influence major policy decisions affecting their lives.

3.3 Water, Sanitation, and Hygiene (WASH), including Menstrual Hygiene Management (MHM)

There is an insufficiency of WASH infrastructure including the distance and location of the water collection points and latrines, limited gender-segregated and disability-friendly latrines and bathing spaces, inadequate lighting on the road and around WASH facilities, and fear of SGBV prevent refugee women and girls from accessing WASH facilities. Women and girls, particularly who are living with disabilities and elderly, experience challenges in accessing safe water either because of the water points are not working, set up either on the top or bottom of the hill, far away, do not have light at night, are not in a safe place, tube well gets overflooded with drain and sewerage water that causes diarrhoea, skin diseases, and mosquito breeding.

Girls and women's MHM needs are not adequately met due to the irregular supply of reusable sanitary towels. Lack of community participation in planning and designing of WASH facilities, right from the beginning, makes WASH facilities less accessible to women and girls in the camps. While accessing latrines and bathing facilities is a problem for both men and women living with disabilities, lack of privacy in bathing spaces and latrines, lack of sufficient lighting, and fear of sexual harassment and abuse prevent, particularly women living with disabilities from accessing WASH facilities.

3.4 Emergency Food Security, Vulnerable livelihoods (EFSVL), and Nutrition

There is a lack of sufficient food to meet differential needs of family members as food allocation and relief distribution are based on household numbers instead of household or gender needs. The current policy restriction on freedom of movement, livelihood and income generation opportunities have made the refugee community exclusively relying on humanitarian aid and vulnerable to negative coping strategies. Lack of adequate food and food diversity caused malnutrition, especially among pregnant and lactating mothers, and children. Poor targeting has caused leaving behind gender diverse populations, such as *Hijras* and some people living with disabilities. There is a gap in understanding the Rohingya patriarchal cultural context among humanitarian actors. Thus, prioritising economic and political empowerment of women over men eventually met a considerable backlash in the community.

3.5 Access to Health

There has been significant achievement in delivering health services though the health sector is challenged by large caseload at health facilities and high staff turnover. There is a high prevalence of health-related complications among refugees, particularly among women and older people and people living with disabilities. Inadequate SADDD results in poor understanding of SRHR needs and challenges of women and girls and particularly adolescents and youth. Limited Sexual and Reproductive Health services, inadequate female health professionals and a lack of knowledge and socio-cultural acceptance of SRHR and family planning further prevent refugees, particularly women, youth, adolescent boys and girls from accessing SRHR services and family planning. 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.

Moreover, physical and attitudinal barriers prevent women and girls living with physical disabilities in accessing reproductive health services. Policy restriction on the mobile phone networks in the camps poses a challenge to the critical health needs of pregnant women in emergencies that requires communication to get an ambulance. Due to restrictive policies, despite the existence of referral structures, refugee women and girls, who are at risk of sexually transmitted infections (STIs) and human immunodeficiency virus (HIV)/ acquired Immunodeficiency syndrome (AIDS), lack access to HIV/ AIDS testing and treatment, and limited SRHR services in the camps. Despite increased health complications, there are few provisions for health services for the host community in the Rohingya humanitarian response.

3.6 Access to Education

Gender norms, coupled with insecurity and the lack of gender-inclusive teaching-learning facilities, are the key reasons for lesser educational outcomes for girls with only 1% compared to 9% of boys aged 6 to14 years attending Temporary Learning Centers.[5] Only 4% of adolescent girls compared to 14% of adolescent boys aged 15 to 18 years attending education and learning programs, literacy, numeracy, life-skills and vocational skills training.[6] A vast majority of 74,000 adolescent girls and boys aged 15 to 18 years remain out of any educational and adolescent-focused programmes.[7] Other than policy restriction, socio-cultural barriers that prevent association between opposite sex and constrained movement of girls in public as soon as they approach puberty, early marriage, the need to provide family support are some of the challenges for Rohingya adolescent girls to access and continue education. There are issues of limited availability of learning centres, distance, and a lack of gender inclusiveness in learning centres. There are gender differentials among teaching capacity with fewer female teachers. For children living with disabilities, the educational and learning facilities lack ramps and inclusive teaching-learning materials and disability-friendly WASH facilities.

Host community parents, in some cases, restrict their daughters from going to schools due to security concerns following the refugee influx.[8] Reasons for both refugee and host communities' choice of sending boys over girls for education after the crisis points to the less value attached to girls' education[9] as well as protection concern that restricts the mobility of adolescent girls in public in both refugees and host communities.[10]

3.7 Protection, GBV and Child Protection

Crisis reinforces traditional gender norms of masculinity and femininity, which is reflected in the rise of SGBV in its various forms, including sexual harassment and abuse, Intimate Partner Violence (IPV), polygamy, psychological and social control by men, especially in the refugee community. On the one hand, there is inadequate security, sense of impunity among perpetrators of SGBV and on the other, inaccessibility or lack of justice for survivors of SGBV, especially in the camps. Women, girls, and people living with disabilities and gender diverse populations, such as *Hijras* are especially vulnerable to protection risks, including various forms of SGBV.

Due to refugees' heavily reliance on aid, sexual abuse and exploitation by humanitarian workers are pervasive in the camps.[11] Challenges of addressing SGBV include inadequate access to information, insufficient service provision for SGBV prevention and response particularly a lack of SGBV outreach activities. There is a persistent gap in understanding the concepts of protection as well as gender among some key actors, including lack of sensitisation on human rights and refugee rights issues. The limited understanding of the Rohingya culture and local context of the humanitarian actors constrains undertaking culturally sensitive humanitarian interventions contributing to SGBV.

3.8 Accountability: Complaints and Feedback

Inaccessibility of the formal, as well as informal justice systems and exclusive reliance on camp governance mechanisms dominated by powerful *Majhis* at the community level, makes particularly women and girls vulnerable to SGBV, including sexual abuse and exploitation, victim blaming, as well as under-reporting of SGBV incidences.[12] Women and girls particularly lack access to information about legal rights, provisions and services, complaints and feedback mechanisms, which makes them less confident to complain and seek justice. The deep-rooted power imbalance between the refugees and the aid workers prevent refugees, particularly women and girls from acknowledging and reporting sexual harassment, abuse and exploitation by humanitarian workers.[13]

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 to make any complaints or feedback also points to the social and structural barriers that prevent women from seeking justice and a lack of accountability by the duty bearers.

3.9 Vulnerability, Capacity, Coping Mechanisms, and Priority Needs

The current policy restrictions on continued education for adolescents and youth, freedom of movement and income generation and livelihood opportunities for Rohingya refugees have made the community exclusively relying on humanitarian aid resulting in refugees resorting to various negative coping strategies. Adolescents and youth of all genders do not have any opportunities for education and skills development or self-reliant activities. Negative coping strategies for particularly refugee women and adolescents include less consumption of household items, the prevalence of child marriage, survival sex, and trafficking. Negative coping mechanisms for refugee men, adolescents and youth involve child labour, drug trading, drug abuse, gambling, trafficking, petty crimes, sexual harassment and abuse, IPV, and practices of polygamy.

However, there are also practices of positive coping mechanisms among refugees, which are reflected in their resilience. For example, an informal education forum for women and girls, and *Taleem,* women-only groups for religious focused informal association and discussion for supporting each other and addressing life issues.

There is a commonality between male and female in both Rohingya and host communities over the topmost priority need, which is food; many other priority needs reveal age-specific and gendered nature. For instance, women's priority needs included food, protection, access to better health care, sanitation, and livelihood for themselves as well as for their male family members; opportunities to express their opinion in decisions that affect their lives; psychosocial support; legal support; freedom of movement; dignity kits; better living condition; and non-food items such as winter clothing, mosquito nets, and utensils for cooking.

Like women, girls also identified increased security measures in the block 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 opportunity for their fathers and male guardians; livelihood opportunity to become self-reliant; skills training on handicrafts and sewing machine; better health services; winter clothing; shoes; makeup items; mosquito nets; better living conditions with spacious housing and privacy at home. Notably, women and girls in FGDs and Individual Stories repeatedly identified clothes as one of their priority needs in the camps to safely move in public, including accessing markets, attending aid distributions, training, and meetings, and visiting hospitals and clinics.

Food, shelter and household items, livelihood, sanitation and water are top priorities for men for improved living. Other priority needs for men included access to mobile phone networks for maintaining communication; freedom of movement, an opportunity 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 repatriation to Myanmar.

Priority needs for boys of all age groups included an educational opportunity for refugee adolescents and youth; English language training; legal awareness and legal support; employment opportunities, including the opportunity for day labor for themselves as well as for their family members; increased amount of relief goods as per family size; life skills and livelihood skills training; 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.

Fourteen percent of the Rohingya households reported the presence of at least one member with a disability.[14] 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, *Hijras,* is mostly unknown. Only one organisation is currently providing minimal services, such as SRHR.

3.10 Relationships between Rohingya Community and Host Community

The practice of Rohingya men deserting their wives and children marrying host community women, whereas host community men with wife and children marrying Rohingya women generates resentment and anger, and also reportedly leads to IPV. There is a reported increase in violence among polygamous families in both refugee and the host communities.[15] There has been an increase in SGBV in the host community followed by the Rohingya influx,[16] and host community women and girls feel more insecure in public due to overcrowded places.[17] The host community is allegedly involved with some Rohingya men and women in organised trafficking, drug trade and survival sex.[18] Considering that SGBV is pervasive in the camps, both Rohingya and host community women and girls are at risk of STIs and HIV/AIDS, which also is a source of tension between the communities. Rohingya children and youth are physically and verbally abused by the host community and are denied access to space to play.

4. CONCLUSIONS

“There is almost no gender analysis in the 11 Sectors. The key reason is a lack of capacity in the humanitarian response of conducting gender analysis, and how to use the gender analysis to translate into programmes (Key Informant, UN Agency).”

Asafuzzaman Captain/CARE

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 a healthy living.

The humanitarian emergency has contributed to various rights violations for the Rohingya refugees. This situation has been further exacerbated by the country's policy environment that restricts Rohingya refugee's access to livelihood, income generation, skills development, freedom of movement, SRHR, as well as formal educational opportunities for adolescents and youth. This policy choice means that 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 various policy restrictions, have resulted in refugees resorting to various negative coping strategies. These include selling humanitarian aid to diversify food, high incidences of SGBV, including sexual harassment, abuse and IPV, polygamy, divorce and abandoning wife and children, drug abuse, drug trade, gambling, child labor, child marriage, trafficking, and survival sex. Sexual and Gender-based Violence remains a constant threat, especially for refugee women and girls. Although SGBV affects men and boys, girls and women are particularly vulnerable and are at high risk of multi-dimensional SGBV. The displacement has also exacerbated SGBV at the household and community level. The crisis impacts different members of the community differently and resulted in adopting negative coping mechanisms due to different vulnerabilities and influencing factors.

The crisis has negatively impacted the lives of men and women living with disabilities. However, women and girls with disabilities are particularly impacted due to socio-cultural and gender norms and perceived as well as their actual vulnerabilities to SGBV. The gender diverse populations, such as *Hijras* in both communities, continue to experience social exclusion, physical, psychological and sexual violence, and are denied access to basic rights, such as health care and employment.

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 on social cohesion between Rohingya refugees and host communities.

The traditional community protection mechanism has broken down due to displacement making different groups vulnerable and more at risk to protection violations. Despite the existing structure, the camp governance, as well as the governance of the host community, appear to offer very little space for particularly 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 considerable attention. One way is to ensure community participation in decision-making processes and supporting women's self-led groups to foster the empowerment of women and girls and people with diverse identities.

A medium to long-term approach to the refugee crisis can address some of the protection concerns. This transformative approach must include a two-pronged strategy of gender and diversity mainstreaming and targeted and specific programs and services. Apart from empowering women and girls, empowering men and boys with positive masculinities, continued education for children, adolescent and youth, skills development and livelihood and income generation opportunities for refugees are crucial for creating an enabling environment towards gender equality.

Partnerships should be established with religious leaders to approach the community through a culturally sensitive way to address 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 opportunities for informal leadership, informal self-help spaces, and existing leadership opportunities.

This analysis suggests that 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 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.

5. Recommendations

5.1 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 (Key Informant, Donor Agency)."*

This Gender and Intersectionality report should be updated and revised periodically as the crisis continues to unfold and shift from a humanitarian emergency to a protracted nature. Sex, Age and Diversity Disaggregated Data should form the basis for ongoing monitoring, evaluation and strengthening of humanitarian and development interventions.

The Gender and Intersectionality analysis, assessment and research should be Institutionalised, systematised and integrated into policies and program cycles of all Sectors and ISCG. An up-to-date analysis of the changing dynamics of gender and intersectionality of the affected communities will help contextualising humanitarian and development interventions to plan, implement, monitor and evaluate considering the different vulnerabilities, challenges, needs, capacities and aspirations of women, men, girls, boys, people living with disabilities and within the gender diverse populations.

A well-informed policy that places women and girls at the heart of the program can facilitate gender equality while also considering the power dynamics that are at play in the family and community. As such, the Government should strengthen its coordination mechanism through at least quarterly colloquiums at the local level involving concerned line ministries, Office of Refugee, Relief and Repatriation Commission (RRRC), local Government in Cox's Bazar, the humanitarian and development actors, donor community, Civil Society Organisations (CSOs), and ensure that donor and Government policies and programmes towards gender equality are well informed of the local context.

It is recommended that donors along with humanitarian and development actors and Civil Society members intensify their advocacy with the Government to formulate a legal framework for refugees and a medium to a long-term programme based on a holistic gender and inclusive approach. Moreover, donors should ensure adequate funding for gender assessment, continuing gender and intersectionality analysis and social norms research to underpin long-term and transformational programs to address the needs and rights of women and girls. Rohingya refugees and the host communities need to be supported with social cohesion training to maintain peace and harmony between the communities as well as to prevent Sexual and Gender-based Violence (SGBV) and avoid further victimisation of women and girls. Furthermore, humanitarian actors should engage with media on ethical reporting of refugee issues and the role of female humanitarian responders in the crisis.

To that end, Sector Coordinators ought to ensure that Sectoral programs underlie the principles of the right of women and girls to have information, meaningful participation, leadership opportunities and the right to be heard by taking into account their views, experiences, perspectives and aspirations in the decision-making processes that affect their lives. The ISCG should ensure that Sectors and Agencies earmark resources to co-ordinate and undertake periodic joint research on the intersectional analysis of Gender, including Gender and Power dynamics, Gender and Diversity, Gender and Disability, analysis of the Child Protection Systems, as well as social norms, values and practices of the Rohingya community. The dissemination of research findings must be integrated as a core strategy into 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 for achieving their multidimensional capability outcomes and broader well-being.

5.2 Age, Gender and Diversity Mainstreaming Recommendations

> *"Gender is often understood as women's issues but not as relations between women and men (Key Informant, UN Agency)."*

- Taking an intersectional feminist approach by using Age, Gender and Diversity (AGD) lens, all Sectors ensure **periodic power analysis** of how gender and other inequalities affect daily lives of women, girls, men, boys and people with diverse identities and their relative status and position in the community to feed policy, programme and practice. The periodic **gender and intersectionality assessment and analysis,** therefore, aim to help identify **gaps in the humanitarian response** of the perspectives, challenges, needs, and aspirations of specific groups of the population. It will also identify **different vulnerabilities, coping mechanisms, needs and differential access to services** by diverse groups to help customise programme and services.
- Using SADDD lens to streamline **disaggregation of data collection across Sectors** and using **adapted standardised gender and intersectionality tools** for analysis and identifying trends to inform policy, programme and practice.
- All Sectors ensure **participation of representative groups** of women, girls, men, boys, people living with disabilities and gender diverse populations, *Hijras*, in the **planning, designing, monitoring and evaluation** of all aspects of humanitarian and development programmes, including **committees of the camp governance structures**. Each Sector should establish a clear roadmap of how the participation of different groups will be ensured by **undertaking specific measures** to address potential barriers for equal participation.
- **Participation is integrated into the organisational policy** of Humanitarian and Development Actors. Before project approval, **the Camp in Charge (CiC) holds all Sector Coordinators accountable** whether women, men, girls, boys, people living with disabilities and *Hijras* are consulted and their views and desires are taken into account in designing the project.
- All Sectors and Humanitarian Actors ensure a designated **Gender Adviser position exclusively responsible for gender and intersectionality mainstreaming** across the organisation and humanitarian and development responses.
- Donors, all Sectors and Humanitarian Actors ensure **greater investment, earmark budget, and long-term programme** for addressing the root causes of multifarious forms of SGBV and trafficking, promoting gender equality, and empowerment of women, girls and people with diverse identities.

5.3 Age, Gender and Diversity Targeted Recommendations

> *"We need different tools, creative ways to solicit perspectives from Rohingya women and girls, men and boys (Key Informant, UN Agency)."*

- All Sectors adopt a **rights-based approach,** so that **specific needs and priorities** of women, men, girls, boys, people living with disabilities and *Hijras* are taken into account in **planning processes and allocation of resources** and, thereby acknowledge diversity.
- All Sectors ensure adopting **monitoring and evaluation indicators** that incorporate gendered, age, disability, language, and sexual identity-based considerations.
- Donors in partnerships with the Humanitarian and Development Actors and Civil Society members, including National and International NGOs, academia, media should advocate with the government to **change the policies regarding restrictions over education, mobility, income-generation and livelihood opportunities,** and **SRHR implementation** for refugees.
- Concerned Sectors, including Food Security, Site Management, Shelter, WASH, Nutrition, diversify **economic empowerment initiatives** for women, men, and youth, including people living with disabilities, elderly and gender diverse populations through paid volunteering, cash for work, cash-for-care work and other viable livelihood means.

- Humanitarian and Development Actors responsible for Women Friendly Spaces and Adolescent and Child-Friendly Spaces **diversify portable skills development schemes** in line with interests of the diverse refugee groups as well as link them with the mainstream marketing.

- All Sectors and Humanitarian and Development Actors **promote female leadership through life skills, leadership training and equal and meaningful participation** of women, girls and people living with disabilities and gender diverse populations in existing leadership structures and mechanisms.

- Health Sector and Humanitarian Partners ensure **recruitment of female and male refugees for gender-segregated health assistance,** for particularly SRHR and technical support for disabilities.

- Humanitarian and Development Actors ensure recruitment of **qualified female teachers, increased female staff as well as development of staff capacity** to work with people living with disabilities.

- Sector Coordinators and Gender in Humanitarian Action Working Group (GiHA WG) ensure **building capacity** of Humanitarian and Development Partners on gender equality and intersectionality.

- All Sectors **strengthen partnerships with local and grassroots Organisations,** particularly those with exposure to work on gender equality and people with diverse identities.

- All Sectors and Humanitarian Actors target both humanitarian staff as well as refugees to address the prevention of sexual abuse and exploitation (PESA).

- All Sectors ensure **participatory methodology, including innovative and creative tools** to engage with women, men, girls, boys and people with diverse identities and with different literacy and language skills to share knowledge, information, develop capacity, and seek their perspectives in the need assessment, monitoring and evaluation.

5.4 Age, Gender and Diversity Specific Programming Recommendations

> ***"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 programme to create balance in a very equitable manner (Key Informant, International Non-Government Organisation)."***

Drawing on findings from this research, applicable existing reports and 2020 JRP,[19] the following recommendations are put forward for rights-based, age, gender and diversity responsive and evidence-influenced programming for refugees and as appropriate for host communities.

- Strengthen measures, such as outreach SGBV services, increase documentation and safe and ethical reporting of SGBV cases. Provide training to the most vulnerable 50% of the camp population and host community on how to report SGBV safely.

- Using SADDD to increase outreach services for people living with disabilities.

- Design customised program for men and boys to develop positive masculinity.

- Concerned Sectors, such as Food Security and Protection, should ensure that Intimate Partner Violence (IPV) survivors continue receiving food and non-food item support through referrals even after they have left the households.

- Economic empowerment and livelihood programme are considered based on different skills, capacities, interests of different groups, marketing options as well as necessary support for women such as childcare.

- Fostering informal female self-help groups and create distinct spaces and opportunities for women and girls and people living with disabilities and *Hijras* to voice their concerns, needs, and opinions.
- Form community-based volunteers across the camps with men, women, girls, boys and people with disabilities and *Hijras* and develop their skills and capacity.
- Train women, men, girls, boys and people with diverse identities on gender equality, human rights, legal awareness and life skills.
- Increased access of women, girls and people with diverse identities to justice through legal assistance.
- Recruit and train male, female adult and youth refugees as frontline workers to utilise their skills, capacities and help them self-reliant.
- Capacity building initiatives compulsorily integrate trainings concerning SGBV and protection, gender and intersectionality awareness, sensitisation, and analysis as well as human rights of refugees for humanitarian and development actors, including local NGOs, Police, Armed Forces, camp governance committees, community and religious leaders and refugee volunteers.
- Increase access to culturally appropriate information on MHM, regular distribution of sanitation and hygiene materials, and appropriate space for practising MHM, including washing, drying and disposal facilities.
- Age-specific, gender-responsive and culturally appropriate information and awareness of SRHR and services to men, women, adolescent, youth and people living with disabilities and *Hijras*.
- Improve the safety of WASH facilities by solid doors, locks, lighting and screening, gender-segregation and disability-friendly and functional toilets and bathing units.
- Apart from outreach activities, all Sectors and Humanitarian and Development Service Providers improve physical facilities for people living with disabilities to access services.
- Register gender diverse populations, *Hijras*, on the list of humanitarian assistance.
- Initiate approaches responsive to gender and gender diverse populations to distribution management sites, and portable skills and other capacity-building skills to continue supporting most marginalised groups, such as female and child or youth headed households, people with disabilities and elderly. Increased access to food to at-risk families to help address resorting to negative coping mechanisms, such as child marriage, child labor, trafficking and survival sex.
- Increase awareness-raising through community-based programmes to strengthen inclusive complaints and feedback mechanisms responsive to age, gender and diversity.
- Shelter and Non-Food Items Sector should promote secure, dignified and gender-responsive and disability-sensitive shelter to ensure enough privacy and security for women and girls.
- Using the AGD lens, conduct Knowledge, Attitudes and Practices (KAP) survey to inform inclusive Sectoral programming. Along with male-headed households and construction volunteers, training initiatives should include women, girls and boys and people living with disabilities and *Hijras*.
- In coordination with Site Management and Site Development, Health Sector should address physical access barriers to health services. With Protection and other Sectors to improve dignified and safe access to multi-sector services, including outreach services for hard-to-reach groups, such as people with disabilities and *Hijras,* and age-friendly health services and rehabilitation programmes.
- Health Sector should ensure specific programmes engaging men in their decision-making role in the household and community to address gendered access barriers to a number of health services, including family planning and facility-based services. Health committees comprised of women, men, girls, boys, people living with disabilities and *Hijras* are formed and functional across the camps to provide a mechanism for two-way feedback to address specific needs of different groups.
- Education Sector in coordination with other concerned Sectors should ensures equipment and facilities are protective, child friendly and age, gender and diversity responsive, and educational learning materials are participatory, cultural and conflict-sensitive. Using the AGD lens, Education Sector should ensure that all targeted children have access to safe, protective, gender-responsive and accessible learning environment, including the pilot on Myanmar Curriculum. Education providers train facilitators on gender and inclusion sensitive teaching and learning, and design and develop gender responsive content and material for teaching-learning such as integrating menstrual health and hygiene sessions for adolescents and youth.

  Education providers also provide alternative learning facilities for adolescents and youth in sex-segregated or with same-sex facilities as appropriate and provide gender and diversity sensitive WASH facilities. Promote community-focused programs with caregivers to raise awareness of the significance of education for all, positive parenting, negative consequences of child marriage, child labour, and Community Watch program to protect the most vulnerable children and adolescents especially, from SGBV and child trafficking.

- The Nutrition Sector in coordination with Protection Sector and SGBV Sub-Sectors and others should train the nutrition front-line service providers on Child Protection principles, confidentiality, identification of signs of abuse and referral pathways, and provide disaggregated data on suspected cases of neglect, abuse and domestic violence as well as support referral for follow up specialised home visits. Furthermore, to ensure that women, girls, people living with disabilities and *Hijras* receive appropriate information and message for improved access to nutrition services. In coordination with the Protection Sector and using the Washington Group Short Set of Questions and other applicable tools, the Nutrition Sector should also train the frontline service providers to identify children with disabilities and establish linkage with the Protection Sector referral pathway. Nutrition partners should ensure that pregnant and lactating women, adolescent girls and children avail nutrition facilities and identify those among them, who may in need of protection, SGBV or Child Protection Services.

- In coordination with Prevention of Sexual abuse and Exploitation (PESA) network, GBV Sub-Sector, GIHA Working Group, Gender Hub and gender focal points, the Communication with Community (CwC) partners consult with specific groups, such as women and children and people with diverse identities, and organisations to identify issues concerning gender and diversity to undertake more targeted campaigns for specific audiences, strengthen referral pathways and follow up, and train information hub, CwC staff and Volunteers responsible for reporting and referral sensitive cases.

- In coordination with CiC, Gender Officers and camp level Protection and SGBV Actors should ensure that women, girls and people living with disabilities and *Hijras* are included in the community representative system for gender and diversity responsive site development and management.

- Protection Sector in coordination with other concerned Sectors and Community-Based Child Protection Mechanisms promote and strengthen quality Child Protection System, SGBV and protection case management, including psychosocial support, effective referral systems, and a multi-functional approach to delivering inclusive protection services.

- The GBV Sub-Sector in coordination with concerned Ministries and other Sectors continues expanding comprehensive SGBV prevention and response program through case management and multi-sector referral systems for SGBV survivors. The three-fold strategies to achieve SGBV prevention and response programme include: improving the quality and accessibility of life-saving SGBV response services specific to needs of different vulnerable groups, including outreach services; continued advocacy measures to enhance survivors' safe and dignified access to justice and security services; and reinforcing community-mobilisation strategies through proven SGBV prevention models promoting the positive transformation of harmful social and gender norms. This necessitates undertaking gender transformative programmes using context-specific and culturally sensitive messages and partnerships not only with women and girls and people with diverse identities but also and importantly with influential community members, religious leaders, men and boys to identify and transform harmful social norms, particularly gender norms, attitudes, values and practices.

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End Notes

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