

**Delivering Health, Nutrition, Livelihood, and Protection Services to Rohingya Refugees and Vulnerable Host Communities in Cox's Bazar, Bangladesh.**

**Funded by :** International Rescue Committee –IRC, USA

**Project Period:** November 2021 to August 2023

**Reporting Period:** Year ended June 2023

**Geographical Location :** Ukhiya Upazila, Camp # 13

**Project Objective:** The project will contribute to addressing conflict related sexual violence against the displaced Rohingya population from Myanmar hosted in Bangladesh

**Specific Objective:**

- 1) Improving access to Rohingya Survivors of conflict-related sexual violence to comprehensive services including mental health as well as psychosocial support
- 2) Engaging with religious and community leaders to combat stigma against Rohingya survivors of sexual violence and their children who may be born of rape
- 3) Engaging with civil society organizations, including women and youth led community organizations to raise awareness about the availability of services of survivors and their rights

**Aim of the Project:**

The project aims to address the gaps and challenges outlined above and act as a catalyst for mitigation of Conflict Related Sexual Violence (CRSV) and GBV related risks by scaling up and strengthening access to quality services, increasing the resilience of survivors, strengthening community based Conflict Related Sexual Violence (CRSV) and GBV prevention and working towards systemic changes to address the root causes of Conflict Related Sexual Violence (CRSV) and GBV and ensure a survivor-centered approach.

**Background Information:**

The largest Rohingya influx into Bangladesh began on 25th of August 2017, where a massive influx of more than 860,000 Rohingyas fleeing violence and serious human rights abuses from Rakhine State, Myanmar. However, this was not the first influx seen, with multiple waves of the Rohingya movement recorded from Rakhine State in Myanmar to Cox's Bazar in Bangladesh, with the earliest influx recorded in 1942 with 20,000 Rohingyas who fled to Bengal (Bangladesh in pre-partition India). Accounting for the different refugee flows, as of May 2020, there were over 942,416 (source : UNHCR report June 2023) refugees in Cox's Bazar district. Much of the displaced population are women and girls, making up 52% of the population. GBV is a serious issue within Cox's Bazar, which has a high incidence of violence against women and girls. In terms of GBV among Rohingya women and girls, many of the new arrivals are visibly under distress and disoriented, suffering from the consequences of extreme violence, from the loss of or separation from family members, and from the ordeal of displacement. Involvement of women in decision-making on camp life is practically non-existent, but this also goes for the level of information on camp life being fed back to them. With no official systems in place in the camps, female community members rely heavily on male family members to receive information on decisions that impact them. This lack of a formal mechanism to inform Rohingya women affects all underrepresented groups, including adolescent girls and persons with disabilities, increasing their vulnerable position within the community. Women are expected to dedicate their time to household activities such as cleaning, cooking and child caring. Most Rohingya women also limit their movement in public space due to a wide range of GBV risks particularly around firewood collection, latrines and bathing facilities. For adolescent girls, freedom of movement is even more restricted, as they are confined to the boundaries of their homes. All movements of women and girls are closely monitored by their male family members and should be justified with a valid reason.

Rohingya refugee women and girls, most of whom are survivors of sexual and gender-based violence, constitute 52 percent of the camp population. Living within these challenging camp conditions means Rohingya women refugees faced further marginalization due to their restricted mobility, access to information, basic services and limited decision-making power within camp management.

Within the current context there is an urgent need for localized, feminist humanitarian action which moves beyond meeting basic needs to fostering social cohesion, community resilience, sustainable development, and gender equality. However, current humanitarian interventions do not invest in local women's groups in Cox's Bazar, including those led by Rohingya refugee women. Investment in women is essential to strengthen women's roles as key actors on the frontlines of the crisis and foster a transition to self-reliance.

**Problem Statement:**

Given to high percentage of the Rohingya population in Bangladesh having directly experienced or witnessed Conflict Related Sexual Violence (CRSV), the proposed project will address the ongoing impacts of Conflict Related Sexual Violence (CRSV) and secondary and tertiary risk of exposure of GBV that is extremely prevalent in Cox's Bazar district within the camps located around Ukhiya (Camp-13) and peripheral areas of mixed communities. It is important to note that, there is a collective experience of trauma associated with CRSV that must be dealt with holistically and through specialized and comprehensive Mental Health and Support Program. Addressing not only the impact of Conflict Related Sexual Violence (CRSV) but also mitigating and preventing further exposure to sexual violence, abuse of exploitation and other forms of GBV must therefore be targeted at the overall crisis affected population. Special attention must be put into ensuring the safety and security of CRSV survivors within their communities, where they experience high rates of social stigma and risk of isolation.

GBV risks are certainly linked to being encamped in congested settlements. But the negative shifts in social and cultural dynamics as a result of the Conflict Related Sexual Violence (CRSV) experience in Myanmar should not be underestimated. In addition to the levels of marginalization , trauma, disaffections of the male populations that views GBV as means of cope with shifting power dynamics, displacement and lack of longer –term restitution of rights and access to livelihoods exacerbate the situation . For example intimate partner violence has caused attributes related to trauma and shifts in social norms, as well as the function of shame in society.

**Overview of the challenge and continued gaps in addressing Conflict Related Sexual Violence (CRSV) among Rohingya populations in Bangladesh:**

- 1) High prevalence of Conflict Related Sexual Violence (CRSV) and other forms of GBV among women and girls and exposure to new risk including forced marriage , sexual exploitation and trafficking .
- 2) There is a low level of understanding of men and boys as survivors and need for dedicated service for male survivors.
- 3) Need to access self-sustaining and self-resilience activities for Rohingya refugees and continue to build and expand successful instances of livelihoods interventions
- 4) Insufficient number of appropriately trained mental health workforce to deliver mental health and psychosocial support service in emergency settings.
- 5) Exacerbation of existing gender inequalities and the need to actively engage men, boys, women and girls in understanding Conflict Related Sexual Violence (CRSV) and GBV .

Name of the Activities	November 21 to June 2022		July 2022 to June 23		TOTAL	
	Number of Events	Participants	Number of Events	Participants	Events	Participants
<b>Girl Shine</b>						
Training for volunteers on Girl Shine	2	20	0	0	2	20
Conduct life skill sessions with adolescent girls and caregivers	30	120	30	120	60	240
Conduct baseline and end line survey for Girl Shine	1	120	1	120	2	240
Graduation ceremony on Adolescent girl caregiver	1	120	1	120	2	240
<b>EMAP</b>						
Training for volunteers on EMAP	1	11	0	0	1	11
Orientation and meeting with community leaders	5	60	12	180	17	240
Training with community leaders on GBV core concepts	1	14	1	14	2	28
Conduct EMAP Sessions with male and female groups	24	240	24	460	48	700
<b>Prevention and Community Outreach</b>						
Training for volunteers on community outreach	1	14	3	14	4	28
IEC material printing	1	0	0	0	1	0
Community sensitization through day observation( IWD, 16 days of activism,	3	650	2	1500	5	2150
Community sensitization through popular theatre	1	800	3	890	4	1690
<b>Others</b>						
Inception meeting with local actors	1	100	0	0	1	100
Learning sharing Meeting	0	0	0	2	75	75
Ensure GBV risk mitigation by engaging and train the Women Support Groups, Community Watch Groups, and Self-help Group	0	0	2	30	2	30

Community based outreach activities season 1th ,2 <sup>nd</sup> , 3 <sup>rd</sup> & 4 <sup>th</sup> listening group Season	30	650	20	1300	50	1950
Community based outreach ( GBV,PSEA,DRR) issues	3	4850	3	4850	6	9700
Training on GBV core concepts and PSEA for volunteers	1	16	2	14	3	30
Monthly staff meeting	10	9	11	9	21	18
Staff on board	1	16	2	13	3	29
Office agreement	1	0	1	0	2	0
Training on engaging men through accountable practice	1	11	0	0	1	11
Compliance Review and Workshop (AID-COMILLA Head Office)	0	0	1	27	1	27
Visibility	2(Sign board)				2	