

CARE Bangladesh

WOMEN & GIRLS

# SAFE SPACES

IN  
ROHINGYA CAMPS



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### Credits:

Authors: Fatima Jahan Seema, STAAR Coordinator  
Albaab-Ur-Rahman, KM&L Coordinator

Technical Guidance: Prabodh Devkota, Deputy Country Director-Program  
Mehrul Islam, Director - PEARL

Research Assistants: Trisandha Rani Dey  
Atikur Rahman  
Tasneem Mahmood Chowdhury

Photograph: Albaab-ur-Rahman  
Tasneem Mahmood Chowdhury

Cover Photo: 20-year old Rohingya woman pregnant with 4th child in Potibonia camp, Cox's Bazar,  
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## LIST OF ACRONYMS

Acronym	Detail
<b>AAB</b>	Action Aid Bangladesh
<b>ACF</b>	Action Against Hunger
<b>BLN</b>	Basic Literacy and Numeracy
<b>BNWLA</b>	Bangladesh National Women's Legal Association
<b>CI</b>	CARE International
<b>CIc</b>	Camp in Charge
<b>C-USA</b>	CARE-USA
<b>CWG</b>	Community Watch Group
<b>DCA</b>	DanChurchAid
<b>DRC</b>	Danish Refugee Council
<b>DRR</b>	Disaster Risk Reduction
<b>GBV</b>	Gender Based Violence
<b>GIE</b>	Gender in Emergencies
<b>HH</b>	Household
<b>ILKA</b>	Impact, Learning, Knowledge and Accountability
<b>IOM</b>	International Organization of Migration
<b>MBE</b>	Men & Boys' Engagement
<b>MOWCA</b>	Ministry of Women and Children Affairs
<b>MSF</b>	Doctors Without Borders
<b>PSHEA</b>	Prevention of Sexual Harassment, Exploitation and Abuse
<b>PSS</b>	Psychosocial Services
<b>RI</b>	Relief International
<b>RTMI</b>	Research, Training and Management International
<b>SOP</b>	Standard Operating Procedure
<b>SRH</b>	Sexual and Reproductive Health
<b>STC</b>	Save the Children
<b>UNFPA</b>	United Nations Populations Fund
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WGSS</b>	Women and Girls' Safe Space
<b>YPSA</b>	Young Power in Social Action

## EXECUTIVE SUMMARY

In the year 2017, more than 700,000 Rohingya People entered to Bangladesh to save their lives; half of these numbers constitute women and girls. The overall response has evolved from immediate emergency life-saving provisions to other essential support that have direct impact in the lives of people staying inside the camps. As majority of Rohingya population are women and children (52% women & girls, 55% children under 18), responses specific to their needs are of crucial importance. Among various response aspects, Gender in Emergency is an important area which demands significant attention from the service providers as women and girls face particular challenges including incidents of Gender Based Violence (GBV). Gender in Emergency is a key priority for CARE Bangladesh. Thus, CARE's responses including many other agencies around girls and women have strategic significance. Within these responses, 'Women and Girls Safe Space (WGSS) locally called as 'Shanti Khana' (Center for Peace) has evolved as a unique platform to share, listen and connect with each other in a challenging and restrictive environment.

CARE Bangladesh conducted an inter-agency study to understand collective experiences of organizations serving survivors of Gender Based Violence (GBV) and other Rohingya women visiting WGSS to understand key functionality, good practice, challenges and way-forward. The study was conducted in 3 stages with a satisfaction survey based on five Global Guiding Principles standardized by UNFPA<sup>1</sup>. The research methodology and processes were consulted with key agencies working in Camps and frontline workers. Similarly, the findings were validated by frontline workers, reviewed strategically by expert consultation and stakeholders involved in managing WGSS.

Overall, WGSS has grown as one of the key interventions within camps, driven by its need and effectiveness. Our study finds that 94% women have visited the centers more than 3 times with high satisfaction (98%). WGSS provides a variety services catered to needs of both women and adolescent girls. Among them, for women, the most popular services are awareness on ending child marriage, trafficking and violence against women (44%), healthcare related referral information (41%), psychosocial counselling (39%), a place to rest (36%) and learning new skills such as sewing (35%). For adolescent girls, most valued services are play and recreational activities (64%) and a place to learn and practice new skills (60%). Following the UNFPA global guiding principles, the study findings are organized within five key aspects as outlined below:

### Leadership and Empowerment

WGSS provides a conducive environment for empowerment and leadership for women and girls. 94% of women reported learning about their rights as a woman; Right to take decision for example on mobility and choose to wear (66%) and freedom of self-expression (31%) were among the most commonly recalled issues. These figures indicate that women and girls face constant challenges to take decisions and express opinions. This also indicates the fact that women and girls in WGSS are getting opportunities to be aware and expressing themselves which are important to build leadership and empowerment aspects.

Confidence, skills, critical thinking are some of the crucial aspects of leadership and empowerment, embedded into service packages in WGSS. Among the services, women and girls life and livelihood skills training with 94% satisfaction rate. Most valued skills were sewing (43%), critical thinking/problem solving (21%), issues that impact children like trafficking (26%) and child marriage (25%).

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<sup>1</sup> <https://bit.ly/2Nmv12R>

WGSS ensures in its operation, the opinions of women and girls are accounted for and services tailored according to their time and needs resulting in 99%, respondents expressing their expectations from WGSS were met successfully.

### **Client/Survivor Centered and Tailored**

Shantikhana is a place where women and girls feel it is just for them, they feel safe enough to open up about all issues affecting them. Thus, one of the guiding principles is that WGSS must prioritize safety and confidentiality in all operations dealing with women and girls accessing the center. The center should be open to all women and girls, and their wishes, choices, rights, and dignity are respected. This results in services that are designed to balance structured activities and services, with times to socialize and human approach of staff extensively trained on principle of non-discrimination. The activities are also culturally and age appropriate as per needs of women and adolescent girls.

Reporting and response to Gender Based Violence is one of the dedicated purposed of WGSS. Study finds in **GBV response**, maintaining confidentiality is topmost priority; with 92% respondents stating staff are highly proactive in ensuring it through various actions like reminding them (83%), followed by taking their consent (15%) at every step of response and maintaining anonymity (25%).

On the operational side, staff mentioned challenges and solutions to maintaining anonymity, especially when addressing specific domestic violence cases legally requires informing camp authority – Camp in Charge (CiC) and administration, who are not fully sensitized to handling GBV survivors.

In **effectiveness of GBV reporting**, 88% responded that there is a safe environment for reporting with 12% negative response arising from insufficient number of case workers. Effectiveness of response is satisfactory with 50% stating they have received the response they sought and 38% stating they were referred to someone who could. Most GBV cases are around domestic dispute addressed through arbitration at WGSS. Among GBV responses most appreciated were mutually satisfactory solutions (in spousal dispute) (49%), being heard (44%) and connecting to CiC, other NGOs and Medical services (28%). 27% stated it would be better if responses are kept within camp without having to go to CiC.

As services of WGSS were further tailored **to improve women and girls' agency**, it resulted in benefits for their families and communities too, according to 81% respondents. Rohingya women shared their impact on community like spreading awareness on community issues (46%) and helping other women (35%). They also impacted their family, changing cleanliness and personal hygiene behavior (81%) and joint decision-making (17%). The biggest impact has been on their mental health with 82% stating WGSS helped them regain their mental peace and process the trauma of what happened to them. 23% also said, the counselling transformed them mentally. With 100% stating **Psychosocial Counselling** was effective, *shantikhana*s have been unanimously deemed successful in this regard. Expert consultations revealed challenges and solutions to maintaining a pool of competent staff, especially case workers. With 97% satisfaction with staff behavior, 3% neutral and 0% dissatisfaction, it is clear that overall, WGSS have matched expectations of Rohingya women and girls, highlighting the mental support the staff provide.

Keeping with the **“Tailored” Guiding Principle**, WGSS operations have gradually shifted from top-down approach of maintaining Standard Operation Procedure (SOP) to bottom-up approach of tailoring services and activities to needs of women and girls. WGSSs are considered information hubs particularly with health referral services (61%), GBV response (43%), menstrual health and hygiene (43%). Women appreciate addition of day-care, breast-feeding corner and other childcare related facilities, encouraging women to attend the WGSS, while other aspects makes it easier for them to come to WGSS, explained next.



## Safety, Confidentiality and Accessibility

As per this guiding principle, location and timing of WGSS operations should be as per priorities of women and girls, to create a safe space that they can feasibly visit regularly. As **feeling of safety** is a core element, both women (97%) and girls (94%) feel very safe – with the driving factor being men are not allowed in or around WGSS (84% women and 88% girls). Women also find proximity (26%), confidentiality (21%) and ability to share both physical and mental glitches (21%) as other factors making them feel safe. Girls highlighted playing with other girls (16%), knowledge on personal safety (15%), and mobility within (14%). Concerns were raised by GBV experts around **safety of WGSS staff** themselves, especially outreach workers in certain unsafe areas and situations within camps. As for **accessibility**, 97% are satisfied with timing of operation while accessibility was highlighted as proximity for regular commute (65%), no men or shops around (26%), and childcare facilities (16%). The sense of safety tied with interference of men indicates scope for community-level engagements in reducing GBV.

## Community Involvement

Although WGSS are meant to be used and operated by women and girls only, it is located within the community. As husbands, parents and community leaders (like *majhi*) hold a lot of influence over women and girls' ability to participate in WGSS, involving them in the process of setting up and operating WGSS is crucial. This is particularly relevant for Rohingyas as refugee communities already live in a state of uncertainty and insecurity. Expert consultation with 13 organizations' representatives unanimously stated specific engagements with Men and Boys as part of their operation

As for perception of **men in community**, positive responses (79%) is driven by opinion that it is a safe place for women as other men are not allowed (48%), while negative concerns (13%) are around needing to leave home for these services (12%). **Outreach workers**, who work within Rohingya communities to encourage women and girls to visit WGSS are challenged by men on various issues. For example, on topics like child marriage and polygamy, stating faith-based justifications.

**As for perception, of men in Household** 86% was positive with certain activities highlighted like providing useful information (55%), vocational training (39%) and female doctors for women and girls (15%) while negative concerns (13%) were on need for women and girls to visit a separate place just to talk.

Thus, men's perception of WGSS vary. Experts shared good practices in changing men's perception about *shantikhana*, like engaging Majhi and imams as influential community members, involving certain camp groups, CiC and law enforcement authority. Also, opening up the space for a day to whole community dispelled rumors and suspicions around WGSS in community. These activities will grow in importance as interactions increase between refugee camps and host communities.

## Coordinated and Multi-Sectoral

Refugee responses operates in aid-intensive environment with many organizations working simultaneously in highly congested situation. Rohingya refugee response is managed centrally by ISCG (Inter-sector Coordination Group) with specific organizations leading specific sectors. Under WGSS, there are 28 partner organizations working 63 WGSS in 34 camps. WGSS falls under 'Gender Based Violence and Protection Sector' led by UNFPA.

This guiding principle recognizes that Safe Spaces are a platform, a central contact point for a host of services delivered according to life cycle needs of women and girls. These needs range from GBV responses, to healthcare needs, food and shelter, etc. Thus, the Principle dictates the need for a clear internal and external referral system, which can be activated safely and confidentially, connecting service recipient with service provider. WGSS need to be part of wider GBV coordination network and **referrals are a key aspect** of their effectiveness. With 79% success rate of referrals, there is scope for improvement. Most common referral services are around healthcare (73%), food-card queries (31%) and meeting Camp in Charge (CiC) (31%). Key challenges are in **delayed response due to understaffing**,

**turnover and changes to referral pathways.** Also quality of response varies as **Standard Operating Protocol (SOP) and memo of services are yet to be officially finalized with the government.** Finally, CiC, Law enforcement agencies and healthcare providers need to be **fully capacitated in dealing with survivors of GBV while maintaining confidentiality.**

### **Learning, Challenges and Way-Forward**

Overall, experts agree that despite such challenging situations, Rohingya women and girls are expanding their capacities and learning from WGSS and applying them for the wellbeing of themselves and their family. Looking ahead, increased **interactions between camps and host communities will require WGSS to take a more harmonious role.**

When **discussing sustainability** of WGSS, **experts were divided.** While some suggested expanding role into multi-purpose centers others strongly opined remaining explicitly focused on women and girls' needs for a safe space as per aforementioned Guiding Principles.

In women **empowerment and leadership**, as progress is hampered by negative social norms, it requires community engagements, especially MBE. In addition, **common understanding of empowerment would standardize quality of work** across different organizations.

There will be a growing need to **establishing clarity in legal precedence and frameworks** in various issues that occur within Rohingya camps like **trafficking, GBV, lost persons.** As they are Myanmar nationals living in Bangladesh, Legal aid organizations shared concerns around which legal system to apply.

In Staff roles and responsibilities experts shared needs for **personal safety of frontline staff and outreach works.** As their work grows complex, they also need **training on** Prevention of Sexual Harassment, Exploitation and Abuse (**PSHEA**) and **counselling for their own mental health** and addressing **rapid turnover rates** in order to maintain current standard of operation.

As refugee response expands into Host community, attendance and use of WGSS will only increase in future. Thus, **interpersonal relationships between organizations, Camp authority, Rohingya community and host community** in a systematic and coordinated manner **will drive impact and effectiveness of WGSS** in the coming days.

On the **operational end**, experts highlighted **need** for such **inter-agency learning exercises** that brings together frontline practitioners and strategic managers for interactive learning sharing resulting in overall improvements in refugee responses regarding GBV and Protection and WGSS.



## 1. ROHINGYA REFUGEE CRISIS AND NEED FOR SAFE SPACES

In August 2017, violence erupted in Rakhine State of Myanmar driving an estimated 745,000 Rohingya population into Bangladesh<sup>i</sup>. Among these, approximately 51% of distressed and traumatized population are women and girls. Adding onto prior exodus over decades, as of May 2019, 912,485 Rohingya refugees are in Cox's Bazar. As the response nears two years, they are living in 34 extremely congested camps. The situation has gradually stabilized with improved living conditions and life-saving provisions being met. The response has expanded to other aspects of Protection, Disaster Risk Reduction, Health, Nutrition etc. However, life inside the camps with limited livelihood opportunities, limited sanitation, WASH, food, medical facilities continues to struggle. Midst of these multiple challenges overloaded within crisis situation, women and girls continue to face additional burden imposed by traditional gender and social norms including incidences of gender based violence, gender inequality and discrimination.

As stated above, one aspect of this response is the refugee demographic, with 52% women & girls, 55% children are under 18. <sup>ii</sup> Their needs grow dire dealing with the trauma and continued suffering. As of May 2019, 56% of Gender-Based Violence (GBV) survivors in need of mental health care and 63% in need of justice services could not be assisted due to insufficiency and inaccessibility of services.<sup>iii</sup> For GBV and related Protection services, estimated 610,000 refugees would require coverage as per Joint Response Plan 2019. One of the core places providing this are Safe Spaces for Women and Girls (WGSS)<sup>iv</sup> This spaces provide conducive environment for provision of protection services, especially reporting and response to GBV for both women, Adolescent girls and children.

**As UNFPA Defines, "A safe space is a formal or informal place where women and girls feel physically and emotionally safe. The term 'safe,' in the present context, refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse.**

### LEARNING PILOT

In GBV sub-sector of Protection CARE International is among 24 Sector Partners working in 63 WGSSs as of April 2019.<sup>v</sup> In light with CARE's commitment to work in Gender in Emergencies (GiE), a Learning Pilot was commissioned to analyze collective experience of working with WGSS from both women who use them and the service providers.

#### OBJECTIVES

1. User satisfaction with Rohingya women conducted by inter-agency team of WGSS staff
2. Insights on practices from frontline implementers (WGSS Staff)
3. Strategic Learning, Challenges and Way-forward from GBV Experts



## 2. METHODOLOGY

Research in emergency environment is different due to context and background of affected population's psycho-social wellbeing, physical and economic position and condition. Cultivating knowledge from such situation required flexible research instruments able to explore delicate and sensitive factors. Under this circumstance, methodology of this study required series of consultation to assimilate both 'emic' and 'etic' perspective – creating a conducive environment setting appropriate tone reflecting learning sharing opportunity.

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### CONTEXT AND REGULATIONS

Rohingya refugee camps are highly regulated and restrictive environments. Thus, before stepping in, the research team gathered complete understanding of procedural regulations required to carry out the research. In addition, the Safe Spaces themselves are sensitive areas and our methodologies prioritized confidentiality, comfort, and safety of women and girls involved above all. Thus, we began with consultation on Safe Spaces with implementing agencies and key actors to understand two things:

1. Local context (camp sites, do's and don'ts), accessibility in camp visits, identifying location, permission/approval from Camp management and other administrative procedures
2. Safe Space structures, standards and modes of operation, local languages, confidentiality and safety measures and pre-planning to minimize any hampering to daily operations or life of WGSS visitors.

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### RESEARCH FRAMEWORK – INTER-AGENCY DEVELOPMENT

Literature review revealed Assessment of Safe Space for women and girls in humanitarian crisis is limited with significant work only done by UNFPA. Thus, they were involved from the beginning. The research framework and structure was also built on broader principle of participatory research and CARE Strategic Impact Inquiry (SII) on Gender in Emergency (GiE) framework. The framework was a useful guide to broaden focus of the study - beyond how Women-Friendly Spaces were working according to UN standards, to explore relationships, vulnerabilities/capacities through the shock/response, and on what women were learning that affected their resilience, relationships and practices.

Through an iterative process, the research approach was finalized with a mix method approach combining both qualitative and quantitative research tools that captures refugee women, girls and humanitarian worker's experience as per CARE SII in GiE to Areas of Inquiry (AOI) in line with Research Objectives. The research tools were also finalized after a second round of consultation with key agencies and actors from UNFPA, Action Aid, BNWLA and MUKTI, to ensure that findings from the research would be useful for the improvement of strategic direction of implementing agencies.

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## ANALYTICAL FRAMEWORK

The core analytical framework of user satisfaction survey of WGSS was formed around UNFPA's 6 Guiding Principles developed from its work in MENA region. They are:

1. Leadership and Empowerment of Women and girls
2. Client/survivor centered
3. Tailored
4. Safe and accessible
5. Community Involvement
6. Coordinated and Multisectoral

With Initial findings of user satisfaction, the operational aspects of those results were analyzed on the following Areas of Inquiry (AoI):

1. Staffing: Roles & Capacity Development
2. Initial Assessment and M&E
3. Activities and Services
4. Leadership & Empowerment of Women & Girls
5. Making Safe Spaces Client and Survivor centered
6. Coordination in multi-sectoral operations
7. Safety and Accessibility of Women and Girls
8. Tailoring to needs of Women and Girls



This was done as per the ethos of the CARE SII and participatory research - ensuring participation by staff and community volunteers themselves in designing and conducting the study, triangulating accounts from community, volunteers and staff, holding critical reflection workshops with the study team, frontline staff and key decision makers, paying special attention on developing effective survey questions and on ethical considerations. Responses on user satisfaction were ranked on Likert Scale while the reasons behind those responses were grouped based on Clustering Frequent Word Sequences (CFWS).

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## RESEARCH PLAN – INTER-AGENCY COLLABORATION IN ACTION

There are two key aspects of this study which informed its primary research plan:

1. Regulatory clearances for conducting study: The extensive regulations resulted in the research selecting camps based on where the partner agencies have WGSS. It also meant enumerators needed to be vetted and cleared by camp authorities before being permitted to conduct research
2. Respondents being in Safe Space and could be GBV survivors: This meant enumerators needed to be properly trained in suitable sensitivities, needed to be female as Safe spaces are female-only spaces and needed to be familiar to the respondents to maintain sense of trust, safety and confidentiality.

Thus, through inter-agency deliberations we purposively selected 3 camps (Camps 12, 15 and 16) with 30 respondents from each organization's WGSS for satisfaction survey by 13 enumerators who were case workers and WGSS staff from each organization (detailed in table below). They were formed into teams of 4, 1 from each organization. This team would visit a WGSS where the enumerator from that organization would introduce the other 3 to the respondents who would then carry out the survey as the enumerator moves away to avoid influencing response. Doing so had the following advantages:

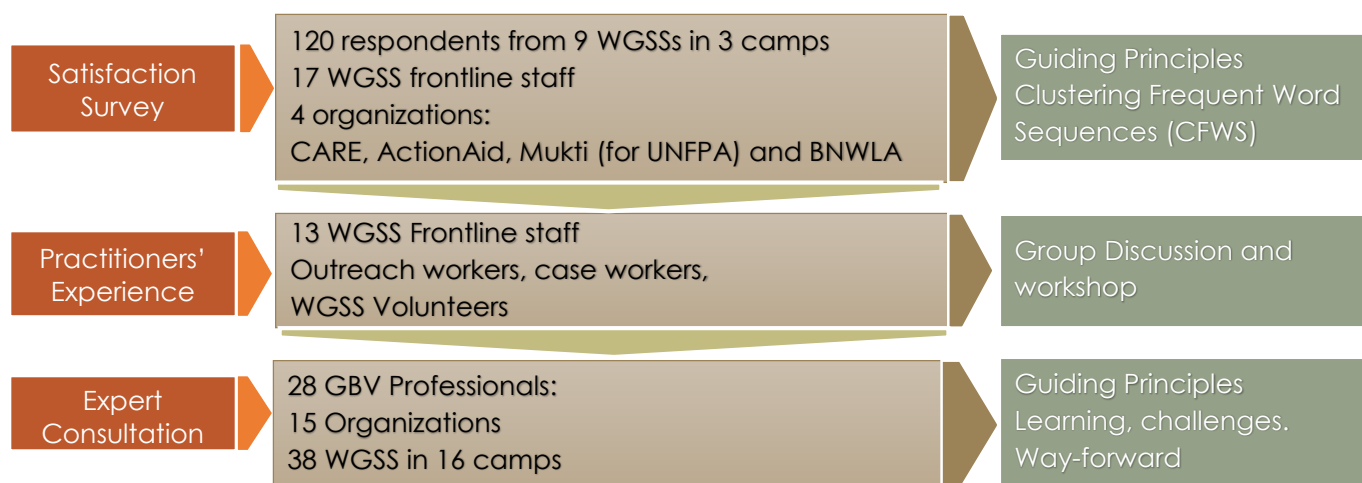
- Regulations: As humanitarian workers, they had all requisite permissions to work in camps.

- **Trained and Trusted:** As case workers and volunteers, they were already trained in required sensitivities of handling research queries on safe space issues with women and girls. Also, as the enumerators introduced their respective WGSS users to others, they could establish the initial trust quickly while maintaining objectivity.
- **Learning Exchange:** The enumerators, at the end of data collection, were brought together for discussion on AOI. Having worked together over the week, visiting each other's WGSS, they were familiar with each other, which led to rich discussions and learnings from each other.

Organization Name	No. of outreach workers/volunteers	Camp Presence	Camp Name	Sub-District	Respondents
Mukti	03	15,16	Jamtali	UKhiya	21
BNWLA	05	16	Safiullalkata	"	21
Action Aid	02	12	Balukhali	"	31
CARE	03	15,16	Safiullalkata	"	26

120 respondents were surveyed (30 for each organization), with 100 responses useable after data quality checks. The questionnaires were developed in coordination with representatives from all 4 organizations. Then, a daylong workshop was held with the 13 enumerators to translate queries to local language together so all enumerators ask the questions in the same way to control for questioner's bias. Finally, the 13 enumerators, who are also WGSS staff came together to discuss their findings and exchange learning experiences in a plenary discussion based on aforementioned AOIs.

These findings were shared in an inter-agency discussion on WGSS for expert validation by 28 GBV experts from 15 organizations, discussing the Guiding Principles, AOIs, challenges, learnings and way forward. Finally, their recommendations and insights were added to the brief which went through final validations in a dissemination event with Programmatic representatives at organizational level from various organizations. The process is summarized in process chart below:



## LIMITATIONS/CHALLENGES

Regulatory complexities and pace of emergency response hampered achieving statistically significant sample size within time restricted permissions. It required taking approval consent sector/cluster, Camp site management, local both government and non-government offices. Key learning is in emergency settings, plan and budget for cost elements in time, money and human resources.



### 3. WOMEN AND GIRLS' SAFE SPACES

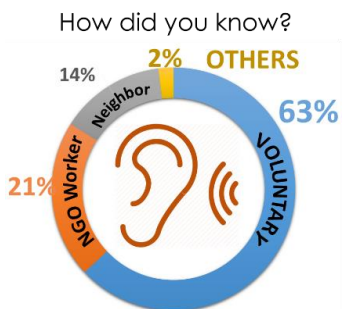
The creation of women and girls safe spaces (WGSS) has emerged as a key strategy for the protection and empowerment of women and girls affected by various humanitarian crisis across the world. UNFPA is leading the work in this space for both Syrian and Rohingya Refugee Crises.<sup>2</sup> For the Rohingya Refugee Crisis, UNFPA with International Rescue Committee designed a technical toolkit for WGSS which outlines how a safe space for women and girls is a place where women and girls can go to at any time to feel safer and empowered and have access to information, education, recreational activities, support and services.<sup>3</sup> These spaces support women and girls to recover from violence, form networks and access support, safety and opportunities. They are often integrated spaces offering a range of services including resources, information, social networks, to essential and discrete clinical care and sexual reproductive health services. WGSS are safe spaces for women and girls in the community, culturally-appropriate and tailored to the context.

#### Why do women and girls need safe spaces?

Evidence suggests that establishment of women-and/or girl-only spaces helps to reduce risks and prevent further harm during acute emergency responses. These spaces provide women and girls with a safe entry point for life-saving services and a place to access information. Safe gathering points also offer opportunities to engage with each other, build important connections, solidarity and support with other women and girls, exchange information, and rebuild community networks and support.

Safe spaces can be a key way of building women and girls' social assets. Safe spaces for women and girls have clearly grown in awareness and interest. 94% of women surveyed have visited WGSS more than thrice in last 6 months. High overall satisfaction rates (98% Good, 2% Average) is an indication of their effectiveness.

As WGSS grew from their nascent stage, building awareness to increase attendance was the driving strategy. The main staff driving this were the outreach workers; explaining purpose, function and facilities of WGSS for the understanding of community and families. Looking at the response, only a fifth (21%) heard about it from NGO workers. It appears word-of-mouth from neighbors (14%) and voluntary interest (63%) were important motivating factors for visiting WGSS. With average visitor numbers being 50 per week across different organizations, there is strong rate of repeat visits by Rohingya women and girls.



It can be surmised from attendance trends that visitor numbers to WGSS is likely to increase in future; with consequent growing needs for resources; human, technical and financial.



<sup>2</sup><https://bit.ly/2Nmv12R>

<sup>3</sup><https://bit.ly/2xjd0sc>



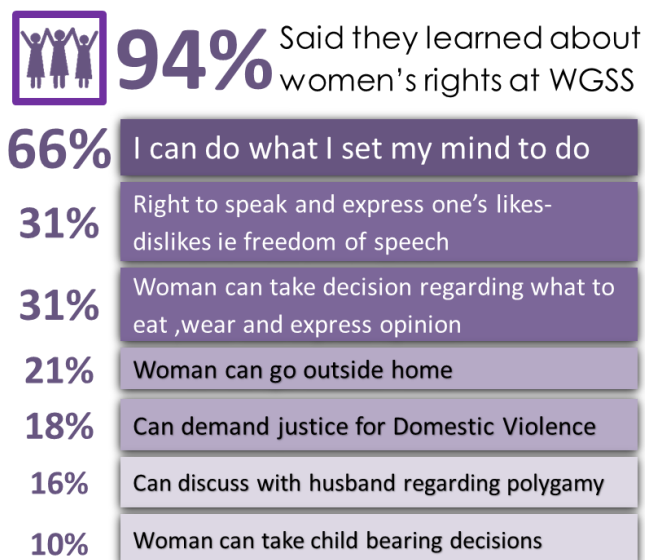
## 4. LEADERSHIP & EMPOWERMENT

As per this Guiding Principle, a safe space should be women and girl-led and offer an inclusive and empowering environment for them. Both leadership and empowerment are skillsets which are honed and become impactful only through practice. Thus, beyond capacity building, women and girls are included in every step of WGSS from project planning, implementation, operation to monitoring and evaluation to ensure relevance and ownership. Rohingya women and girls decided on all aspects of operation from opening hours to types of activities to be undertaken. Enabling women and girls to feel they are in charge of the space is an important step towards empowerment and feeling of safety.<sup>4</sup>

For WGSS, organizations took a rights-based approach implemented through various groups. They have girls group (12-18yr) along with women's groups of 5-10 (18-35 yr) and community-based watch group of 7-3 members of both men and women. A leadership group of women is developed where ownership of WGSS is developed through:

1. Regular meeting facilitated by WGSS staff initially then conducted by women themselves
2. Participatory planning meeting to decide on various operations of WGSS
3. Motivational speech and sensitization of gender-based issues
4. Training: Leadership, child protection

Organizations have adopted a phased process whereby women and girls are first made aware of their rights, followed by how to exercise them within household and community. Then selected women and girls are developed as leaders, first within their groups and then working with various power-holders like majhi, CiC, Law enforcement agencies and elderlies in community. Most of organizations' schedule of activities were aligned with CARE's framework of women empowerment around Agency, Structure and Relations, all beginning with awareness of their rights.



As survey indicated, awareness on women's rights is high. Top recall was around women's agency. As WGSS staff shared, Rohingya women grow up in highly restrictive and conservative environment where their right to speak or opinion be heard is new to them. As one respondent mentioned,

**"I am a human being with my own mind, to decide, to think and act. That is my right. To realize that was eye-opening."**

The importance of basic rights like bodily autonomy, mobility and freedom of thought and expression indicates even agency level of empowerment is a challenge; let alone building leadership for structures and relations level of impact. Progress has

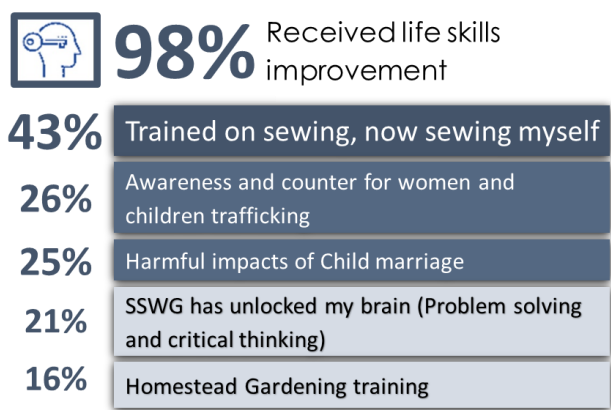
<sup>4</sup> <https://bit.ly/2kG5V10>

been made nonetheless. GBV experts from BRAC mentioned functionalizing their women leaders to effectively become outreach workers for WGSS themselves. They have become center managers and even elected leaders in local community groups.

Experts from CARE, along with Action Aid Bangladesh (AAB), BRAC and Save the Children (STC) did opine that challenge remains in structures aspect of empowerment and leadership. Women in leadership positions are not taken seriously and approached in a tokenistic manner by men in the community. Without meaningful participation of these women, there is a risk of women's rights remaining only in awareness and not in practice for Rohingya women and girls in camps.

The empowerment work is strong at agency level and their scope of decision-making mostly within WGSS operations and some in their households. Across organizations, the scope of services and activities have been refined according to collective decisions of women and girls' groups. Progress within WGSS have been satisfactory and going forward, these women and girls nurtured for leadership role are ready to create significant changes in structure and relations aspects of empowerment putting rights into action.

**LIFE AND LIVELIHOOD SKILLS**



A key building block of women empowerment and leadership is self-confidence. For that, one needs to have purpose, to be considered a productive, valuable member of family and community. This becomes the bargaining chip when negotiating for structure and relations level of empowerment; to become a leader in their community. In this aspect Life and Livelihood skills are most appreciated by Rohingya women who come to WGSS. These skills are the building blocks towards a sense of self-worth, being productive, leading to confidence required for Agency. As experts shared, it allows women to

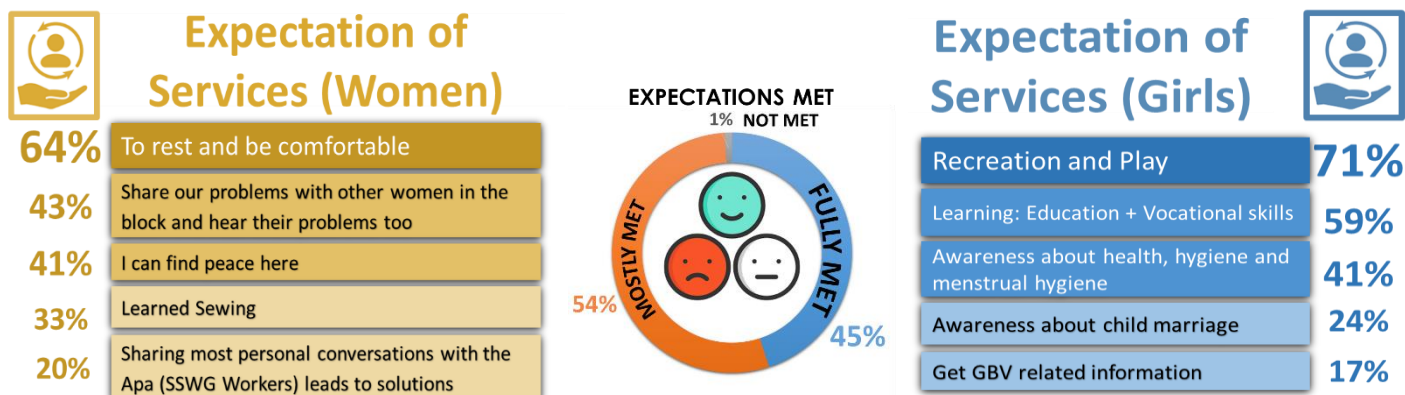
be busy, be useful. Sewing is readily accepted and asked for as it is suitable to their limited mobility, prior experience and able to contribute to family welfare directly (mending/tailoring clothes). Women and children trafficking and harmful impacts of child marriage is on high recall due to concerns about their children's welfare.

The impact of Basic Literacy and Numeracy (BLN) can be seen as their comments on "unlocking their brain". GBV Experts from organizations like MOWCA and DRC have mentioned popular demand for this program. They also mentioned that Adolescent girls want both formal (BLN) and informal education (Health, trafficking etc). In their opinion, echoed by WGSS staff, common portfolio of services is still based around basic survival – whereas the Rohingya women and girls are ready for more advanced education. Adolescent girls are interested in more activities around structure and relations aspects of empowerment compared to women. Nonetheless, satisfaction with life and livelihood skills are high with no dissatisfaction.



## EXPECTATIONS

While looking at their satisfaction with services, we also looked at their initial expectations coming to WGSS, since aforementioned 63% went there voluntarily; meaning driven by word-of-mouth. Thus, understanding expectations is important as it is what drives the Word-of-mouth



As seen in table above, women responded to the serenity and sense of calm at WGSS – locally called *shantikhana* (Center of Peace). Girls prioritized recreation, play and learning. Both mentioned meeting the Apa (WGSS Workers) as one of their expectations. Overall, WGSS has been able to meet expectations of their users, indicating accurate understanding of users' needs. The aforementioned table lists top 5 expectations shortened for relevant analysis. Full list can be found on the survey findings result sheet in Annex-2

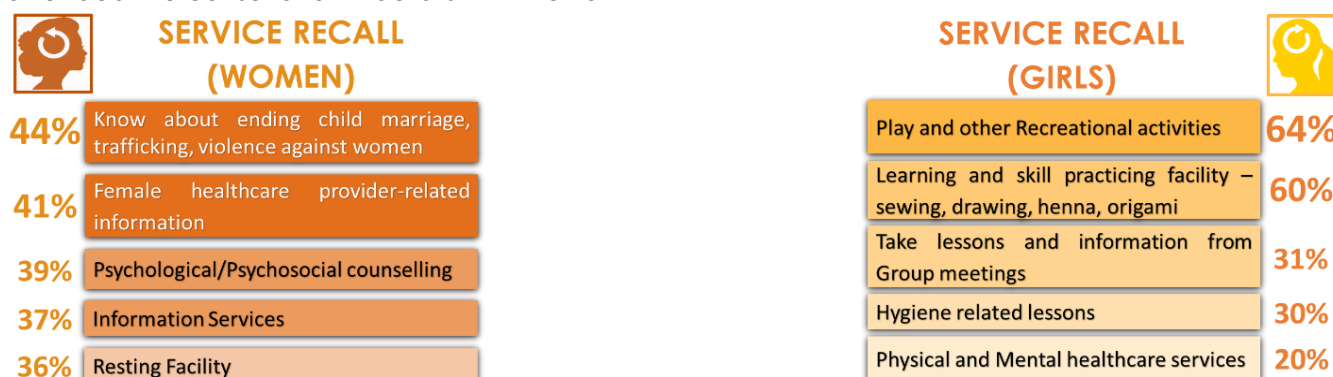
Some of the unmet expectations were around receiving material support like money, food, housing materials etc. GBV experts mentioned this being one of the initial challenges as most of the emergency response support have been tangible and direct in terms of food, shelter, clothing etc. This has framed their expectation of support in terms of physical goods and direct services. These expectations were managed consequently by WGSS staff to highlight importance of intangible benefits like rights awareness, psychosocial support (PSS) aka counselling and referral services. The 99% positive response regarding fulfilling expectations indicates this was done successfully.

It is also noted how expectations of women and girls differed. Girls were relatively objective in their expectations around specific services while women had more subjective expectations around comfort, sharing and mental peace. GBV experts and staff both indicated the challenges of capturing the result of these activities. GBV experts in particular shared (from a resource mobilization perspective) challenges of communicating value of providing women with a space to be comfortable by themselves, to feel safe enough to share their most personal problems with other women and professionals, to be heard and understood by like-minded women. These impacts do not translate effectively to potential donors who are used to quantitative, measurable, visible impacts. Going forward, a standardized process of documenting these impacts would greatly enhance the importance and consequently resource allocation for WGSS in overall GBV and Protection sector of Refugee Response.

## 5. CLIENT/SURVIVOR CENTERED

This guiding principle had the most significant effect on operation and management of WGSS. Its design, activities and services offered, and discussions organized prioritizing safety and confidentiality in accessing the center while ensuring inclusion of all Rohingya women and girls, and their wishes, choices, rights, and dignity taken into account. The WGSS staff is extensively trained on the principle of non-discrimination and the full portfolio of relevant services and options are offered to WGSS visitors.

The principle of being client centered is best seen by the exercise of all organizations listing out their respective full portfolio of services. Compiling them led to 40+ services across 16 organizations who attended the consultation – details in Annex-3



In the satisfaction survey, when asked about services they recalled as being most valuable to them, responses differed between Rohingya women and adolescent girls. Both groups recalled psychosocial counselling. For women there was almost equal focus on potential dangers to their children, healthcare referrals and psychosocial counselling. While adolescent girls mainly recalled recreational activities and skill building – both training and practice.

WGSS staff mentioned women highly valued knowledge about child marriage, trafficking and violence against women – namely because it impacts their children and that remains on top of their mind. Rohingya women and girls visiting WGSS both value healthcare benefits; for women, referral information about female healthcare providers makes a significant difference to their experience and encourages higher healthcare-seeking behavior. This is due to greater comfort and perceived empathy from female doctors as well their spouses being more accepting of their healthcare needs if the provider is female. For adolescent girls hygiene related lessons are high on recall as for many of them entering puberty and the associated taboo in their society has meant WGSS is where they have learnt about menstruation and its proper management. They also value counselling services provided by WGSS staff greatly in processing the trauma from the move.

The close match with aforementioned expectation of services indicates WGSS have done their need gap analysis well. Apart from healthcare other information services are about vocational skills, food distribution related queries. While GBV reporting and responses were not part of the top services recalled, it is because number of respondents reporting GBV response services were small relative to total number of respondents from WGSS.

## FAMILY BENEFITS FROM WGSS



**81%** Availed services that **Benefit Family**

**48%**

Avail medical service from female doctors and help to reach clinics

**25%**

Good advice: Housecleaning, sandals in toilets, handwashing before eating

**17%**

Referral services for family members

**12%**

Menstrual hygiene taught to other female in family (daughter or mother-in-law)

**10%**

Share issues of other family members

Services and activities at WGSS not only benefits clients but also their families. Healthcare and hygiene features prominently in services that benefit family members. Some organizations bring in female doctors periodically to WGSS which is more comfortable for clients to take service from. Respondents shared bringing in their daughters or mother-in-law to avail the services too.

In addition, detail referral information like relevant doctor, clinic/hospital, location and visit timing also help women to better plan visits for healthcare services, for themselves as well as their family members. These Rohingya women are

also the primary care-giver for the family. So, they can implement what they learn within their household, multiplying impact. Thus, good hygiene behaviors scale from WGSS visitors to their families. WGSS staff shared a softer impact of sharing within women's groups. When women share day-to-day familial issues, staff and group guides them to handle disagreements so they don't turn into discord, to diffuse the situation which may lead to domestic violence.

## IMPACT OF WGSS



**Impact on Community**

**46%**

Spread awareness like cleanliness, child marriage, etc.

**35%**

Help other women

**20%**

Encourage other women to visit WGSS

**17%**

Know what to do during disasters

**12%**

Learn about social etiquette

As WGSS enabled more Rohingya women to be empowered through sessions, they started taking decisions on their own (agency) and then started influencing others. Women demonstrating leadership traits were capacitized to engage the community to improve lives of Rohingya women and girls within camp. This took the form of spreading awareness on hygiene and children-related issues through day observations and other community engagements. As women group leaders started engaging other influential people in the community like elders, majhi

etc, they also appreciated learning about social etiquette. This enabled them to communicate problems and negotiate on solutions to issues which affect Rohingya women and girls in the camp.

Cleanliness and disaster preparation were particularly effective in engaging community in light of the upcoming monsoon season, complementing other protection activities. What is especially encouraging is a third of the respondents found ways to help other women with what they learn at WGSSs while a fifth encouraged other women to visit WGSS, thus multiplying impact and increasing WGSS Usage.

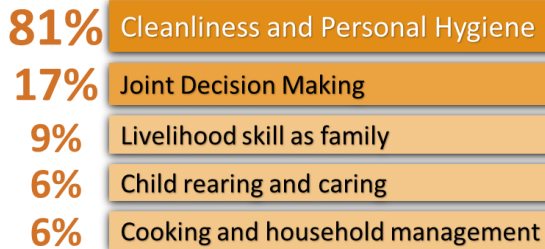
One respondent from Camp 15 shared her experience

**"A neighbor of mine was regularly assaulted by her husband and I could hear it. After sharing it at Shantikhana (WGSS), I convinced her to come where she received counselling and she decided to report it. I accompanied her to Camp-in-charge where after she reported, they took immediate action. The husband was called by CiC, picked up by uniformed personnel (law enforcement) and brought to office where he was warned by CiC that if he resorts to physical violence again, he will be sent away to another camp. The incidences have stopped after that and she comes to WGSS regularly now."**





## Impact on Household

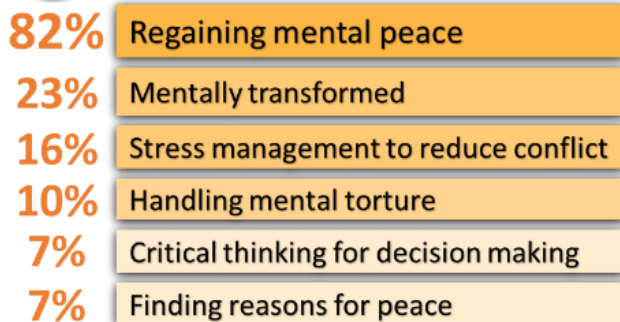


Impact on household have been mostly around reaching cleanliness and personal hygiene issues. 99% of respondents mentioned receiving information on personal hygiene which they impart on family. On hygiene, over half (52%) found lessons highly applicable, 42% mostly applicable and 6% somewhat applicable. While 17% joint decision-making within family may seem relatively small, it must be noted the community is highly conservative where basic freedoms like bodily autonomy, mobility and right to self-expression are lacking. Women also use livelihood skills to engage whole

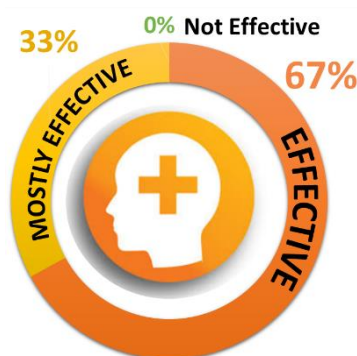
family with activities like making prayer caps, growing and bartering vegetables for other food etc. As YPSA expert mentioned, even though they can't deal with direct cash (not allowed currently), main purpose is keeping busy. Adolescent boys and men need something to do and these activities are an outlet to be useful and productive which reduces familial discord.



## Psychological Impact



### PSS EFFECTIVENESS

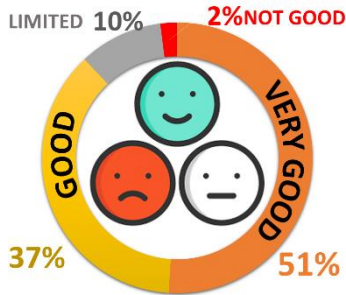


Psychological impact on clients of WGSS through Psychosocial Support Service (PSS) is at the core of their services. Thus, most significant impact is on personal psychology and mindset of Rohingya women. As over 2/3<sup>rd</sup> full effectiveness and 0% ineffective indicates, there is a reason WGSS are called *shantikhana* (Center of Peace) locally. Regaining mental peace after the trauma they endured with moving from their home to this camp is most valued by Rohingya women. The women are in a constant state of uncertainty and fear. PSS enables them to process the trauma. Experts said, PSS involves shifting their perspective through sessions, which is expressed by clients and being 'mentally transformed'.

Another advantage is stressful environment within camp results in more marital discord, thus stress management techniques helps these women to handle those arguments better. Verbal abuse and discriminatory practices also create pressure, expressed as mental pressures, which PSS and empowerment sessions enable them to address along with critical thinking sessions, particularly Basic Literacy and Numeracy (BLN). Mindfulness exercises along with empowerment sessions where women take account of what resources they have to use for problem solving – which is expressed in terms of finding reasons for peace. Also, ability to share with other women and staff also brings peace to their mind. All of these combine to equip women with the psychological tools and techniques to handle the difficulties of their situation better.

## SURVIVOR CENTERED

### SCOPE FOR GBV REPORTING



Identifying and responding to GBV survivors is one of the core purposes of WGSS. Creating an environment of trust and privacy enabling survivors to share their experience is a crucial aspect of its design and function. Experts identified the following as GBV survivors cases most commonly received: Domestic violence, child marriage, woman and child trafficking, polygamy without consent, etc. While overall response is good, the 12% neutral to negative responses were looked at. Namely, WGSS are understaffed compared to their service needs. Thus, services are taken by turn rather than as and when required. When frontline staff were asked about frequency of incidences

reported, CARE Bangladesh and MUKTI could not share due to instruction from authority. ActionAid reported around 25 while BNWLA reported 40-45 cases in the last 6 months, 15 of which were solved through CiC, Police and Legal Aid. For BNWLA, cases were around physical and psychosocial abuse by husband, pressure for dowry, extramarital relations and polygamy. For AAB there were similar cases along with divorce. Response services to survivors are Case Management, SRH services, Mental Health support, Counselling, ambulance and case conference with survivors' consent.

With response, experts and staff mentioned most cases are of domestic dispute and solved with arbitration within WGSS. In cases of physical abuse, CiC and Law enforcement is involved. PSEA training and refresher would improve quality of response. Staff training on trafficking issues were identified as areas with growing need as it requires multi-sectoral coordinated response. Response and judgement of WGSS workers were deemed satisfactory in most cases as can be seen. WGSS staff also get involved in prevention of child marriage. Understaffing and turnover impact response quality. SOP is maintained as much as possible, but it is adapted when there are staffing challenges or when survivor's wishes are considered.



### EFFECTIVENESS OF GBV RESPONSE

50%

If we seek justice, they cooperatively/ jointly/ arbitration/solve it

38%

They try to solve themselves. If not, Apara (case workers) show us the way/ refer us to those who can provide good/ fair judgement

16%

They quell our emotions first, then help us get proper referral services

10%

Haven't faced such a situation

8%

Both parties are brought in, made sufficiently informed and use evidence to make judgments to address it



### OPINION ON GBV RESPONSE

49%

We get proper justice at SSWG

44%

Place to talk and listen to other women

28%

Connect with CiC, other NGO referrals and support for medical services

27%

Would be better if justice could be served in camps rather referring to CiC

6%

Scope for receiving better education

88%

12%

When respondents were asked about quality and satisfaction with GBV responses, 88% were positive while 12% suggested scope for improvement. As opinion show (left), Rohingya interpret effective GBV response as justice (*bichar chawa/pawa*). They appreciate WGSS work in response as well as the environment it creates where they can discuss their issues and solve with other women. In improvement, Rohingya do not want to leave the safe space and prefer response actions to take place there. Adolescent girls mentioned scope for better education on aspects of adolescent GBV issues like harassment, eve-teasing, protection during travel to and from washroom and other

public spaces.

## CONFIDENTIALITY

Confidentiality is among the core components of WGSS. Women & girls who come here share most intimate problems in groups or with the WGSS workers. As outsiders, trust of Rohingya women is difficult to earn and easy to lose. Thus, WGSS staff and management proactively manages confidentiality in every step of its process and services. With 92% women saying the WGSS staff are highly proactive about confidentiality, 8% saying mostly active and none saying not active; the impact is clear. The confidentiality procedures most appreciated by users are around consistent reminder on their confidentiality and taking all responses based on their consent.

### PRACTICAL CHALLENGES TO CONFIDENTIALITY



The staff detailed key practices behind maintaining confidentiality. Each woman or girl is assigned to a specific case worker/counsellor and she is the sole person who handles her situation. Their files are also kept locked away separately and without external identifiers. MOWCA revealed initially they had a separate room where sensitive cases, particularly GBV was handled. However, they realized women at WGSS have identified it too and thus confidentiality was compromised as whoever entered those rooms were rumored of reporting GBV, namely domestic violence. It must be noted that GBV, particularly domestic violence are complex issues where survivors would like incidences to stop; but done so quietly as their family would be stigmatized by community if others get to know. Thus, MOWCA switched strategy to have regular standard PSS sessions there too so others cannot discern. WGSS staff are explicitly instructed and reminded to not share cases even with each other. NGO Forum expert said when a woman reports domestic violence; if they went specifically to her place to sit with her husband; then others would know and they would be 'marked' as a troubled family by community. Thus, they invite all men and boys from surrounding households to an open courtyard session on sensitization of GBV issues and try to reach out indirectly; in order to maintain anonymity; as per wishes of survivor.

## RESPONSE TO STAFF AND ENVIRONMENT

With 97% satisfaction and 0% dissatisfaction, clients and survivors are highly positive about staff across different camps and organizations. Some comments from respondents are shared below:



**"Talking to Apa (WGSS Worker), makes me happy. I get sad if I miss even one session (PSS)"**

**"They understand me in a way I did not understand myself"**

**"Apara (WGSS workers) give me courage, everything else I can manage somehow on my own."**

With the environment, however, they had a few comments, namely with more fans and ventilation, embroidery and sewing facilities for those without, emphasis on knowledge about treatment for women right after violent incidence.



## 6. TAILORED

As per guiding principles, safe space should be inviting enough for women and girls to feel welcomed and engaged. It is important to maintain balance between structured activities, services, and times to socialize. Activities and approaches need to be culturally and age appropriate as the needs and interests of a 16-year-old girl are different from those of a 35-year-old woman. A safe space should also take into consideration, the special needs of women and girls living with disabilities. As experts from BRAC, RTM and others shared, there has been gradual shift from top-down to bottom-up approach with active meaningful participation of WGSS visiting women and girls.



### INFORMATION RECEIVED

61%	Where to seek Health Services
43%	Seek GBV survivor service
43%	Menstrual Health and Hygiene
39%	Bad effects of polygamy, child marriage
18%	What to do during disasters
12%	Where to get legal support
6%	Reporting lost child

Beginning with minimum standard set in SOPs, then as clients came in, their services and activities were tweaked and expanded depending on needs of Rohingya women and girls. This happened in conjunction with women empowerment and leadership building activities as Rohingya women and girls became more comfortable and competent with sharing their needs.

For many, WGSSs are information hubs for life skill information and referral services. Most valued services were around health services referrals and GBV related responses.

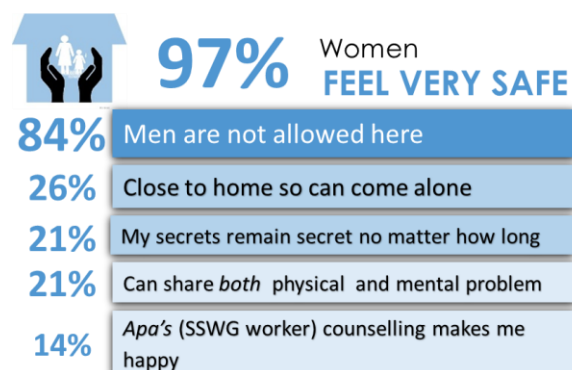
Upcoming monsoon season meant disaster preparedness was top-of-mind. Recent discussions on trafficking has raised concerns about reporting lost child. Language barrier was a concern while imparting information which all organizations accounted for in their implementation – depending more on visual design. So when inquired about understanding of discussion, 53% of respondents said very good while 43% said good and only 1% said mostly understandable with none saying not comprehensible.

Other changes have been inclusion/improvement of recreation and play corners for adolescent girls. Breast-feeding corner, day care and other childcare related facilities are becoming prevalent across organizations and experts suggested it to be a standard part of all WGSSs. Child corners are available for AAB, ACF, BNWLA and RTM at the moment. AAB in particular considers breast feeding corners to be essential facility. Adolescent girls highlighted the importance of recreation and play facilities, with 99% considering it a crucial part. They also highlighted Henna (mehendi) and art therapy as especially helpful in mental well-being and development. Experts mentioned Art corners in Safe Spaces serve as a visual marker for adolescent girls to process what they experience and how far they have progressed – playing a crucial role in therapy.

In areas of improvement, experts stated while the Washington Group Indicators were used to assess disability needs, further customization and tailoring can be done to make facilities at safe spaces more accessible for those with needs.

## 7. SAFETY AND ACCESSIBILITY

As per guiding principles, the safe space should be located in an area that is conveniently accessible to women and girls, and assures safety and privacy. The decision on where to locate the safe space should be led by women and girls. Accessibility should also consider timings and days that work best for them. The WGSS should ensure that a Code of Conduct is adopted and all staff is trained on it.



Both Rohingya women and girls overwhelmingly feel safe at WGSS. As the responses indicate, threats to sense of safety is most strongly associated with men and boys and not being allowed at WGSS is at the core of safety for both women and girls. For women, strict confidentiality, proper location selection and mental health assistance add to sense of safety. For girls too, not having men or boys around allows them to play, talk and meet freely. Parental consent and learning about safety as a whole (physical, reproductive health, mental health, disaster response etc) are reasons specific to building girls' sense of safety. GBV experts added, Safety Audit esp. GBV aspects was essential in developing operational decisions and guidelines for staff which led to this sense of safety. Outreach activities like HH visit, and men and boys sessions, and with the Monsoon season looming, DRR activities like awareness, prevention and response on landslides, flash flooding etc are appreciated and build a holistic sense of safety.

### SAFETY AND ACCESSIBILITY OF WGSS STAFF



WGSS staff mentioned their own sense of safety is not discussed enough. They themselves often face harassment and commute through unsafe areas to reach WGSS. Outreach workers, particularly, reach door to door to spread awareness of WGSS - facing challenges. There are influential members of community within camps, who driven by certain interpretations of their faith, discourage women and girls going to WGSS. As one GBV professional mentioned, "We can only stay till 4pm, once we exit (mandatory procedure), these women are affected by the community." The experts opined as popularity of WGSS continues to grow, these members might move up to engage staff themselves. As counter

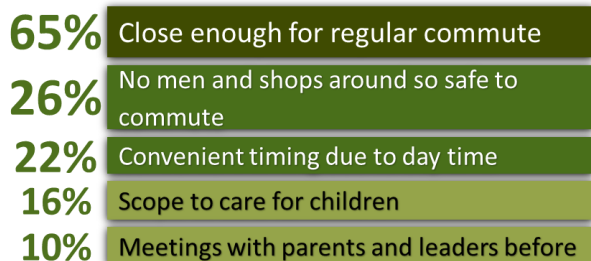
strategy, organizations are working within community norms and structures by highlighting skill-building and disaster preparedness activities as benefits of WGSS to quell resistance as these are considered useful skills for women to have. However, experts clarified no formal mention will be made by Rohingya women and girls themselves because informants will be punished or worse, their family will face consequences.



## ACCESSIBILITY



### Reasons for Effective Accessibility



Aforementioned challenges of a conservative community within camp means women and girls face obstacles and hesitation in accessing WGSS. Thus, building accessibility is about the physical location as much as the social acceptance with preliminary outreach activities with community stakeholders and influential persons – particularly men and boys – to communicate need for such a safe space.

With accessibility, concerns are on proximity, safety in commute and timing. WGSS which had day care centers mentioned scope to take care of children as one of the major 'accessibility' factors. Since women are almost solely held responsible for care of children; particularly babies, having a Day Care corner in the WGSS makes it easier to come and spend more time. For adolescent girls and women, meeting parents and community leaders beforehand to clarify role of WGSS made it easier to accept their regular visits. Overall, community engagement plays key role, to be explained further in Community Involvement section. Setting timing of WGSS in participatory approach with women resulted in high satisfaction rate.

Experts mentioned that not all camps have WGSS yet and most do not have the desired number of WGSS in proximity for effective accessibility. One of the challenges in setting up WGSS is finding enough space in the right location within such a congested camp where space is at a premium. Not only the Safe space; but the surrounding area also has to be out of the way of men and shops so the WGSS would not hamper general movement of all people within camp. Thus, finding the right location takes time.

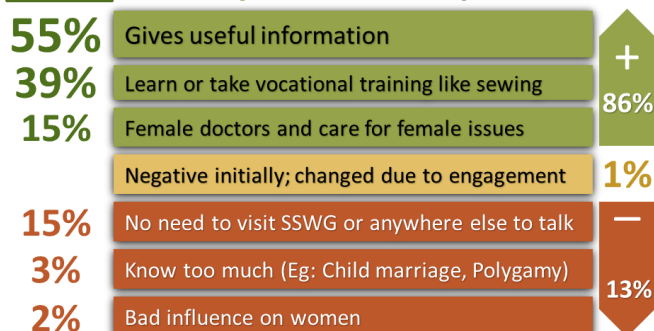


## 8. COMMUNITY INVOLVEMENT

While the safe space should be a space meant for and run by women and girls, its sustainability will require the input and support of many stakeholders. Husbands, parents, and community leaders have a lot of influence over the ability of women and girls to participate in programmes. It is, therefore, essential to understand the perspectives of these individuals while setting up a safe space, and to mobilize community support for the WGSS so that women and girls are able to safely participate in all activities. This guiding principle states that ultimately, women and girls' spaces should not be isolated units, but an extension of broader community life. Men and boys have an important role in ensuring the success of safe spaces. Engaging them to ensure they understand the purpose, location and benefits of safe spaces will enable participation of a larger number of women and girls. Ensuring involvement of and buy-in from the community for sustainability of the initiative, is vital to the success of safe space.



### Perspective of Men (Household)



Aforementioned responses on safety, GBV and other issues showed the role of men both within household and in community in making camps feel unsafe to women. However, directly asking men on their stance on WGSS always received positive response due to power imbalance between us and the respondents. Thus, users were asked about what men (in HH and community) expressed as their opinion about Safe Spaces for a more authentic insight. Spousal perspective was majorly positive as they deemed Safe Spaces a place for women to learn useful information and skills for themselves and their family; while presence of female doctors makes husbands more comfortable with their wives seeking healthcare on female issues.

Negative perceptions were shared more as 'concerns'; around mobility of women outside home, morality of child marriage and/or polygamy and negative influences. Outreach workers mentioned when visiting households to clarify purpose and services of WGSS, they are sometimes challenged by husbands as they do not agree women have to go outside their home regularly. Some have noticed boys in the household under influence of antisocial activities at risk of violent behavioral outburst. To address such risks, MUKTI and Action Aid do outreach in teams of 2 for safety. Also, when talking about Child Marriage and Polygamy, they are challenged on it being wrong, citing belief-based justifications and some accuse the work of creating problems where none exists. While no official response exists, outreach workers have discussed and developed some forms of standardized responses, mostly clearing misconceptions and inviting them to visit for clarity.

"Bad influence" is explained as women learning to speak up and asking for joint decision-making in household matters, which men see as inciting marital discord within household. Experts mentioned an unofficial challenge, with some WGSS users sharing their husbands are reprimanded or mocked for allowing their wives and daughters to move outside of their homes regularly.

Increased Men and boys engagement (MBE) was mentioned as a strong need by experts across all organizations. The main critique in GBV response was that current operation of WGSS works on GBV only in response capacity, not preventative. GBV is largely perpetrated by men so engaging them is important,

### Effective Groups for Community Involvement

1. Male and boys group
2. Community watch group (CWG)
3. Adolescent group
4. Block focal group
5. Community Leader Meeting

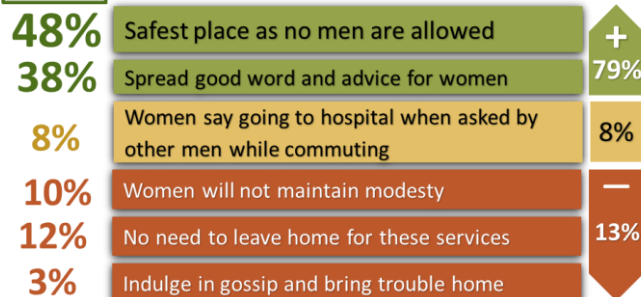
especially now as their opinions on WGSS is becoming more positive. Experts from BRAC noted Rohingya men and boys suffered trauma and are going through changes too but their reflection takes time because it is about change of behavior and how their communities will perceive them for it. BRAC experts also mentioned WGSS focus on counselling survivors; but for domestic violence to sustainably decrease, it would

have to engage their husbands, sons and male members in the community.

Community perceptions are more challenging and negatives are more explicitly stated. Interestingly, most common perception shows men themselves acknowledge males being the biggest threat to safety of women. Effectiveness of outreach can be surmised from WGSS being seen as a safe place for good information and advice for women. One neutral response is 8% of WGSS users hide the fact they are going there to men who question them while commuting. The negative perceptions are around women maintaining their modesty (indicated as covering themselves at all times), engaging in gossip, increasing marital discord and WGSS is not providing any service that women cannot get at their home.



### Perspective of Men (Community)



### COMMUNITY INVOLVEMENT: GOOD PRACTICES

There are multiple engagements carried out in communities by all organizations. Combined, they create consistent messaging which over time influences mindsets to be more open to change. Experts said targeted community involvement is more effective than mass outreach and communication. This means engaging specific individuals and specific platforms/groups which hold most influential people in the community. Most influential stakeholders in community are the CiC, Law enforcement agencies, *majhi*, *imams* and land owners. Camp-in-Charge (CiC) is the government assigned person responsible for overseeing all activities within individual camps. As the person overseeing humanitarian response of NGOs and government as well as law enforcement agencies – it is the single most influential position within camps. Particularly, operational issues of WGSS are greatly helped or hindered depending on quality engagement with CiC of respective camps by the organizations.

From the Rohingya side, *majhis* hold great influence and authority. *Majhi* meaning boatman, were originally boat captains who helped Rohingya people cross the Naf river from Myanmar to Bangladesh. They are an important part of camp governance structure being the key liaison between Rohingya and Camp governance (Camp-in-charge (CiC) or Army). Originally *majhis* were selected from groups; nowadays groups elect their own *majhis* periodically. Land owners refer to Rohingya camps set up in and around privately owned land in host communities. They hold influence by ownership and interactions as

### COMMUNITY ENGAGEMENT ACTIVITIES

1. Men and boys group
2. Community watch group (CWG)
3. Women group
4. Adolescent group
5. Block focal group
6. Community Leader Meeting
7. Interactive Popular Theatre (IPT): Trafficking, child marriage, Early Marriage, etc
8. Day observations rallies and mass programs

the two families find their way to co-exist. Imams are religious individuals who lead prayer congregations in mosques and perform other religious duties. As many in Rohingya community are strongly influenced by faith, these individuals are key in changing perceptions and morality concerns.

Some groups are more influential than others in creating changes, namely in acceptance of women going to WGSS regularly. Leading with aspects of WGSS that community deems positive creates less resistance. Particularly, aspects of no men allowed making these spaces safe for women and their privacy, opportunity for vocational skills and place for women to rest and share are mentioned.

In outreach with communities, engaging communities in Community Watch Group (CWG) meeting and enabling women to be community leaders, through leadership training and linking with CiC so they can take lead in emergency issues (cyclone, flood, landslide block problems etc) demonstrated value of WGSS to communities. Most effective community involvement strategies identified by experts were:

1. Meeting with Majhi, husband and elders in 'Men & Boys engagement' sessions
2. Using male outreach workers with Imams
3. Motivational engagements with WGSS users to bring others to community engagement sessions
4. Audience-centric messaging: Invitational information on WGSS focusing on generalized problems and not specifically identifying any group like (GBV or Domestic violence survivors).

As popularity of WGSS increases both in camps and in host communities, need for community involvement, especially MBE will only increase. No men being allowed within and around WGSS is both its advantage and disadvantage. While all agrees on its need, men in the community also have suspicions and distrust as to its 'true' purpose. The organization NGO Forum shared a successful solution.

**"As women-only spaces, men and boys were curious as to what goes on. We had to put up 8 ft. high walls to stop peeking in. Boys would pelt roof with stones to startle us, tease women on way to WGSS and even their sons and husbands labelled this as a "bad place". As the situation was getting out of hand, we had to respond.**

**We shut down operations for a day and opened to all. Women brought in men, boys and influential people in community. They explored every corner while we accompanied them, explaining every aspect of our operation. We answered every question, satiating their curiosity, clearing suspicions, dispelling rumors. Operations became smoother afterwards as 80% of the visitors changed their views."**



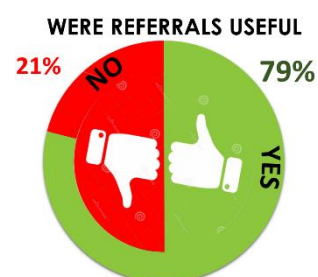
Experts generally agreed on the top priority in community engagements being MBE as preventive measure against GBV, especially domestic violence. Community engagements with Host community will be a rapidly growing need as experts have concerns about host community becoming increasingly belligerent towards Rohingya leading to social disharmony and even conflicts, if the tensions are not diffused now. WGSS may serve as a point of interaction between women of two communities two interact, understand each other and diffuse the tension.



## 9. COORDINATED AND MULTI-SECTORAL

This guiding principle dictates how WGSS functions within the overall Humanitarian Response. These safe spaces do not function in isolation; they are a component of the Protection activities which itself is a component of the overall humanitarian response. The Rohingya Refugee Response, like many other humanitarian responses is a complex operation in a highly aid-intensive environment – thus all activities must be coordinated with other sectors to avoid duplication and scheduling conflicts. The safe space should take into consideration, varying needs and experiences of women and girls. It should deliver services that respond to their life cycle, including issues related to GBV prevention and response. The range of possible activities is rather vast and requires involvement of other sectors of humanitarian response. In some cases, the WGSS may serve as host for a range of services from sexual and reproductive health, to psychosocial support, to legal services; at other times, some of these services will need to be availed elsewhere. A clear internal and external referral system, should be in place and staff and volunteers should be able to activate it safely and confidentially. It would be useful to be part of the wider GBV coordination network and standard operating procedure process for an effective referral mechanism.

As one of the largest humanitarian response operation in the world in a highly congested camp, coordination is key for this Humanitarian Response for Rohingya. GBV sub-sector has 28 partners working across 63 WGSSs in 34 camps. Each camp has organizations managing WGSSs, while others provide specific services and each camp is managed by an organization in camp coordination role. As mentioned above, over 40 services and activities are conducted through WGSS by various organizations across multiple sectors from GBV protection to health services, community engagement etc. Each camp has its own referral map where the organization managing WGSS refers its users or acquires services of other organizations according to their needs. This creates a complex web of organizations working through WGSSs. Multiple challenges and problems impact the effectiveness of this referral system, leading to 79% respondents stating their usefulness.



### REFERRAL SERVICES

Most common referral services are around healthcare and food distribution while linking with CiC is often required by users of WGSS. In GBV related responses experts identified CiC, BNWLA, BRAC and UNHCR for legal aid. In healthcare referral, MSF, IOM and Sajida Foundation were mentioned among others. In case of health service not available within camp, users have to go to Ukhia or Cox's hospitals for which they need to apply to CiC. CiC is central to coordination and multi-sectoral needs as well as needs that go across camp (like say Camp 16 refugee requiring travel to Camp 24 for service) and outside of it. In case of domestic dispute or intimate partner violence or violence within camp, they are immediately sent to CiC for arbitration or judgement.



**73%**

**31%**

**31%**

**14%**

### REFERRAL SERVICES AVAILED

General Healthcare and Reproductive Healthcare

Food-card related queries

Camp-in-Charge Office

Child Nutrition Services



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## RESPONSE LATENCY

WGSS Staff said, in terms of referral services, healthcare services have had the best responses followed by site management needs (housing repair, drainage, latrine etc). Legal aid is the toughest to meet. Action-Aid experts mentioned in their case, when a GBV survivor reports the incidence, navigating the response procedures takes time, sometimes weeks. Consequently, case workers lose trust and relationship with the survivor. The same occurs, though with much lower latency in case of child abuse cases.

Experts further explained the driving factors behind this latency. Overall, the major challenge is staff turnover and changes to referral pathway. The nature and speed of emergency response means paper-based processes are not feasible. In most cases, WGSS staff directly contact relevant persons for services over phone. Now, as the phone number used is personal, when staff changes, contacting for referral becomes difficult. Usually that person does not know who replaced her/him. MOWCA suggested assigning position-based mobile phone and number, which they are testing out. Compounding the problem is that the organizations set for specific referral services within a camp also changes. The Referral map is not updated on time which leads to confusion and slow response on referral. This happens due to lack of coordination within Sub-sector group (GBV and Protection) and the organizations. Either organizations do not inform in sub-sector meetings of the changes or sub-sector does not update referral map for all WGSSs within respective camp.

In GBV response, when a survivor shares her account, it is a difficult experience reliving the trauma. They do so with case workers because of the relationship and trust built. In response, these women have to go to a referred person, who they don't know, to share again. If the service is not available within camp, then they have to go to the CiC for permission to move outside camp. Here, they have to share their reason for request, which means revealing their case of GBV, as per legal requirement, thus violating confidentiality of survivor. Most survivors instead prefer arbitration or situation to be handled within camp by the WGSS staff. Similar problems arise when physical harm caused by GBV incidence requires treatment available in another camp or at public hospital.

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## LACK OF STANDARDIZED RESPONSE

As the list of 40+ services and activities reveal, not all WGSSs are same, each organization runs it according to their mandates and capacities. Thus, coordination for referral creates challenges. BNWLA, BRAC, DRC, MUKTI and few others have in-house GBV counsellors for response, which survivors prefer over referral. To address the fragmentation of WGSS standards, a Standard Operating Procedure (SOP) was developed but, at the time of this study, it has been in draft for over 18 months due to bureaucratic delays between Government institutions, site management organizations and sub-sector group. Similarly, a note was drafted with minimal services and activities for a space to be considered WGSS, which is also in draft. Finalizing these two would go a long way in standardizing quality of response; particularly when and how much to involve CiC. While institutions have been following drafted SOP, they have made adaptive changes to it, especially in GBV response. As DRC and MOWCA experts expressed, if they followed GBV response protocol to the letter, it would take weeks. Thus, SOPs prioritizing speed, after consent of survivor and checking for legally mandatory compliance is followed.



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## SENSITIZATION OF OTHERS IN RESPONSE

In GBV response, especially CiC, law enforcement members and health professionals outside camp need sensitization on interacting with GBV survivors as well as language usage in reporting. One commendable aspect is, the CiC role is not changed as often as other Government roles, so individuals in position have learned sensitivities on the job. Initially they would inquire about GBV cases like any other statistic, ask for identification etc. Cases requiring medical attention outside camp are few but important as doctors and others at public hospitals are not equipped to handle GBV cases with required sensitivity. A crucial development is growing concerns at host communities. Currently, there are protocols for handling cases within camp, as per SOP and within host communities which is under national laws of Bangladesh. Thus, in incidents involving Rohingya and host community member is a scenario with no standardized legal response procedure. Most cases of this kind are of non-consensual polygamy (alleged or caught) with either Rohingya men marrying across camps or men in Host communities marrying Rohingya women; both without spousal consent or knowledge. These problems and others of harassment will continue to grow as integration between two communities continues over time, as it is likely to be a protracted crisis.

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## RESPONSE QUALITY: GAPS AND MECHANISMS

Experts mentioned overall, in many partners' WGSSs, child protection services are not as robust as for women - where Save the Children (STC) have been highlighted for its abilities. DRC also mentioned Internal Protection Monitoring Team which is especially built to carry M&E duties in WGSS, accounting for confidentiality measures. This team has been effective for their organization to improve their service quality greatly. On top priority for this topic, experts said Camp Coordination Meeting and engaging CiC and Site Management combination is the most crucial factor in quality of referral service.

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## HUMAN FACTORS IN COORDINATED RESPONSE

At its core, experts cite the key challenge in GBV response as a balancing act between maintaining confidentiality and survivors' wishes with procedural compliance of different stakeholders (CiC, Law enforcement agencies, healthcare facilities etc). With other services WGSS referrals work better in camps with proactive CiCs, Camp Coordination Organization working closely with CiC and sub-sector group and sensitized service providers, especially healthcare providers trained for treating GBV survivors.

WGSS services differ from some other services like food, shelter, healthcare, etc. Most WGSS services are qualitative, subjective to one-on-one relation between Rohingya woman or girl and the service provider (counsellor, WGSS staff etc). Thus, satisfaction levels with referral services are comparatively lower as it is affected by the lack of interpersonal relationship that exists between WGSS users and its staff.

## 10. COMMON LEARNINGS, CHALLENGES AND WAY-FORWARD

As groups shared their thoughts in plenary discussion the following learnings, challenges and way-forward were highlighted:

### FUTURE OF WGSS

On principle, safe spaces are meant go through stages starting with initial assessment and ending with Phase-out; that is using a participatory approach to support ownership and transition of WGSS to the community and/or local organization. As groups discussed future sustainability of WGSSs, opinions were strongly divided. Some organizations want to keep WGSSs explicitly focused on safety, protection and GBV response, while others suggested expanding role to multi-purpose centers (SRH, Health, Non-GBV Case management, vocational training, legal support etc) for sustainability. The point of contention is that a multi-purpose approach would eventually lead to others from refugee or host community coming into the space regularly. With WGSS, the sense of safety is paramount - which is not on a spectrum - either you feel safe or you don't. Some deviations from those standards would nullify its key purpose and value altogether, as it would no longer be seen as a Safe Space for Women and Girls.

### CULTURAL CHALLENGES ON GBV ISSUES

Across organizations, it was stated certain cultural issues persist within Rohingya communities. Particularly, faith-based justifications posited by influential stakeholders for child-marriage, polygamy without consent, domestic violence and most importantly women's mobility, might stymie progress on women empowerment, GBV response and reduction. In response, organizations face decisions on whether to help women adapt or challenge the norms themselves.

Outreach worker of MUKTI explained with a dilemma. Many Rohingya women requested *burkha*, a full-body covering, to be a part of dignity kit or other supports provided (validated by our satisfaction survey). They consider it an essential item for moving in public and families which have only one or when the other is washed and drying, mothers have to share with their daughters. Now, some organizations had reservations with providing it as it propagates discriminatory standards of women's modesty in public. However, since norm changes will take a long time, and Rohingya women themselves are requesting it, being client-centered should mean they provide it. Otherwise, attendance at WGSS would fall as only the mother or daughter can come at a time.

Complications like these bring to fore the differences in cultural viewpoints between refugees and humanitarian response organizations. Both outreach workers and GBV experts recommended more community engagement activities addressing cultural values and perceptions which hinder reduction in child marriage, domestic violence and other GBVs. Experts from CARE noted that without changing underlying beliefs, all impacts are temporary as communities would revert to their former ways when they return to their home.

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## WOMEN EMPOWERMENT AND LEADERSHIP

In empowerment, group discussion led to an insight; while all agree on women empowerment conceptually, it differs on indicators used by organizations. Some organizations set goal at agency level changes (self-confidence, new skills) while others set at structure or relations (taking leadership in community, working with CiC etc). Having a unified guideline with set indicators would help coordinate activities and multi-sectoral approaches among organizations, especially now WGSSs are starting in Host Communities too.

Building leadership in women and demonstrated through community-level actions and tangible productivity is essential to shifting mindsets of Rohingya community. The community does not fully recognize women in leadership role and further capacity building and community engagement is required. One strategy cited is provision for tailoring skills which they demonstrated by displaying the products they made to community in a fair. This strengthened women's view as productive members of community – which in turn, led to less resistance to women's mobility.

Experts from Save the Children shared that in last 2 years, there has been significant progress in women empowerment at agency level. However, this change is not lasting if they are not complemented by structure and relations level changes. Without acceptance of empowered women in community and in positions of authority, all changes would be reverted once they move back home. Thus, for the immediate future, the priority is to have women leaders who are not only self-reliant but also able to influence their families and communities so they would continue to do so wherever they are.

Experts from BRAC cited they are prioritizing encouraging Rohingya women from WGSS who demonstrated leadership qualities to stand for election in various community groups like Community Watch Group, Block focal group and even as *majhi*. Currently, these groups have women members in reserve seats, which increases representation, but has limited impact in meaningful participation. Thus, increasing focus on structure and relations level of empowerment is recommended by experts.

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## STAFF ROLES AND RESPONSIBILITIES

Staffing at WGSS is plagued by high turnover rate and limited pool of applicants with the right competencies. Experts said this is a general problem in overall response. They have added constraints of women-only staffing inside WGSS. As WGSS increase in number and operational complexity, organizations would be driven to recruiting less than ideal candidates which would impact quality of service.

As the induction process is an expensive one, experts from CARE, DRC and others suggested testing out collective induction of new staff in same/similar roles in batches across organizations for basic training. Also, standardized handover process is very important for every organization to maintain quality of their services and referrals. This is particularly important for case workers. Having a centralized pool of WGSS workers in relevant roles with sufficient talent pool was also recommended.

Staff's own mental well-being is of concern for many experts, especially case workers who alone deal with GBV cases and trauma of Rohingya women to maintain confidentiality. Experts suggested PSS and counselling for them atleast monthly. In capacity building, training on gender sensitivities and work

"We have made progress on empowerment in 2 years. It's time we aim for women leaders. No change will last otherwise if and when they return. We must aim higher, do more, ask more of ourselves."





process around referral services is important for induction of new staff – particularly, outreach workers being properly trained in PSHEA was highlighted as a common gap area across organizations.

Experts mentioned the following skills as being most important in general for WGSS staff:

1. Listening and being adaptive to needs of clients (Rohingya women and girls)
2. Coordination and interpersonal skills with camp authority and other sectors
3. Understanding of Refugee response as a whole and where WGSS functions fit in
4. Technical understanding or experience of working with trauma survivors, especially GBV

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#### INTERPERSONAL RELATIONSHIPS FOR COORDINATED RESPONSE

A complex web of organizations and their services are present for each camp. The short cycle of projects (3 months) made it difficult for teams to understand their role and procedures in time to deliver services to WGSS users initially. However, projects are becoming longer term now and work in Host communities is also expanding allowing these problems to be solved. Thus, problems of response latency and standardization, gaps in referral services and sensitization of responders are now ready to be addressed.

For response latency, specific coordination activities, like timely reporting of updated referral pathways is important to improve response time. On standardization, finalizing SoP and Memo of Services with CiC and RRRC will have the largest impact – followed by updating inter-agency referral form accordingly.

To bring quality of referral services to consistent standards, experts opined more activities like sharing of good practices among partner organizations and exchange visits to help skill transference capitalizing on these relationships, especially among new recruits and experience people in equivalent roles. Also, improved communication between CiC and Sub-sector group was suggested as essential to improving effectiveness of referral system.

As mentioned above, human factors impact response quality, mechanisms and sensitization of responders for WGSS services. Thus, the referral systems and coordination mechanisms should adapt accordingly – prioritizing official in-person and mobile interactions while reducing paper or e-mail based systems which is often prevalent within government systems and in other Humanitarian response sectors.



## 11. REFERRAL LINKS FOR FURTHER READING -ANNEX

### ANNEX-1: FULL SATISFACTION SURVEY RESULTS

<https://www.dropbox.com/s/puvmyvrk1fl3c/WGSS%20All%20Survey%20results.docx?dl=0>

### ANNEX-2: QUESTIONNAIRE AND WORKSHOP QUESTIONS

1. Survey questionnaire: [https://www.dropbox.com/s/1iq15vj8mt7014u/Q2\\_Survey%20Questionnaire.pdf?dl=0](https://www.dropbox.com/s/1iq15vj8mt7014u/Q2_Survey%20Questionnaire.pdf?dl=0)
2. FGD guideline for Outreach workers & Volunteers of WFS:  
[https://www.dropbox.com/s/5njvgscgvq1gljk/Q1\\_FGD%20guideline\\_%20OW%26V\\_WFS.pdf?dl=0](https://www.dropbox.com/s/5njvgscgvq1gljk/Q1_FGD%20guideline_%20OW%26V_WFS.pdf?dl=0)
3. Areas of Inquiry for Expert Consultation:  
[https://www.dropbox.com/s/iywyh2besgpeige/Q1\\_FGD%20guideline\\_%20OW%26V\\_WFS.docx?dl=0](https://www.dropbox.com/s/iywyh2besgpeige/Q1_FGD%20guideline_%20OW%26V_WFS.docx?dl=0)

### ANNEX-3: PARTICIPANT LISTS

[https://www.dropbox.com/s/iasw462wkv02kn/A-3\\_WFS\\_participants%27%20list.docx?dl=0](https://www.dropbox.com/s/iasw462wkv02kn/A-3_WFS_participants%27%20list.docx?dl=0)

### ANNEX-4: LIST OF ACTIVITIES AND SERVICES

[https://www.dropbox.com/s/7wve458m4zfm3lv/A-4\\_Activities%20and%20Services.pptx?dl=0](https://www.dropbox.com/s/7wve458m4zfm3lv/A-4_Activities%20and%20Services.pptx?dl=0)

### ANNEX-5: CORE DATABASE OF RESPONSES

\*Respondent Identifier removed

[https://www.dropbox.com/s/7wve458m4zfm3lv/A-4\\_Activities%20and%20Services.pptx?dl=0](https://www.dropbox.com/s/7wve458m4zfm3lv/A-4_Activities%20and%20Services.pptx?dl=0)

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<sup>i</sup>[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2019\\_jrp\\_for\\_rohingga\\_humanitarian\\_crisis\\_compressed.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2019_jrp_for_rohingga_humanitarian_crisis_compressed.pdf)

<sup>ii</sup> Rohingya response Gender Analysis, Iulia, Mita et al, 2018

<sup>iii</sup>

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg\\_sitrep\\_may2019\\_final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_sitrep_may2019_final.pdf)

<sup>iv</sup>[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2019\\_jrp\\_for\\_rohingga\\_humanitarian\\_crisis\\_compressed.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/2019_jrp_for_rohingga_humanitarian_crisis_compressed.pdf)

<sup>v</sup> GBV Service Points Data: GBV sub sector Partners