ROHINGYA REFUGEE RESPONSE GENDER ANALYSIS

Recognizing and responding to gender inequalities

Rohingya women and children shelter under their umbrellas in the heavy rain outside a distribution center in a refugee camp in the Cox's Bazar district of Bangladesh. Photo: Maruf Hasan/Oxfam.

CONTENTS

LIST OF ABBREVIATIONS

CFS	Child-friendly space
CwC WG	Communication with Communities Working Group
EFSVL	Emergency Food Security and Vulnerable Livelihoods
GA	Gender analysis
GAM	Global acute malnutrition
GBV	Gender-based violence
GiHA	Gender in Humanitarian Action
IAWG	Inter-Agency Working Group
ICYF	Infant and young child feeding
IEC	Information, education and communication
IGAs	Income-generating activities
ISCG	Inter Sector Coordination Group
JRP	Joint Response Plan
MEAL	Monitoring, evaluation, accountability and learning
MHM	Menstrual hygiene management
PSEA	Prevention of sexual exploitation and abuse
RCA	Rapid Care Analysis
RGA	Rapid Gender Analysis
SEA	Sexual exploitation and abuse
SRH	Sexual and reproductive health
WASH	Water, sanitation and hygiene

EXECUTIVE SUMMARY

At the time of writing, the total number of Rohingya refugees who have fled the crisis in Myanmar to camps in the Cox's Bazar district of Bangladesh stood at 905,418. Successive generations of Rohingya refugees have fled to Cox's Bazar, with the latest influx at roughly 700,000 and with more still trickling in. This constitutes one of the biggest refugee crises in the world at present. The majority of refugees, 82 percent of all households, are living in Ukhia upazila (sub-district), with the second largest group, 17 percent of households, in Teknaf upazila. These sub-districts border Myanmar and are the main crossing points for refugees. The Joint Response Plan (JRP) for the Rohingya crisis reports that the majority of the population are women and children (52 percent are women and girls; 55 percent are children under 18). Camp conditions are improving, but there are still major issues. All refugees and members of the Bangladeshi host community are facing challenges and significant needs that have not yet been adequately addressed, such as the need for cooking fuel and shortages of firewood (which are creating deforestation), health risks, higher prices in markets, water shortages and protection needs such as lighting at night. Ukhia and Teknaf are areas that are prone to disasters such as cyclonic storms, flooding and, recently, landslides due to indiscriminate deforestation of hills in order to provide shelter for Rohingya refugees. With the monsoon season having started and running from June to September, access to resources is likely to be further reduced and vulnerability is likely to increase for both refugees and host communities.

This gender analysis was conducted to understand the different risks and vulnerabilities but also opportunities and skills for Rohingya and host community women, men, boys and girls. It was led by Oxfam in partnership with Action against Hunger and Save the Children, and produced with analysis, comments and recommendations from CARE, UNHCR, the Inter Sector Coordination Group (ISCG) and UN Women. Data collection was conducted over three weeks from 8 April to 29 April 2018. The work aimed to identify the different needs, concerns, risks and vulnerabilities of women, girls, boys and men in both Rohingya refugee communities and host communities in the Cox's Bazar district of Bangladesh. The analysis shows various gaps in the humanitarian response for both communities, especially in terms of accountability, communication with affected communities and disaster preparedness, but also in equitable access to services, in particular for women and girls, and especially for the Rohingya community. The key findings are presented below, along with recommendations for action.

	Findings	Recommendations
Water, sanitation and hygiene (WASH), including menstrual hygiene management (MHM)	• There is insufficient WASH infrastructure to cover the needs of the community, especially a lack of segregation of latrines by gender and a lack of bathing facilities. • Women's MHM needs are largely unmet.	• The WASH sector should prioritize household-level water sources as well as sufficient and gender-segregated latrine facilities. If this is not possible, then a minimum requirement should be consultation with women and girls on the management of WASH facilities, ensuring that their feedback is collected and that it informs changes. • Every female latrine should incorporate an MHM space. • Separate and private spaces need to be identified for women to bathe. • WASH infrastructure should be regularly monitored to ensure that it remains compliant with minimum standards for safety and security (including lights and locks on doors), as well as MHM requirements. • Ensure budgeting for regular distributions of dignity kits, modifying their contents in accordance with needs and the context of the camps; the targeting of female-headed

		households and adolescent girls should also be ensured through house-to-house distributions.
Emergency Food Security and Vulnerable Livelihoods (EFSVL)	• The Rohingya community's lack of access to opportunities for income-generating activities (IGAs) is a cause of great concern. • Rohingya women's access to IGAs is more restricted than in the host community; this is due specifically to conservative views but also to a lack of opportunities and capacity building around existing skills in both communities. • Concerns have been raised around safety in aid distributions for women, girls and boys.	• Advocate with key policy makers for the implementation of IGAs in camps to provide much needed livelihood opportunities for both women and men. As cash grants for Rohingya refugees are currently restricted, interim opportunities and possible options need to be found for both Rohingya and host communities, while taking into consideration the findings of the Rapid Care Analysis (RCA) conducted by Oxfam in March 2018 and available online.[1] • Empower women and girls through activities that will give them opportunities to access and control resources and ensure that childcare support is provided for women who are engaged in IGAs. Also undertake awareness raising with men on the benefits of women's economic empowerment, especially in the refugee community. • Ensure that support is provided in the distribution of aid to female- and child-headed households. • Invest in community kitchens, kitchen utensils and firewood substitutes to reduce the burden of household work related to cooking.
Nutrition	• There are concerns about undernutrition among children up to five years of age, with particular difficulties for breastfeeding children under six months of age, as well as concerns about undernutrition among women and girls, as men and boys are prioritized for food intake. • There are also concerns regarding malnutrition of infants.	• Monitor gender-specific and other harmful traditional practices linked to gender dynamics to prevent undernutrition, and support access to nutrition treatment. • Develop tailored, gender-inclusive information, education and communication (IEC) materials on nutrition, adapted to the context. • Include more men, boys and elderly people, especially mothers-in-law, in nutrition education and behaviour change activities, including by engaging fathers/male caregivers to attend nutrition sessions and to learn the benefits of infant and young child feeding (IYCF) practices and the nutrition requirements for children under five. Include cooking demonstrations led by men as well as women, with a focus on gender- and age-specific nutrition requirements. • Sensitize communities on IYCF services and reinforce family and community support, with a special focus on barriers or challenges to IYCF practices. • Support mothers through counselling on IYCF, specifically breastfeeding practices, and psychosocial support and involve influential family members to create an enabling environment for caregiving. • Promote the involvement of men in sharing caregiving responsibilities to reduce women's workload and to encourage more equal sharing of parenting responsibilities. • Ensure that both men and women are provided with information on women's and children's health and

		nutrition to create an enabling environment for positive nutrition practices. • Target health promotion activities at women/mothers/female caregivers and design specific strategies to engage men/fathers/male caregivers, especially on the importance of early healthcare-seeking behaviour. • Target traditional healthcare providers within the community for communication on behaviour change to reduce harmful practices, as well as to develop the capacity of influential community members.
Protection	• There are various fears in both host and refugee communities (confirming the findings of many reports on protection), including a lack of mobility for women and a lack of lighting at night. • Boys and girls are particularly vulnerable to protection risks. • There are challenges in understanding protection issues among service providers, including government, law enforcement agencies and *majhis* (camp leaders) in Rohingya communities, in addition to a lack of knowledge about human rights and protection-related services among Rohingya women. • Transgender people are excluded, and there is a lack of research on this issue.	• Support the establishment of community-based self-help groups such as community centres, child-friendly spaces (CFS) and women-friendly spaces, to address the protection, psychosocial and livelihood needs of refugees. • Set up educational facilities or temporary learning centres for adolescent girls and boys and provide targeted support, with male and female facilitators. Encourage the attendance of both mothers and fathers at CFS and girl-friendly spaces and other child protection activities. • Extend the provision of cloth to be used for clothing and other purposes to all beneficiaries, including girls. • Identify the scope for addressing child protection and GBV issues via community leaders, police and other security actors. • Special emphasis needs to be put on the prevention of trafficking of women and girls. • Conduct community awareness activities on human rights. • A comprehensive study is needed on LGBT issues and policies need to be developed to protect transgender people.
Gender-based violence (GBV)	• GBV affects women and girls disproportionately, in both communities. Harmful traditional practices such as child marriage are highly prevalent in both communities, with an increase in polygamy seen in the Rohingya community. • Domestic violence is seen as an acceptable social norm, and since the crisis it has increased in both communities, due to the difficult environment and the lack of livelihood opportunities. • There is insufficient access to GBV services, due to stigma but also due to a lack of information on services.	• Ensure that dissemination of information on GBV referral systems is trickled down to communities, especially women and girls. • Engage men and boys, women and girls and community leaders in behaviour change activities around gender equality and GBV prevention. • Engage men and boys positively in addressing GBV, especially domestic violence, sexual harassment against women and girls and polygamy (as a contributing factor to GBV). • Ensure that all field staff and key local leaders (including informal women leaders) are trained on key principles around GBV and are familiar with GBV referral systems. • Address GBV with the aim of changing harmful social and traditional norms through awareness-raising campaigns in both refugee and host communities, especially to remove stigma for survivors of GBV.

Power structures at household and community levels	• Men are power holders in key decision making at the household level in both communities, but more so in the Rohingya community. • *Majhis* have a disproportionate degree of power, and reports have emerged of abuses of power.	• Build on the small number of male and female voices currently calling for more participation in household decision making by identifying such individuals and encouraging the formation of groups for community discussion. • Provide awareness-raising sessions for community leaders, including *majhis* and imams, using their existing influence and expanding it to wider community leadership, both formal and informal. • Work with religious and community leaders and key persons within the community, such as schoolteachers, who are informal leaders other than *majhis*, ensuring both male and female leadership. • Utilize these informal leaders in the community and their alternative views on gender roles to decentralize power away from the *majhis*. • Empower informal women leaders in the Rohingya community and engage with formal women leaders in the host community. • Promote the active involvement of women and adolescent boys and girls in decision making processes, especially within existing structures created by the wider humanitarian response.
Domestic care work	• Domestic care work is considered in both communities to be a task for women, though since displacement there have been some shifts in attitude – for example, men in the Rohingya community helping with firewood collection. • RCA report is confirmed in terms of care patterns for both communities, with more information needed on the role of adolescent girls in care work. • Care work also affects access to services for female-headed households.	• Use the recognition of care work as an entry point to revaluing women's work in the home, with separate reflection sessions for women and men focused on care work and based on the RCA findings, with the aim of redistributing care work within the family. • Include men and boys in awareness-raising sessions on sharing responsibility for childcare and other domestic work to reduce negative perceptions around care work. • Reduce the burden of care work for women by improving existing WASH facilities and providing new ones. • All humanitarian agencies should provide labour support to help female-headed households transport relief supplies from distribution points back to their homes. • Act on the recommendations of the RCA, which can be found online.[2]
Women's and girls' empowerment and leadership	• There is a lack of formal female leadership in the Rohingya community. • There is a need for community women's groups and also youth groups. • Access to leadership roles is slightly easier for women in the host community. • There is a need to further understand the community engagement process, especially the various options	• Support women-only self-help groups to provide collective support and life skills to reduce dependence on men for basic needs, and sensitize families on the benefits of allowing women to participate. • Women- and girl-friendly spaces (as well as youth-friendly spaces in general) are needed to support consultation and confidence building. Ideally, these should be linked with protection and education or livelihood activities or any other activity that brings together women and girls, even informally.

		for meaningful participation by women and girls.	• Support women and girls to have access to information, improved health and hygiene practices and psychosocial support in order to create an enabling environment for good nutrition and healthcare practices. • Link with existing structures in the host community, in particular to promote women's rights. • Training on gender awareness and gender sensitivity is needed for camp and religious leaders, as is community awareness outreach for men and boys on women's agency and leadership. They can then be used as influencers to support the recommendations above.
Disaster preparedness		• The lack of information on disaster preparedness among refugees, especially women, is particularly worrying. • Host communities are better informed, but concerns were raised nonetheless.	• Increase disaster preparedness measures across all camps and across host communities, making sure to reach everyone in the community. • Organize preparedness activities at household level, including simulation exercises for men, women, boys and girls. • Ensure that all community safe centres have adequate privacy for women and girls, either by designating centres for women and men separately (but within close proximity to one another to avoid long separations of family members), or by creating some separation of space within centres by putting up temporary curtains to ensure safety and security and maintain the dignity and comfort of women and girls. • Ensure that disaster preparedness activities respond to the specific needs and constraints of women and girls, in particular including sexual and reproductive health (SRH) and MHM considerations from the outset. • Engage women and girls alongside men in disaster preparedness activities, from awareness raising to preparation.
Access to other services		• Given the prevailing conservative views within communities, it is likely that women's access to services will be limited, due to non-segregation or a limited number of female staff. • There is a lack of information about services. • Members of the host community raised concerns about curtailed access to services since the influx of refugees.	• Given the conservative nature of the affected community, the hiring of female staff is of the utmost importance, in line with international organizations' commitments and guidelines. • Ensure that information about the services provided is widely disseminated, and that awareness raising on services is conducted within the community. • Further in-depth study is required to explore differential needs related to SRH for women, as well as the differential needs of people with disabilities.
Feedback and complaints, including prevention of sexual		• Despite the introduction of numerous feedback and complaint mechanisms by various organizations, the community – both men and women but more so women –	• Roll out a concrete plan with clear measures to disseminate information on feedback and complaint mechanisms across camps, groups and genders, especially in relation to PSEA, and ensure that complaints are addressed in a timely manner.

exploitation and abuse (PSEA)	are poorly informed about NGO services. Participants in the research mentioned not being consulted, and not knowing how to submit feedback. • It is highly likely that cases of sexual exploitation and abuse (SEA) are going under-reported. • Information is held at the *majhi* level.	• Update community feedback and complaint mechanisms so that they are accessible to women, men, girls and boys. • Use existing community groups to disseminate information on feedback, complaints and PSEA, as developed by relevant humanitarian clusters. • Ensure that information is disseminated through a variety of channels, to include in particular informal leaders and women. • Monitor and report on the effectiveness of different measures implemented by each organization. • Use the Communication with Communities Working Group (CwC WG) to monitor the use of feedback and complaints mechanisms used by different actors and the efficacy of such services in resolving issues.
Capacities and coping strategies	• The affected population have limited capacity to cope with the effects of the crisis without NGO support. • People are likely to engage in negative coping mechanisms.	• Support the establishment of community-based self-help groups engaging men, women, boys and girls – such as community centres, child-friendly spaces and women-friendly spaces – to address the protection, psychosocial and livelihood needs of refugees and to ensure a coordinated response across the different services offered by aid agencies.
Priority needs	• In addition to IGAs, people consulted in both communities and of both genders raised various other needs that, nine months into the response, are still unmet.	• Consult with women, men, boys and girls on their needs, validate the findings with communities and adjust programmes accordingly. • Coordination is needed among different services provided by aid agencies on the priority needs of the community.
Relationships between host community and Rohingya community	• There is continued and growing negative sentiment within the host community towards the Rohingya refugees, and little has been done to address it.	• Develop relationships between host and refugee communities through women- and girl-friendly spaces with recreational activities that both can access; similarly, with men's and boys' groups. • Develop social cohesion programmes between host and refugee communities through appropriate sports or cultural festivals for both men and women.

1 INTRODUCTION

1.1 ROHINGYA REFUGEE RESPONSE

At the time of writing, the total number of Rohingya refugees who have fled the crisis in Myanmar to camps in the Cox's Bazar district of Bangladesh stood at 905,418,[3] with more still trickling in. This constitutes one of the biggest refugee crises in the world at present.[4] The majority of refugees, 82 percent of all households, are living in Ukhia *upazila* (sub-district), with the second largest group, 17 percent of households, in Teknaf *upazila*. These sub-districts border Myanmar and are the main crossing points for refugees. The Joint Response Plan (JRP) for the Rohingya crisis reports that the majority of the population are women and children (52 percent are women and girls; 55 percent are children under 18).[5] Camp conditions are improving, but there are still major issues. All refugees are facing challenges and significant needs that have not yet been adequately addressed, such as the need for cooking fuel and shortages of firewood (which are creating deforestation), health risks, higher prices in markets,[6] water shortages and protection needs such as lighting at night.[7] Ukhia and Teknaf are areas that are prone to disasters such as cyclonic storms, flooding and, recently, landslides due to indiscriminate deforestation of hills in order to provide shelter for Rohingya refugees. With the monsoon season about to start and running from June to September, access to resources is likely to be further reduced and vulnerability is likely to increase for both refugees and host communities.

1.2 HOST COMMUNITY

The speed and scale of the refugee influx has put great strain on the host population in one of Bangladesh's poorest districts, where levels of food insecurity and unemployment are among the highest in the country, and livelihood opportunities are limited.[8] The added arrival of more than half a million refugees to the existing refugees, concentrated in the two sub-districts of Teknaf and Ukhia, has further depressed the price of labour and has increased food prices.[9] The recently finalized JRP estimates a total of 336,000 people in need in Bangladeshi host communities in these most vulnerable districts.[10]

Depletion of water and firewood supplies was a key concern raised by the host community following the arrival of huge numbers of refugees.[11] An assessment carried out in December by UNDP and UN Women reported that the host community had almost universally negative views of the Rohingya.[12]

1.3 GENDER AND GBV ISSUES IN ROHINGYA AND HOST COMMUNITIES

The Rohingya are a conservative community, with social and cultural norms that create tensions around women's empowerment. Women generally experience barriers to freedom of movement and access to and control over resources, with girls' access and mobility restricted once they reach puberty.[13] An increase in paid work for women has resulted in increased domestic violence in the home and harassment outside it.[14]

A Rapid Gender Analysis (RGA) conducted by CARE reported that, in one camp, every woman and girl was either a survivor of sexual assault or a witness to it from their time in Myanmar, but that women felt relatively safe in camps in Bangladesh.[15] However, various reports have shown that crowded settlements, a lack of appropriate WASH facilities and increased vulnerability are putting women and girls at risk of gender-based violence (GBV),[16] including sexual harassment, assault and sexual

violence,[17] with hundreds of incidents of GBV reported weekly.[18] A lack of lighting is affecting refugees' mobility at night and is of particular concern in relation to risks of GBV.[19] Women's mobility is also restricted by the observance of purdah,[20] which limits their ability to access aid or GBV services,[21] a problem compounded by the stigma faced by GBV survivors and the limited information to which women have access.[22] Adolescent girls are highly vulnerable to GBV threats and have very restricted mobility outside the home, so their access to services and information is even more limited.[23]

Information dissemination still needs to be improved, as does access to GBV services[24] and to sexual and reproductive health (SRH) services, which are hampered by an insufficient number of female doctors and a lack of gender-segregated facilities.[25] The JRP reported that 62 percent of refugees are unable to communicate with aid providers;[26] this figure is likely to be higher for women, given the traditional expectation that they should stay at home and perform care work.[27] The illiteracy rate is reported to be 73 percent, with the preferred method for communication reported as being face-to-face, and *majhis* (camp leaders)[28] are the most common source of information.[29] Female-headed households or households with no male relatives are those least likely to receive information or support.[30] In addition, the fact that almost all *majhis* are men means that the voices of women and girls are often not heard. There is an evident need for female leadership, especially in the Rohingya community; in the host community, there are some female leaders who can be engaged. There is also a need for more female staff to provide services for women and girls.[31]

Cases of child marriage and forced marriage have been documented, involving girls as young as 15 and attributable to poverty and displacement. Forced prostitution and trafficking are also risks faced by women and girls in the camps,[32] and such cases are likely to be under-reported. Polygamy has also been reported to have increased within the Rohingya community as a result of displacement.[33]

Overcrowding is likely to exacerbate many safety risks, such as physical and sexual abuse, and it also means a lack of privacy, especially in WASH facilities. The lack of space for community structures also limits the ability of humanitarian actors to provide protection services, including community centres, child-friendly spaces (CFS) and safe spaces for women and girls.

Women in host communities have reported increased limitations on their freedom of movement and have expressed fear of the new arrivals, due to overcrowding and the lack of privacy.[34] The risk of GBV is high in the host community and is likely to increase in times of economic stress.[35]

As in the Rohingya community, child marriage is common in the host community, and is used by poorer households as a coping strategy in times of crisis.[36] Domestic violence is also common in both communities,[37] with women the primary victims and their husbands the perpetrators, with an increased risk of domestic violence in the Rohingya community since displacement.[38] This is perceived as an issue to be dealt with internally by the family, with no external interference.[39] Female-headed households are likely to be much more vulnerable. The IOM's Needs and Population Monitoring (NPM) report estimates that 12 percent of households in the Rohingya community are likely to be female-headed and that 17.35 percent of the Rohingya mothers are single mothers.[40] Research for the ACAPS Host Community Review found that, as of December 2017, 45 percent of female-headed households in the host community were vulnerable or very vulnerable, compared with 35 percent of male-headed households.[41] The Rohingya Emergency Vulnerability Assessment (REVA) assessment from December 2017 concludes that food insecurity for women in the host community is almost as bad as for the Rohingya community, with only one in three women having access to a diversified diet.[42]

Gender inequality and GBV are often indirect causes of undernutrition in humanitarian settings, especially among women, adolescent girls and children. According to IASC's GBV guidelines, gender-inequitable access to food and services is a form of GBV that can, in its turn, contribute to other forms of GBV.[43] A SMART survey on nutrition showed that 19 percent of children in makeshift

settlements, 24.3 percent of children in the Kutupalong refugee camp and 14.3 percent of children in the Nayapara camp were suffering from global acute malnutrition (GAM).[44]

This gender analysis plays a critical role in ensuring that humanitarian actors take into consideration the needs, capacities, priorities, gender-related contextual influencing factors and scope of intervention for men, women, girls and boys in the current crisis. In addition, women's voices have rarely been heard in this response and there is a need for better integration, consultation and empowerment of women and girls. This analysis is a first step in that direction.

1.4 OBJECTIVES OF THE GENDER ANALYSIS

The aim of the analysis is to identify the different needs, interests, risks and vulnerabilities of women, girls, boys and men in the affected areas. The analysis will inform current and future programming by Oxfam, Action Against Hunger and Save the Children and also that of CARE International, UN Women, UNHCR and other actors through the Inter Sector Coordination Group (ISCG). It will serve as a tool for advocacy and will inform the wider humanitarian response.

Its specific objectives are to:
- Identify differing gendered needs, interests and capacities relating to relevant sectors (WASH, Emergency Food Security and Vulnerable Livelihoods (EFSVL), Nutrition, Protection) of women, men, boys and girls in both refugee and host communities;
- Identify differing gendered impacts of coping mechanisms, relations and roles of women, men, boys and girls, as well as the existing context and opportunities for economic empowerment in both refugee and host communities;
- Identify gender norms, attitudes and beliefs that drive risks and vulnerabilities in both refugee and host communities, including harmful social and traditional norms;
- Identify opportunities for increasing the voice and participation of women and girls in decision making and humanitarian design and planning in both refugee and host communities;
- Identify the specific needs of survivors of sexual and gender-based violence (SGBV) and the extent to which the current response is preventing and responding to SGBV (in line with the relevant IASC Guidelines) in both refugee and host communities;
- Identify the level of disaster preparedness of women, men, boys and girls, as well as potential coping mechanisms and support needed in both refugee and host communities;
- Develop actionable recommendations for each sector/cluster to ensure that women and girls have equal access to, and benefit from, the humanitarian response in both refugee and host communities.

2 METHODOLOGY

2.1 DATA COLLECTION METHODS

The assessment used mixed methods, consisting of a desk review of extensive secondary data, qualitative methods such as focus group discussions (FGDs) and key informant interviews (KIIs) and quantitative methods using the SurveyCTO data collection tool and direct observations. The desk review provided an understanding of the current situation and a preliminary analysis of gender gaps, while a review by technical teams ensured that the data collection questions were appropriate. The four techniques used for the collection of primary data (SurveyCTO data collection using handsets, KIIs, FGDs and direct observation) formed the basis of the rest of this report.

A team of 24 enumerators – 10 male and 14 female, from Oxfam, Action Against Hunger and Save the Children and including gender and monitoring, evaluation, accountability and learning (MEAL) staff from all three organizations – collected and cleaned the data. The enumerators received three days of training on how to conduct a gender analysis and the techniques to be used, as well as on the three organizations' codes of conduct. A reaction protocol was set up to deal with potential disclosures during FGDs or KIIs, including training on safe and ethical referral.

Once the data was collected, a team of gender staff from Oxfam, Action Against Hunger, Save the Children, CARE International, UN Women and UNHCR worked jointly on the analysis and on the production of this document.

2.2 SAMPLING

The gender analysis was designed to ensure proper representation of both refugee and host communities. The initial intent was for the survey sample to be 70 percent refugees and 30 percent host community. There are now close to a million Rohingya refugees living alongside host communities, but the hosts comprise only around 0.25 percent of the total population. Therefore, the sample size for the survey was computed based on the household population of the camps and the surrounding host communities, with a 95 percent level of confidence and 5 percent margin of error (Table 1).

Table 1: Sampling exercise prior to data collection, and number of households

Camp/host community	Households	Population	Sample size computation	
Nayapara Expansion	5,887	14,002	6%	21
Unchiprang	4,619	19,502	4%	17
Camp 3	9,109	43,079	9%	33
Camp 4	7,191	28,263	7%	26
Camp 17	1,127	1,740	1%	4
Camp 12	4,896	23,726	5%	18
Camp 19	4,354	20,395	4%	16
Camp 10	8,060	37,096	8%	29
Camp 18	6,801	32,274	6%	25
Camp 2E	6,573	38,878	6%	24

|				
Camp 2W	5,458	28,095	5%	20
Camp 7	5,458	44,965	5%	20
Camp 6	5,694	27,144	5%	21
Camp 5	6,153	29,789	6%	22
Camp 8E	7,730	37,500	7%	28
Camp 8W	7,420	32,078	7%	27
Camp 9	8,648	40,755	8%	31
Total	**105,178**	**499,281**	**100%**	**383**

To support the findings of the survey and to ensure the inclusion of host community views in the analysis, a higher number of FGDs was conducted with members of host communities. All of the four data collection techniques (survey, FGDs, KIIs and observation notes) were employed in the two main refugee camp areas of Ukhia and Teknaf in the Cox's Bazar district, focusing on the Kutupalong–Balukhali mega-camp as well as on the camps in Unchiprang and Nayapara and the host communities around these camps.

For the survey, data was in the end collected from a total of 482 households (more than the intended sample size shown in Table 1). The breakdown of respondents is shown in Figures 1–5.

Figure 1: Respondents segregated by gender

- Male 36%
- Female 64%
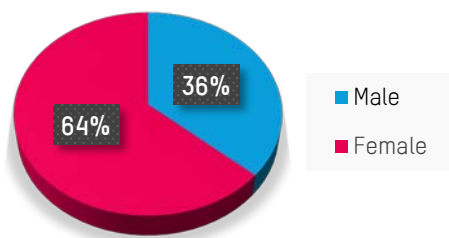
Figure 2: Respondents by area

- Ukhia 90%
- Teknaf 10%
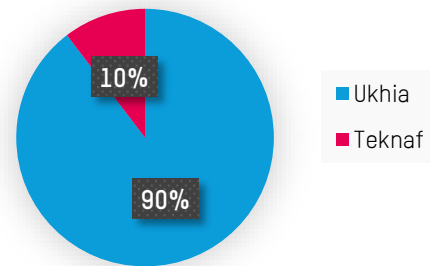
Figure 3: Respondents by category

- Host 9%
- Refugee 91%
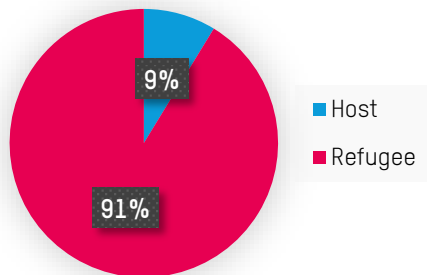
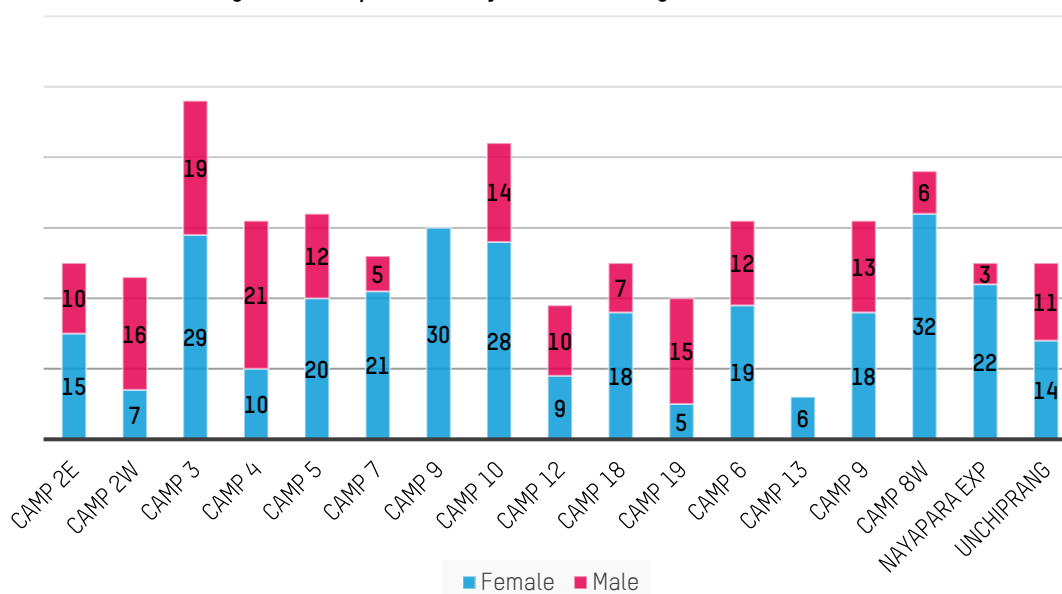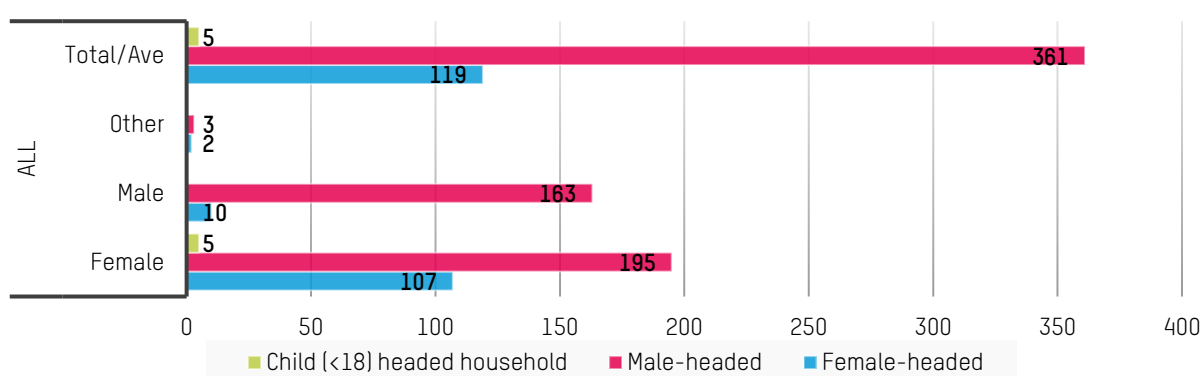**Figure 4: Respondents by location and gender (individuals)**

Figure 5: Profile of respondents: heads of households

To balance the host/refugee ratio obtained from the sampling, the 21 FGDs conducted were split as shown in Table 2.

Table 2: Breakdown of FGDs

Gender	Category	Location	Number of FGDs
Female	Refugee	Unchiprang, Nayapara, Balukhali, Kutupalong	6
Female	Host	Nayapara, Unchiprang, Zadimura, Ukhia	5
Male	Refugee	Kutupalong, Balukhali, Unchiprang	5
Male	Host	Ukhia, Nayapara, Unchiprang	5

To balance the survey and the FGDs, a total of 27 KIIs were conducted with local formal and informal leaders, such as leaders of women's groups, female and male volunteers, leaders of local host communities, *majhis* (camp and block), religious leaders and teachers (including madrasa teachers). A further seven interviews were conducted with members of the host and refugee communities who were not leaders in their community, but nevertheless provided useful information. The full breakdown of KIIs is shown in Table 3.

Table 3: Breakdown of KIIs

Gender	Category	Location	Number
Female KII	Refugee	Unchiprang, Nayapara, Balukhali	4
Female KII and community interview	Host	Jadimura, Ukhia, Balukhali, Kutupalong	4 + 3
Male KII and community interview	Refugee	Nayapara, Balukhali, Unchiprang, Kutupalong	15 + 2
Male KII and community interview	Host	Unchiprang, Razpalong	4 +2

Observations were made in all four camps – Balukhali, Kutupalong, Unchiprang and Nayapara – to inform this document.

In addition, and using different tools, Save the Children conducted a safety audit and assessment with 207 children and adolescents (106 boys and 101 girls) to ensure that young people's voices were heard. The children were aged 8–12 years and the adolescents 13–17 years, and eight areas were covered (Camps 10, 18 (Zones SS and XX), 17, 4, 1W and 1E and Chakmarkul). The audit was conducted using a participatory methodology designed for children that engages with boys and girls to identify the risks they face and to provide recommendations to mitigate and address these risks. Issues relating to the monsoon season were also discussed. The activity was designed to consult boys and girls separately and children and adolescents separately. In a few of the sessions girls and boys worked together, but particularly when discussing sensitive issues the groups were segregated.

Save the Children also conducted an adolescent needs assessment reaching 416 adolescents (160 boys and 256 girls) through a survey using the KoBoCollect tool. The aim of the assessment was to identify the needs and priorities of adolescent girls and boys and the barriers to adolescent girls accessing common play areas (girl- and child-friendly space) and learning spaces. Of the respondents, 8 percent were children with disabilities, though no detailed information was collected on the nature of disability. Figure 6 shows a breakdown of respondents.

Figure 6: Profile of respondents according to sex and location
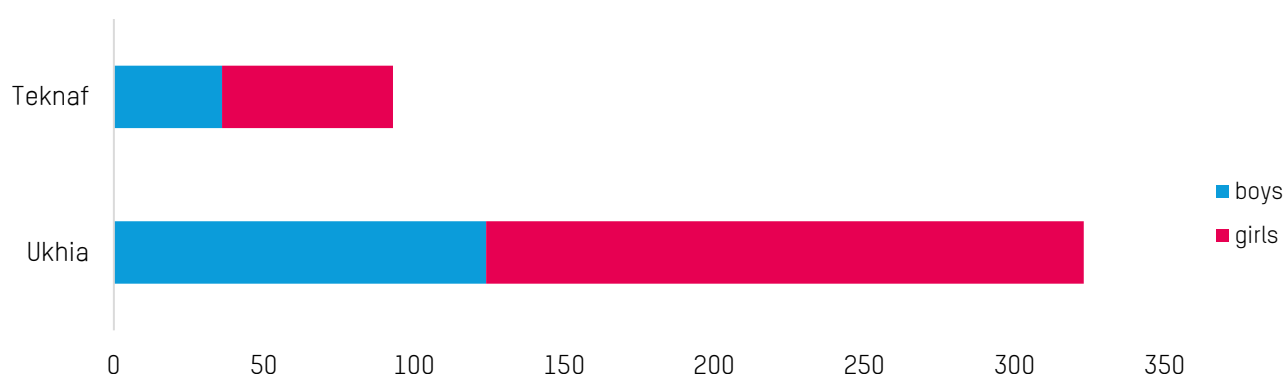
These findings have been included in the general analysis below, and also highlighted separately where relevant.

2.3 CHALLENGES AND LIMITATIONS

All data collection documents were translated from English to Bangla, as none of the enumerators spoke English. In addition, the data collected from the refugee community had to be interpreted from the Rohingya language. Having multiple translations – both ways, from English to Bangla to Rohingya and also from Rohingya to Bangla and then to English for the analysis – inevitably meant that many nuances of the conversations were lost in the analysis.

The three-day training on data collection left very little time for the KII module or to ensure that the survey and FGDs were well understood and to incorporate all the interpreting. This showed in the results; the KIIs were primarily conducted with male respondents, and the seven interviews conducted with regular community members did not give a wider view of the community and left some questions unanswered.

Another limitation was that in the FGDs with men the answers and documentation were limited. It was unclear whether this was due to the enumerators' ability to probe or to the fact that many questions were related to issues around GBV. In a few of the FGDs with women, it was noted that younger participants were not at ease discussing or sharing their experiences in front of older women and that most of the time the older women were dominating the conversation.

Challenges were faced in engaging adolescent girls in locations that lacked a girl-friendly space, as girls – adolescent girls in particular – face restrictions on their access to public spaces and their ability to leave their homes and move around the camp.

In general, when survey findings and the findings from the FGDs and KIIs were contradictory, the latter were thought to be more reliable than the responses given to the survey. This could be because respondents did not fully understand the questions they were being asked, or because the enumerators rushed through questions due to the large number of points covered in the questionnaire.

3 FINDINGS OF THE GENDER ANALYSIS

3.1 ACCESS TO WASH FACILITIES

Based on observations and the findings from the FGDs and KIIs, people have access to basic water, sanitation and hygiene (WASH) facilities in the camps and in host communities. However, there are improvements to be made in terms of the number of facilities, their location and their design. One of the survey questions was about the time needed to collect water: 66 percent of respondents said that they spent on average less than 30 minutes per trip to collect water, 11 percent said 30–60 minutes and 20 percent said more than 60 minutes, as shown in Table 7. Few differences were observed if responses were segregated by gender, suggesting that either the men were responding for the women's time or the men were also responsible for water collection.

Figure 7: Time spent collecting water
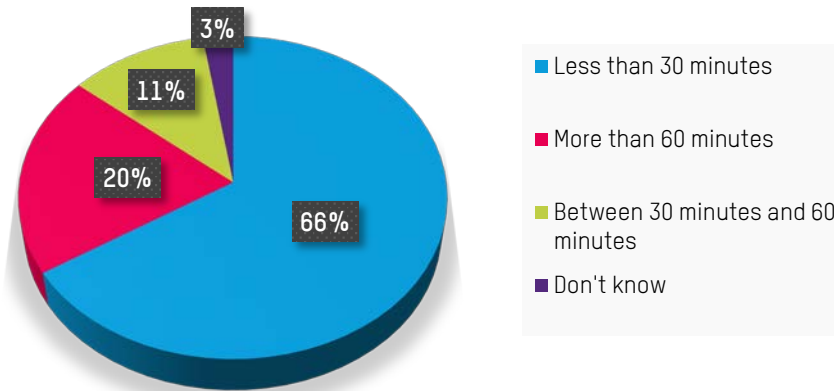
Given that the average family has 5–6 members, and taking into account the size of water containers, it is very likely that water needs to be fetched on average five times each day to accommodate all the drinking, washing and cooking needs of a typical family. This means that on average a woman spends 2.5 hours a day collecting water, though men and children also help with water collection.

Female participants in an FGD in the host community, in Nayapara, said that now that refugee communities were using their water points they no longer felt safe sending their daughters to collect water. Women in two other FGDs, in Ukhia and Zadimura, said that there was water shortage as a result of the refugees' presence, a point that was also mentioned in three male FGDs.

When asked whether they had been consulted by NGOs on the locations of WASH facilities, the answers from male and female participants in both Rohingya and host communities were very similar, with around 60 percent saying that they had been consulted (Figures 8a–10b).
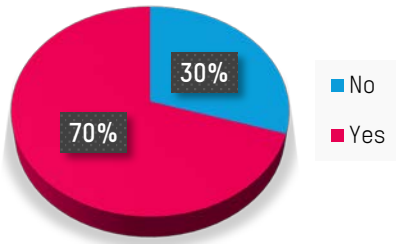
Figure 8a: Were you or your family consulted by an NGO before water point installation? (male)
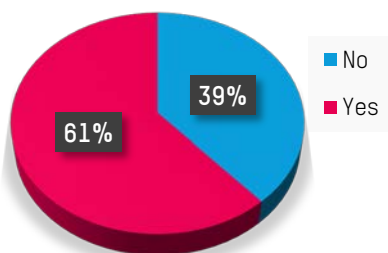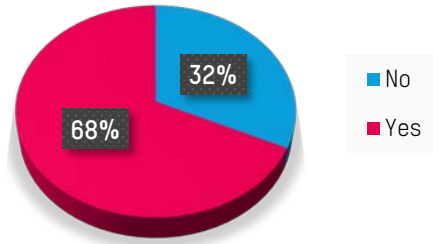

Figure 8b: Were you or your family consulted by an NGO before water point installation? (female)
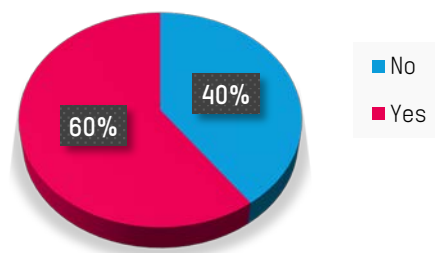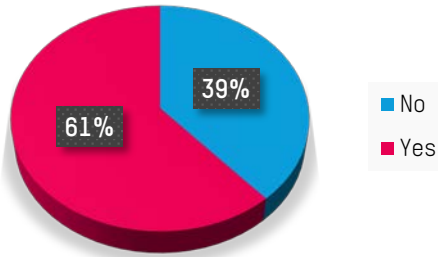
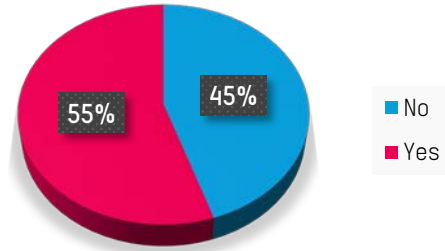**Figure 9a: Were you consulted on the location of latrines? (male)**

Figure 9b: Were you consulted on the location of latrines? (female)

**Figure 10a: Were you consulted on the location of bathing facilities? (male)**

**Figure 10b: Were you consulted on the location of bathing facilities? (female)**

However, feedback from the FGDs and KIIs reveals that beneficiaries do not have information regarding humanitarian services or assistance. Participants in 10 of the 21 FGDs said that NGOs did not seek feedback from them, with only two groups (both female refugee) saying that they had had NGOs question them on their specific needs and preferences. This suggests that the questions may not have been correctly understood by the respondents, either due to translation issues or rushing through the questionnaire, both issues mentioned under challenges.

Asked whether WASH facilities were safe, at least 62 percent of respondents answered yes to the three questions, with similar answers for men and women (Figures 11a–13b).
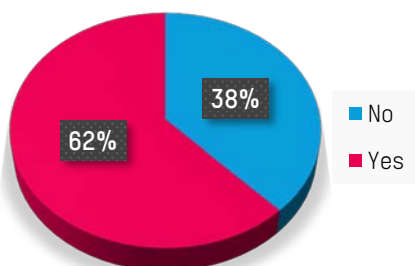
Figure 11a: Do you think that the location of the water point is safe? (male)
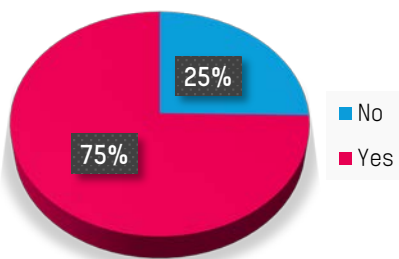
Figure 11b: Do you think that the location of the water point is safe? (female)
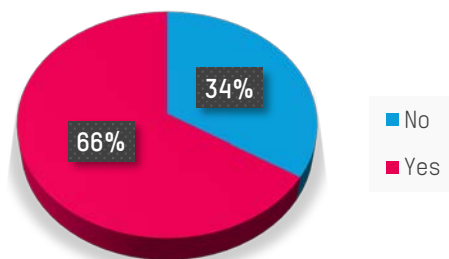
Figure 12a: Do you have access to a safe place for bathing? (male)

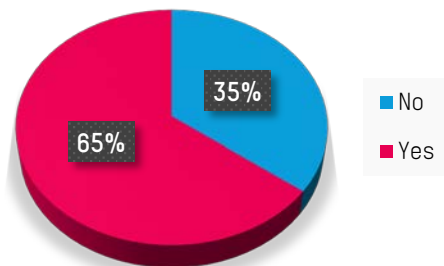**Figure 12b: Do you have access to a safe place for bathing? (female)**

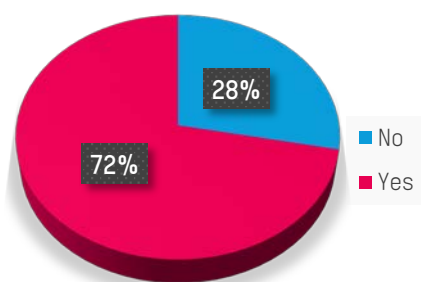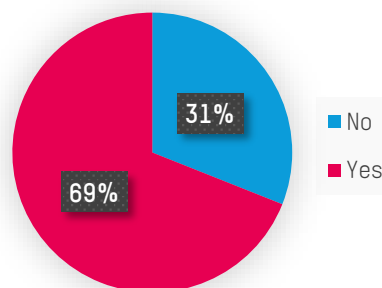**Figure 13a: Do you have access to safe latrines? (male)**

- No
- Yes

28%
72%

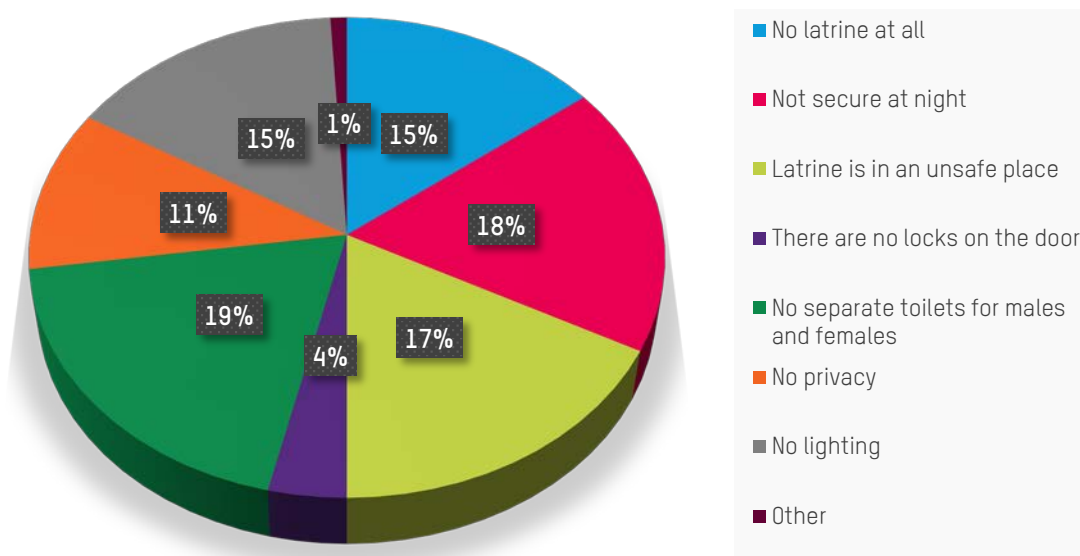**Figure 13b: Do you have access to safe latrines? (female)**

- No
- Yes

31%
69%

However, it is important to note the observation by the enumerators that the concept of safety was not sufficiently understood and that more research is needed to understand the differences between the way the term 'safety' is used by humanitarian actors and the way it is translated and used in communities. More research is needed to understand how communities understand safety.
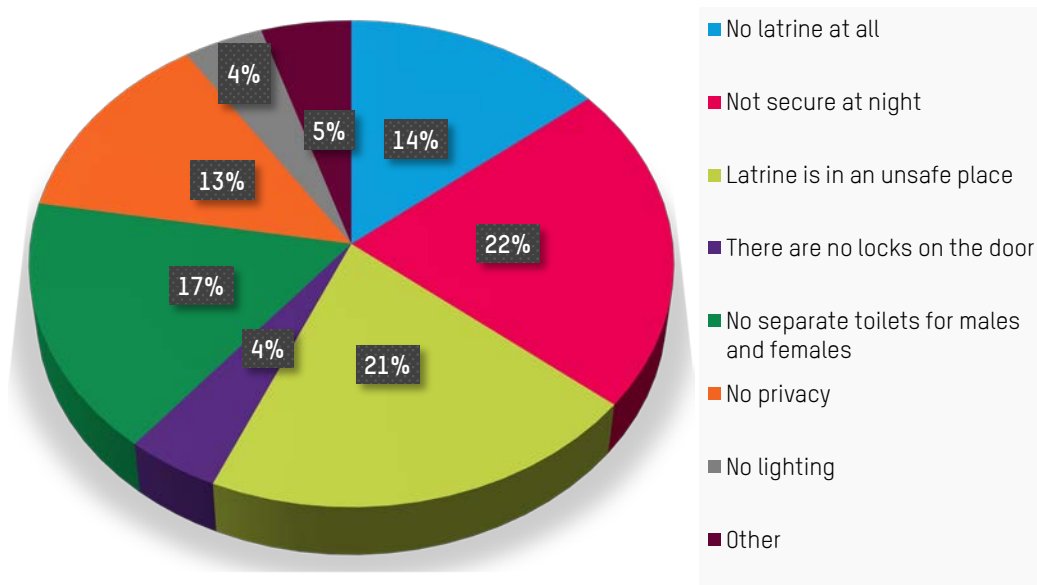
The FGDs painted a different picture to that implied by the survey. A female member of the host community, in an FGD in Nayapara, claimed that WASH facilities were not women-friendly (a point that was confirmed by observations in both communities). Women taking part in all-female FGDs in the refugee community said that they could not bathe and wash their clothes regularly, that there was no privacy and that it was not safe for women and children at night (five FGDs with women refugees in all four locations, as well as one with male refugees in Kutupalong). Three FGDs (both female and male) and one key informant mentioned the large number of families using the same latrine as a concern among both women and men in the refugee community (reportedly 12–20 families, so roughly 80–100 individuals).

Some organizations are providing bathing facilities for women, but such facilities are not available in all camp areas. The number of segregated toilets is insufficient for the refugee community and overall there are not enough latrine facilities for the host community, as noted by observation. There were a number of reasons why people found WASH facilities unsafe. Of those who answered that latrines were unsafe, the biggest reason given by men was no segregation (19 percent) and by women night-time security (22 percent). No privacy was given by 11 percent of men and 13 percent of women (Figures 14a and 14b).

Figure 14a: Reason why you think latrines are unsafe (male)

1%
15%
15%
18%
11%
19%
4%
17%

- No latrine at all
- Not secure at night
- Latrine is in an unsafe place
- There are no locks on the door
- No separate toilets for males and females
- No privacy
- No lighting
- Other

Figure 14b: Reason why you think latrines are unsafe (female)

Legend:
- No latrine at all
- Not secure at night
- Latrine is in an unsafe place
- There are no locks on the door
- No separate toilets for males and females
- No privacy
- No lighting
- Other

(Pie values: 14%, 22%, 21%, 4%, 17%, 13%, 4%, 5%)

On reasons why bathing places were seen as unsafe, the largest number answered that there simply were no bathing places (37 percent of men and 31 percent of women), followed by location (15 percent of men and 11 percent of women) and night-time security (6 percent of men and 17 percent of women), as shown in Figures 15a and 15b.

Figure 15a: Reason why you find bathing places unsafe (male)
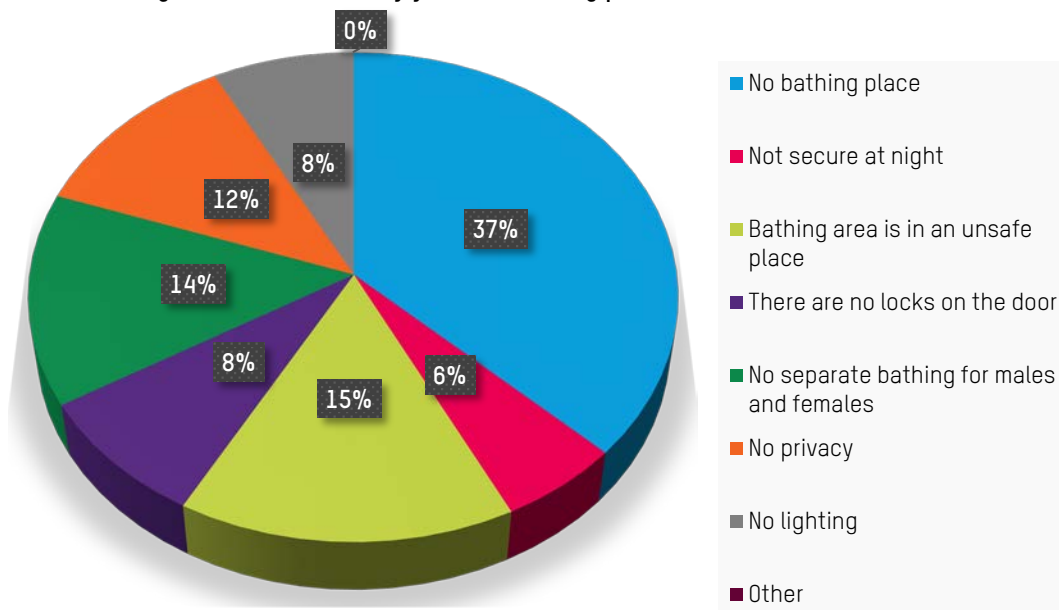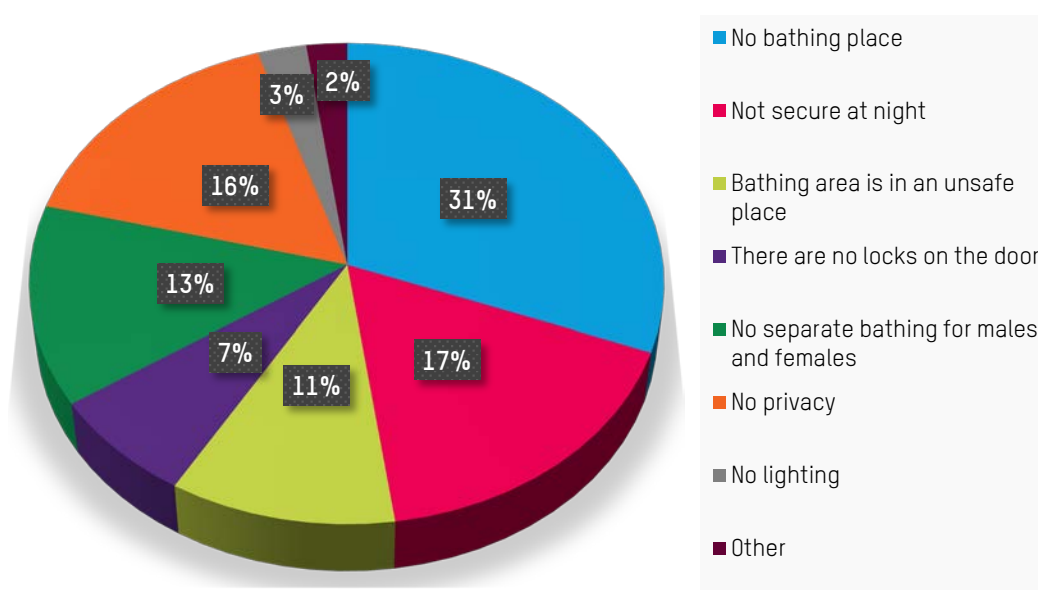

Legend:
- No bathing place
- Not secure at night
- Bathing area is in an unsafe place
- There are no locks on the door
- No separate bathing for males and females
- No privacy
- No lighting
- Other

(Pie values: 0%, 8%, 12%, 14%, 8%, 15%, 6%, 37%)

Figure 15b: Reason why you find bathing places unsafe (female)

Legend:
- No bathing place — 31%
- Not secure at night — 17%
- Bathing area is in an unsafe place — 11%
- There are no locks on the door — 7%
- No separate bathing for males and females — 13%
- No privacy — 16%
- No lighting — 3%
- Other — 2%

These findings were confirmed by the FGDs and KIIs. Participants reported that, with regard to latrines and bathing places, women's needs were not being adequately met as they did not feel safe using the facilities at night and there was no segregation of facilities for men and women (this point was mentioned in both male and female FGDs). Participants in two female FGDs in the refugee community said that, to cope with this problem, they went to latrines and bathing facilities in pairs. An additional issue emerging for the host community was a scarcity of water as a direct result of the influx of Rohingya refugees; this was mentioned in all the host community FGDs and in six KIIs.

In addition, in the safety audit children and adolescents raised issues about safety when accessing WASH facilities. Girls (both children and adolescents) raised concerns that latrines were being used by both men and women, which often prevented them from using these facilities, due to the lack of segregation and privacy. Girls also complained about long queues, overcrowding and the lack of lighting at night, all of which inhibited their ability to use latrines. Boys (both children and adolescents) raised concerns around the proper maintenance of latrines (e.g. bad smell, full pit) and lack of lighting. Of the boys surveyed, 37 percent felt that tube wells themselves were safe from the point of view of drinking water quality and construction (e.g. floors are made of concrete slabs). However, a majority felt unsafe when using these wells because of the long queues (which children must join). All girls surveyed felt that fetching water from tube wells was unsafe, as most wells are located far from home. Adolescent girls emphasized that the presence of men at wells made them feel uncomfortable, and there have been cases of adults preventing girls from collecting water and even extorting money from them.
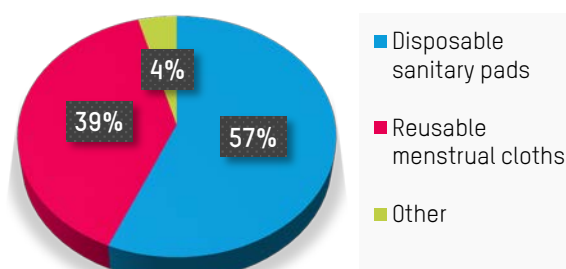
3.2 MENSTRUAL HYGIENE MANAGEMENT (MHM)

For women in both refugee and host communities, MHM practices were different before the influx of refugees. Taking the communities' answers together, 74 percent of women used reusable cloths before the crisis and 39 percent are still doing so, while the use of disposable sanitary pads has increased from 23 percent to 57 percent (Figures 16a and 16b).

**Figure 16a: MHM practice before the crisis**

- 23% Disposable sanitary pads
- 74% Reusable menstrual cloths
- 3% Other
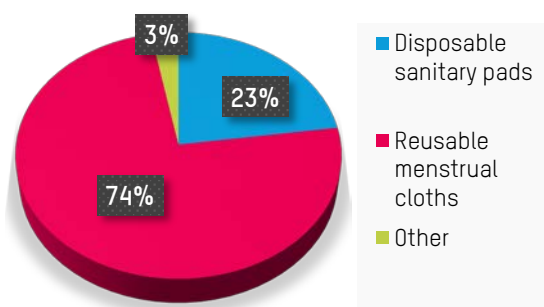
Figure 16b: MHM practice now

- 57% Disposable sanitary pads
- 39% Reusable menstrual cloths
- 4% Other

However, only half of all female respondents to the survey said that their hygiene needs were being met (Figure 17).

**Figure 17: Are your menstrual hygiene needs being met?**

- 50% No
- 50% Yes
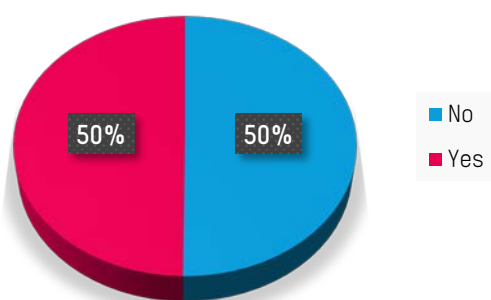
Specific difficulties mentioned by women in FGDs in both host and refugee communities included insufficient water, lack of areas for drying menstrual hygiene items and various restrictions for women when on their periods. Participants in four FGDs (across all areas and groups) reported that they did not have enough water to be able to wash the cloths they are using and did not have a space to dry them that was hidden from men. Restrictions were reported in four (different) female FGDs (across all areas and groups), such as not being allowed to go outside for a minimum of two days, and being prohibited from cooking. The restrictions reported were similar in both host and refugee groups; however, women in the host community seemed to be more aware of different ways to manage menstrual hygiene.

Asked whether they reused materials or disposed of them, 36 percent of all women (in refugee and host communities) said that they washed and dried them for reuse, while 33 percent buried used materials (Figure 18). These findings were confirmed by the FGDs.

Figure 18: Disposal of menstrual hygiene materials
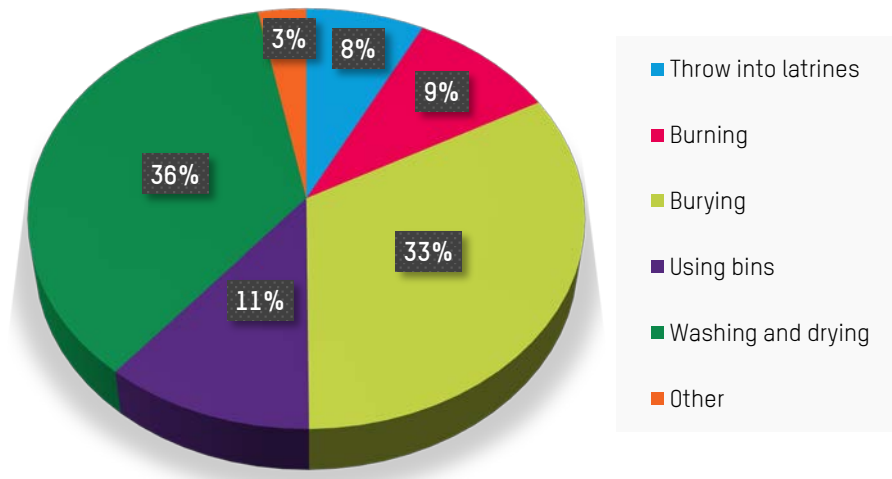
Participants in three female FGDs in refugee camps said that as soon as a girl experiences her first menstruation she has to start wearing a burka, stop going to school and stop talking with boys, though the enumerators did not investigate further how this could be changed.

Save the Children's adolescent needs assessment found that only 25 percent of girls are able to meet their menstrual hygiene needs (Figure 19). The majority of these are in Ukhia, where needs are being met through distributions (92 percent) and by buying items in local stores.

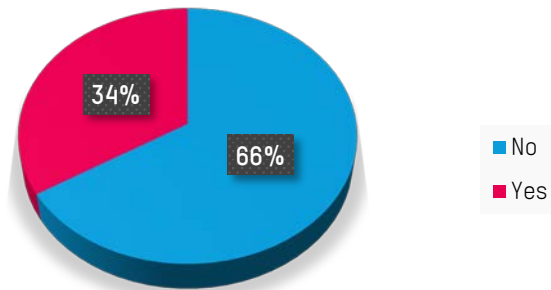Figure 19: Status of Menstrual Hygiene Needs of Adolescent Girls
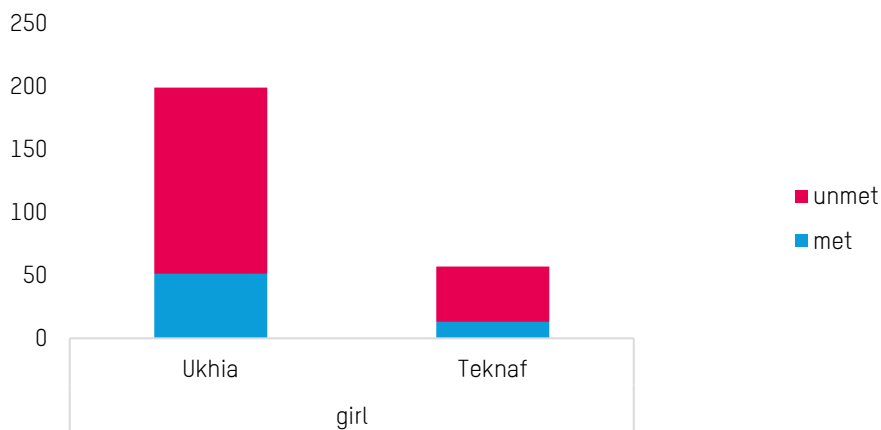
3.3 EMERGENCY FOOD SECURITY AND VULNERABLE LIVELIHOODS (EFSVL)

In terms of access to food security and livelihoods, all those taking part in the FGDs, across gender and groups, reiterated the need for income-generating activities (IGAs). Participants in host community groups all said that they were facing a number of issues as a result of the arrival of so many refugees, confirming the findings of an earlier ACAPS Host Review report, particularly in relation to increased market prices and depressed prices for labour.[45] It was mentioned in all the male FGDs in the host community how much incomes had declined as a result.
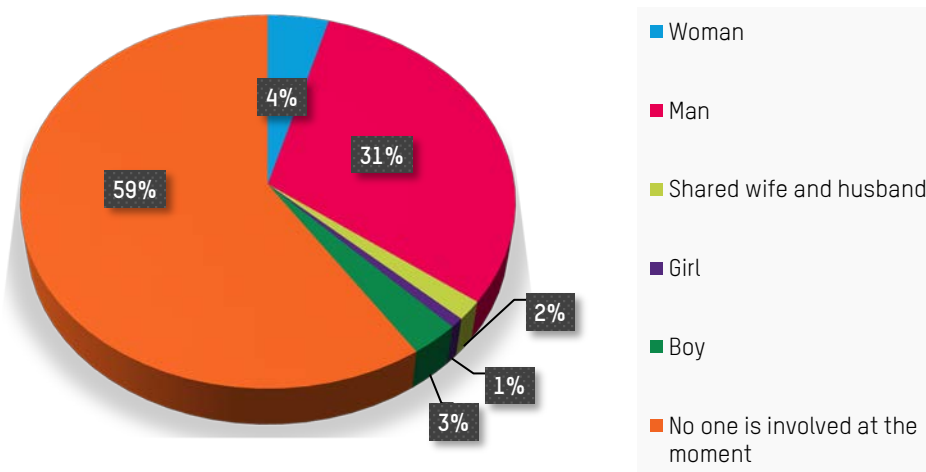
In the refugee community, FGD participants highlighted the difference in their ability to earn money in their current situation compared with before their displacement. These findings were confirmed by the survey: only 34 percent of all respondents (both host and refugee) said that they had a source of income (Figure 20). When asked who was involved in IGAs, 59 percent said that they were not involved in such activities at the moment. Of households who were involved, in 31 percent of cases it was the man in the family and in 4 percent of cases the woman (Figure 21).

**Figure 20: Does your family have a source of income?**

34%
66%

■ No
■ Yes

Figure 21: Person in the family involved in IGAs

4%
31%
59%
2%
1%
3%

■ Woman
■ Man
■ Shared wife and husband
■ Girl
■ Boy
■ No one is involved at the moment

When asked whether that person shared the income with their family, 59 percent of all respondents said that they did not (Figure 22). This indicates that, within the family, it is men who are likely to have all the decision making power over any expenditure.

**Figure 22: Do they share the income with the family?**

33%
59%
8%

■ Yes
■ Only a part
■ No
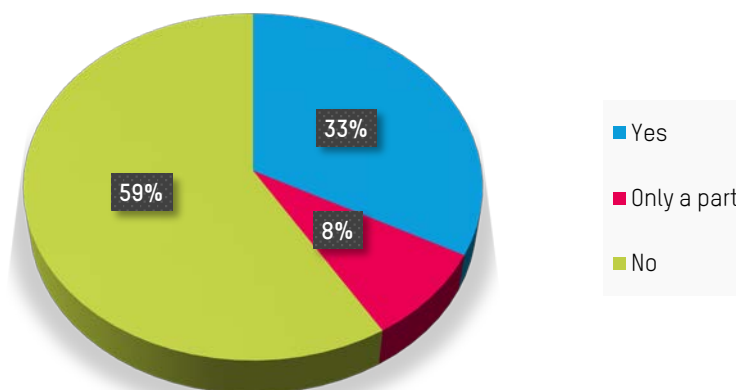
In terms of skills, female participants in the FGDs and KIIs, across the two communities, said that they had skills in (or were interested in) tailoring, sewing, handicrafts, cooking, making fishing nets (host community), making prayer mats, homestead vegetable gardening, rearing poultry and taking care of children and elderly family members. Men mentioned farming, carpentry, shopkeeping, day labouring, fishing and fish farming. More than half of respondents in the FGDs and KIIs, across groups and genders, appealed to the enumerators for NGOs to support them by providing training on IGAs and general life skills. They wanted agencies to empower them by providing livelihood opportunities; one male refugee said: 'We don't have any work, no one gives us work. We want work, whatever there is.' Both male and female participants in the refugee community said that there was no scope for them to use their skills in the camps and that they were dependent on support from humanitarian organizations.

It is worth noting that, when asked about the possibility of women engaging in IGAs, participants in three male FGDs in the refugee community were very much against the idea of women's economic empowerment. A male refugee in Unchiprang said, for example: 'Women should spend their time on looking after their family, nothing else. If there is no male member of the family, those women can work to earn money.' This suggests that women can work in only certain circumstances. Another male refugee in Kutupalong said: 'According to Islamic roles, women are not allowed to go outside for earning.' In the host community, however, men were much more open to the idea of women working and supplementing the family's income.

With regards to adolescents and children, the safety audit showed that food distribution centres were considered unsafe by both boys and girls, due to distance, overcrowding and the behaviour of some volunteers from the Rohingya community engaged by aid agencies to support. The behaviour of volunteers was the most commonly cited reason for the lack of safety; boys have allegedly experienced more physical violence or criticism from volunteers and allegedly are more vulnerable to extortion than girls (e.g. demands for money in return for food supplies). Boys also reported issues at nutrition distribution points sometimes known as centres (catering to children under 5, pregnant women and lactating women only) due to overcrowding and because volunteers allegedly beat children, both girls and boys.

Save the Children's adolescent needs assessment showed that safety and security and food are the top two priorities for both boys and girls. Currently, food needs in the camps are being met through a combination of aid distributions (90 percent), buying food in the market (33 percent) and household gardening (5 percent) (Figure 23). Other means of accessing food include the bartering of aid items.
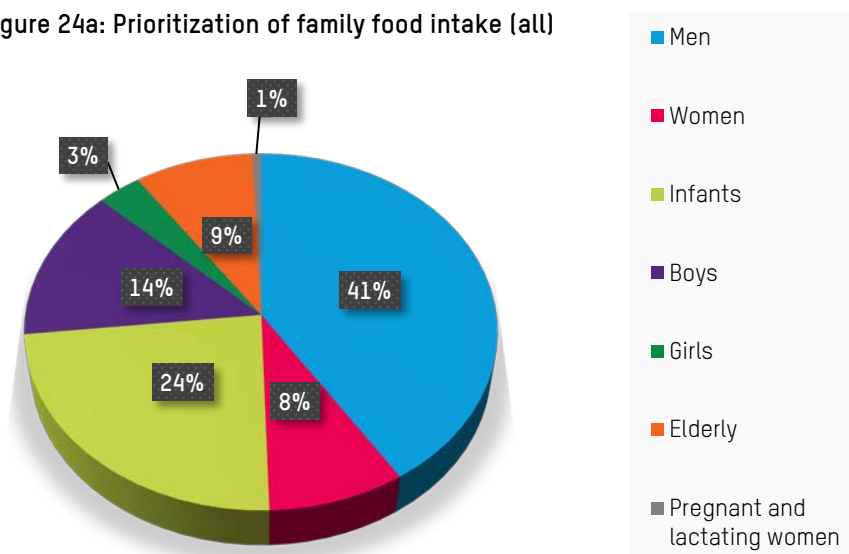
Figure 23: How are Food Needs Being Met?
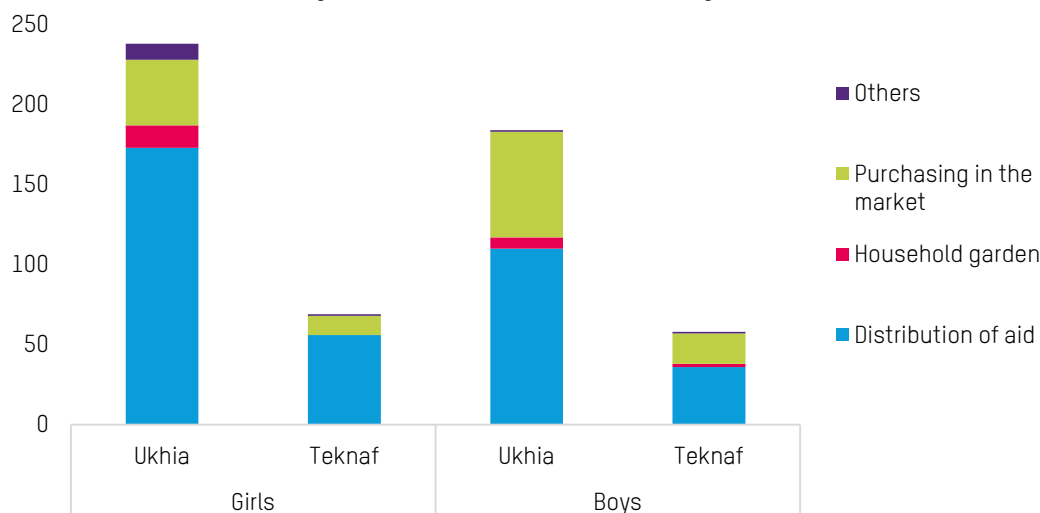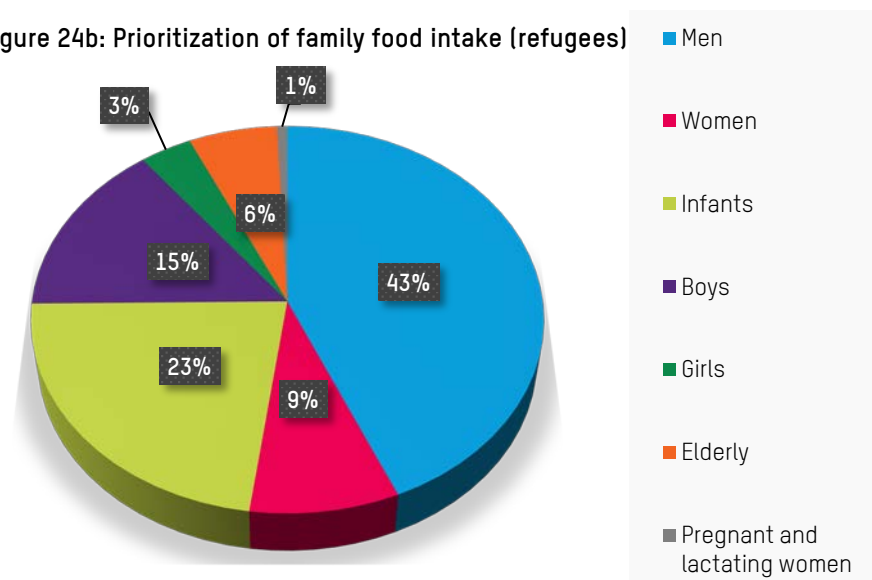
3.4 NUTRITION ISSUES

According to the enumerators' observation notes, children inside the camps, especially those under five years old, are suffering more undernutrition problems than children in registered camps and in the host community. Some children are enrolled in treatment and prevention programmes, but awareness and positive nutrition practices were both found to be significantly less widespread among caregivers, who lack the resources to prevent malnutrition.

Nutritious food and timely food intake are both important to protect children from malnutrition. The survey explored cultural practices that affect food intake by gender. It showed that, across both communities, men (41 percent) and boys (14 percent) are more often prioritized to eat first in the family, ahead of women (8 percent) and girls (3 percent). Elderly people received priority in only 9 percent of cases. The findings for refugees alone were very similar, with men (43 percent) and boys (15 percent) receiving greater priority and first access to food compared with other family members (Figures 24a and 24b).

Figure 24a: Prioritization of family food intake (all)

Legend: Men, Women, Infants, Boys, Girls, Elderly, Pregnant and lactating women

Values shown: 41%, 8%, 24%, 14%, 3%, 9%, 1%

Figure 24b: Prioritization of family food intake (refugees)

Legend: Men, Women, Infants, Boys, Girls, Elderly, Pregnant and lactating women

Values shown: 43%, 9%, 23%, 15%, 3%, 6%, 1%

Therefore, women and young children (especially girls), as well as elderly people, might be at higher risk of undernutrition due to the lack of a minimum acceptable diet, low-nutrition food and a lack of dietary diversity. Men, infants and boys are served first due to likely beliefs prevalent in the community that men and boys deserve better food as breadwinners and require more nutrition as they do heavier work, despite the huge burden of care work placed on women. As food is in short

supply, women eat last in the household, while men and boys are prioritized. Even pregnant and lactating women are discouraged from eating before men, and in addition they face harmful traditional practices such as prohibitions on eating different types of nutritious food during pregnancy and lactation (e.g. different types of fish, vegetables and spinach that are believed to cause allergies). Women taking part in FGDs and KIIs knew about the importance of continuing breastfeeding up to two years of age, but they also said that they had limited time for childcare due to the high burden of responsibility for family care, which limits their ability to do this. Nutrition workers on the ground have noticed a lack of prioritization for infant and young child feeding (IYCF), which puts children at risk of undernutrition.

The survey revealed that men were the decision makers in the family when it came to purchasing food or groceries (65 percent) and were also in charge of receiving food vouchers (48 percent) (Figures 25 and 26). Men therefore play an important role in the purchase of nutritious food. The FGDs in the refugee community indicated that consultation with women and girls was lacking, which limits their opportunities to voice an opinion on their food needs or to participate in family decision making. In the host community FGDs, women were found to have slightly more decision making power in this regard.

Figure 25: Who buys groceries, vegetables and other food items from local shops most of the time?
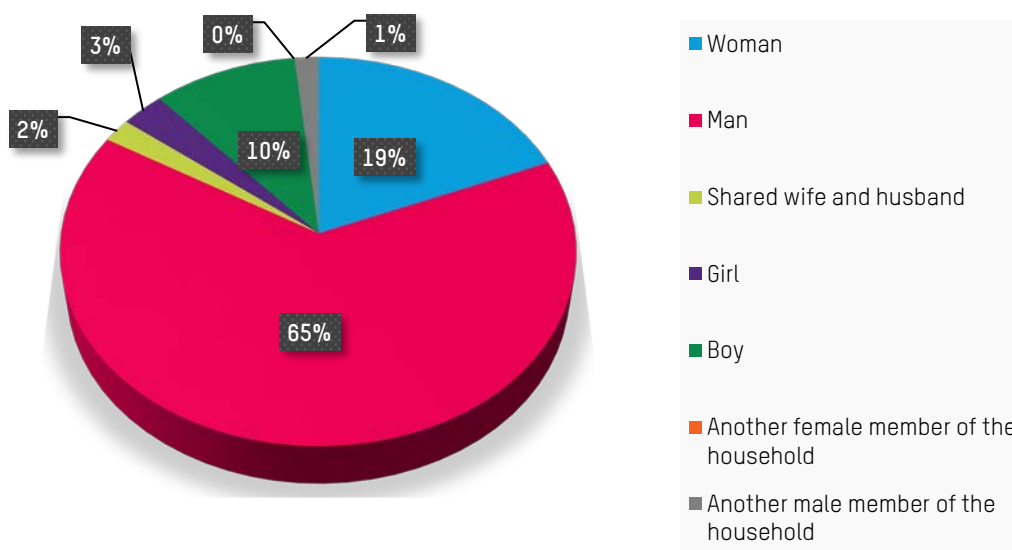

Figure 26: Who is in charge of receiving food vouchers?
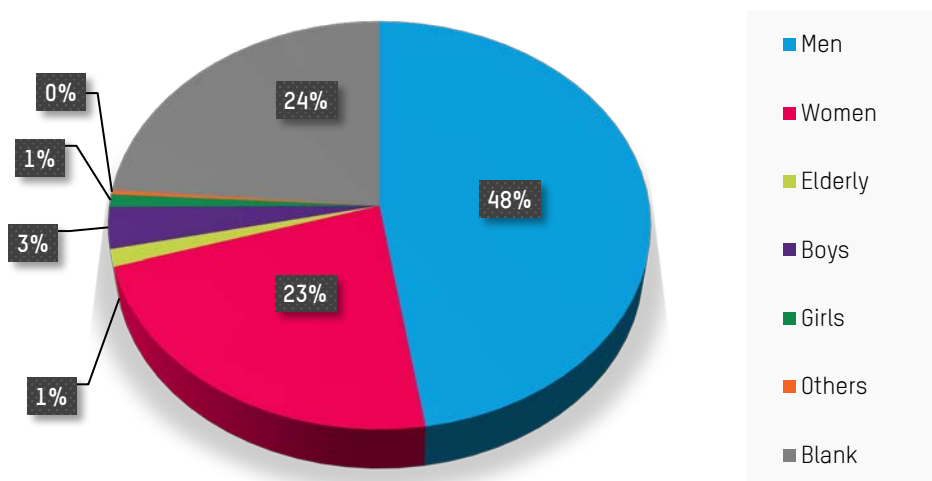
Although some agencies are prioritizing women for food aid, it is primarily men who receive food vouchers and also men who manage aid items and other resources. Managing aid items is most often a decision made by men (49 percent), while 32 percent of respondents said that it was a shared decision between husbands and wives, and 17 percent said that women decided (Figure 27).

Figure 27: Household decision making on managing aid items
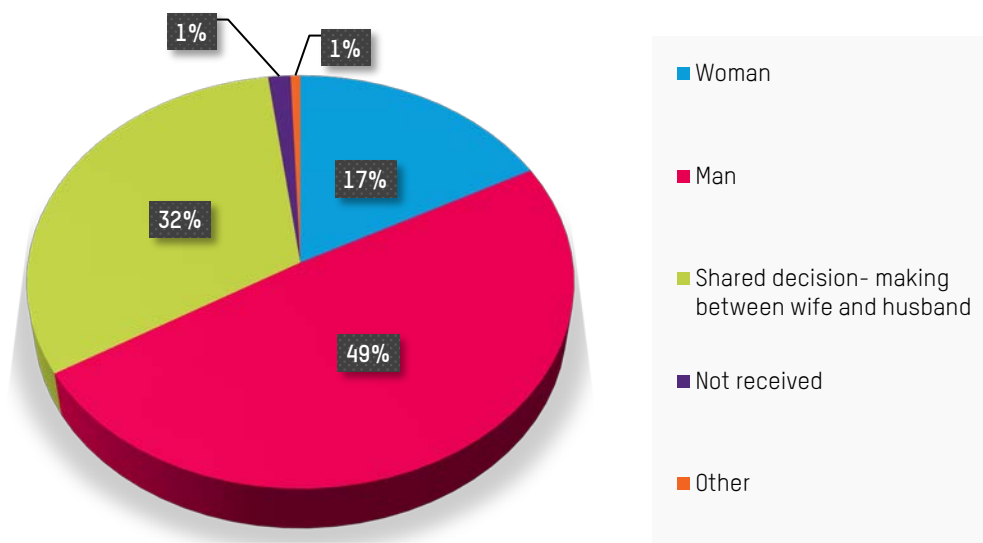
In half of the FGDs it was noted that mothers sometimes face criticism from family members for not having breastmilk, so they attempt to use breast milk substitute or other available complementary food which can hinder recommended breastfeeding practices. During field visits by nutrition workers, it was found that many lactating mothers were suffering from difficulties with breastfeeding but were not aware of professional support services; instead, they usually sought advice from older women or from traditional healers in the community.

It was reported by 56 percent of respondents that women can make a decision to send children to a nutrition centre, in both the refugee and host communities, which reflects the good decision making authority of mothers and caregivers (Figure 28). However, there are barriers to accessing nutrition centres or services, such as restrictions on women's mobility to participate in sessions and activities due to the traditional practice of purdah, pressure to return home quickly to manage the large domestic workload, limited time for childcare and inequitable access to food and resources. All of these factors might affect a mother's ability to ensure nutrition for her children and for herself.

**Figure 28: Decision to send children to a nutrition centre**
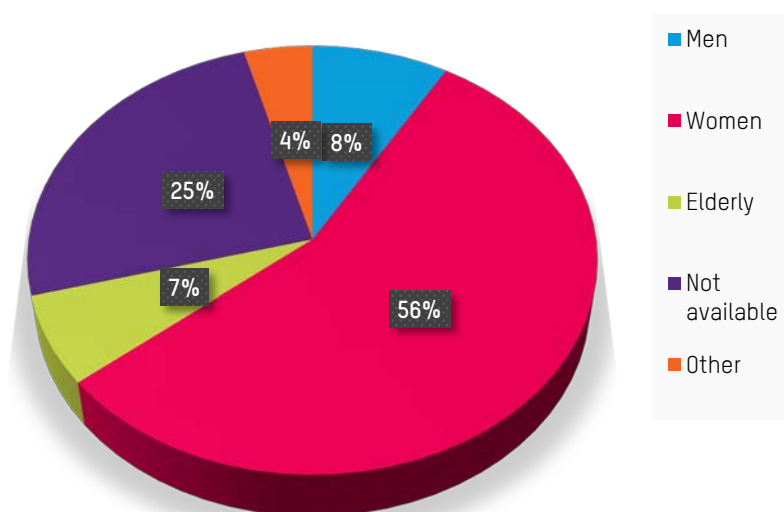
3.5 PROTECTION ISSUES

When asked in the survey whether they felt safe[46] in their living spaces, 24 percent of all women and 9 percent of all men said no (Figures 29a and 29b). Asked why they did not feel safe (those who answered no), 49 percent of men said that there was no privacy and 41 percent that they did not trust other community members, while 37 percent of women cited a lack of privacy and 26 percent said that they did not trust other community members (Figures 30a and 30b).
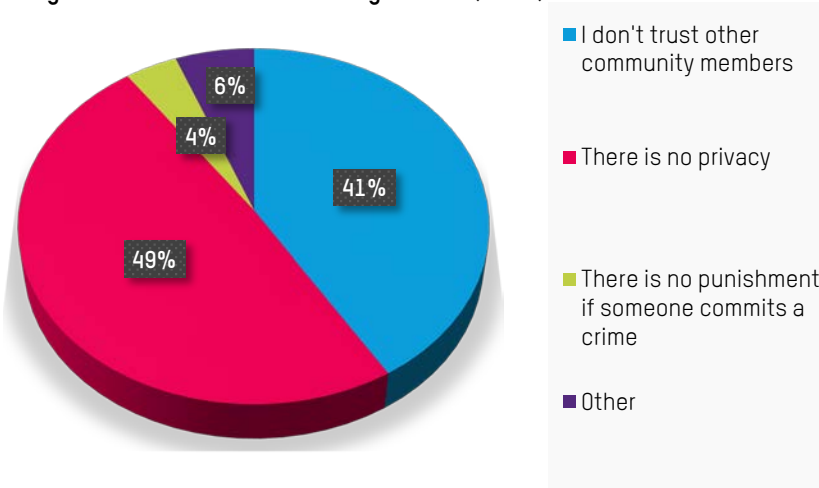
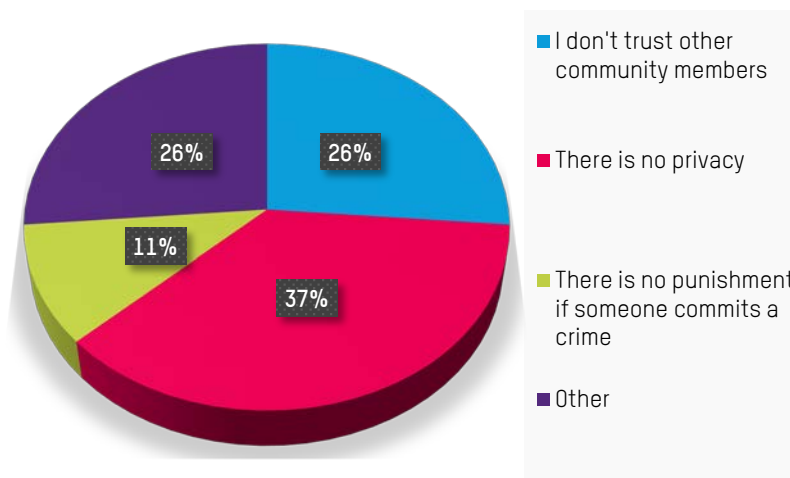**Figure 29a: Feeling safe in living space (male)**
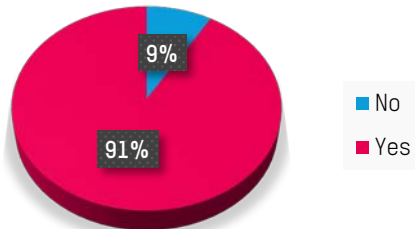
Figure 29b: Feeling safe in living space (female)
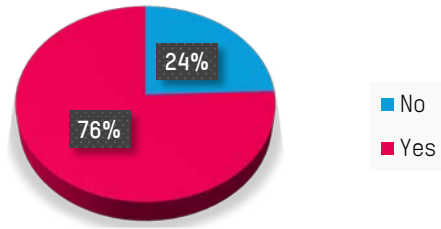
**Figure 30a: Reasons for feeling unsafe (male)**

**Figure 30b: Reasons for feeling unsafe (female)**

Participants in the FGDs confirmed these results and reported that the lack of privacy and fear of assault result in women being confined to their shelters. In the survey, when asked whether they

felt safe walking in the camp alone, 5 percent of men said no compared with 29 percent of women (Figures 31a and 31b).

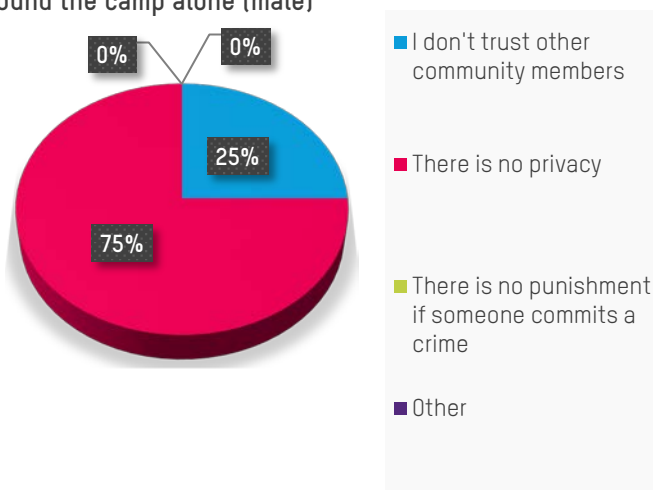**Figure 31a: Do you feel safe walking around the camp alone? (male)**

- No
- Yes

5%
95%
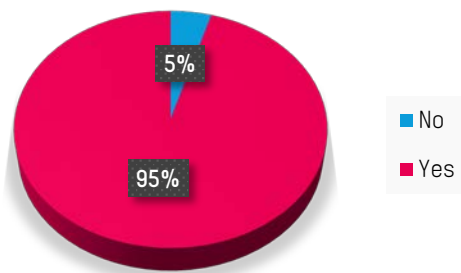
Figure 31b: Do you feel safe walking around the camp alone? (female)

- No
- Yes

29%
71%
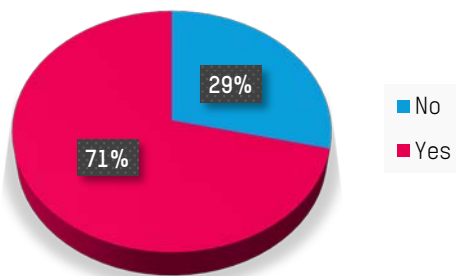
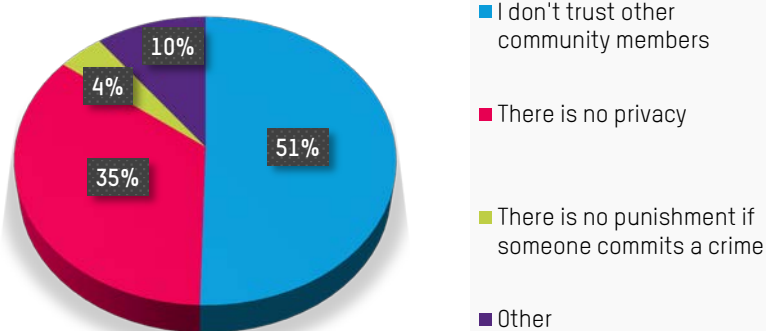The main reasons given by those saying 'no' were lack of privacy for men (75 percent) and lack of trust in other community members for women (51 percent) (Figures 32a and 32b).

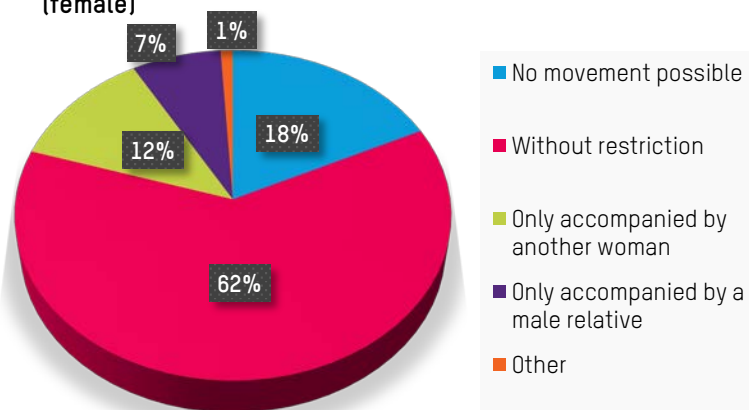**Figure 32a: Reasons why you don't feel safe walking around the camp alone (male)**

- I don't trust other community members
- There is no privacy
- There is no punishment if someone commits a crime
- Other

0%
0%
25%
75%

Figure 32b: Reasons why you don't feel safe walking around the camp alone (female)

- I don't trust other community members — 51%
- There is no privacy — 35%
- There is no punishment if someone commits a crime — 4%
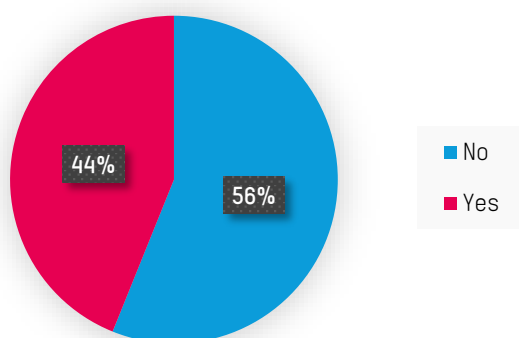- Other — 10%

When women were asked whether they could move freely outside their homes, 62 percent said that they could do so without restriction, but 18 percent said that no movement was possible (Figure 33). For 56 percent of women, the situation as regards mobility was similar even before displacement (Figure 34).

Figure 33: How freely can you move outside your home? (female)

- No movement possible — 18%
- Without restriction — 62%
- Only accompanied by another woman — 12%
- Only accompanied by a male relative — 7%
- Other — 1%

Figure 34: Did you go out more often before displacement?


- No — 56%
- Yes — 44%

However, the FGDs revealed many other fears felt by community members, especially at night-time due to the lack of lighting (mentioned in six FGDs, across gender and groups, and confirming the findings of many other reports). In four FGDs in the host community (female and male groups in Ukhia), participants mentioned fears of theft, robbery, mugging and other crime. In four female FGDs in the refugee community (in Balukhali, Kutupalong, Unchiprang and Nayapara), participants said that women and girls were not safe when collecting water or at food distribution points, or going to

latrines by themselves. In one female FGD (Kutupalong), the fear of elephant attacks was also mentioned. In the KIIs, questions about security delved deeper into issues of trafficking and kidnapping, and two key informants in the host community (one male and one female, in Ukhia) stated that there was a risk of this, but in the Rohingya community. Three male refugee key informants (two block *majhis* in Unchiprang and Nayapara and a religious leader in Nayapara) said that there was an increased risk of trafficking and kidnapping and that the number of incidents had increased.

In the FGDs and KIIs, respondents were asked about particularly vulnerable people in the community and researchers probed to find out whether there were any transgender people, as the survey results indicated that 7 percent of respondents know of transgender persons in their community (Figure 35). Participants in one FGD also said that they were aware of transgender persons in their community. The majority of respondents in the FGDs and KIIs, however, said that they did not know of the existence of any transgender persons.

Figure 35: Transgender persons in the community
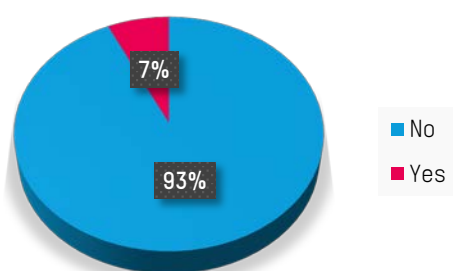
**Figure 36: Acceptance of transgender persons in the community**
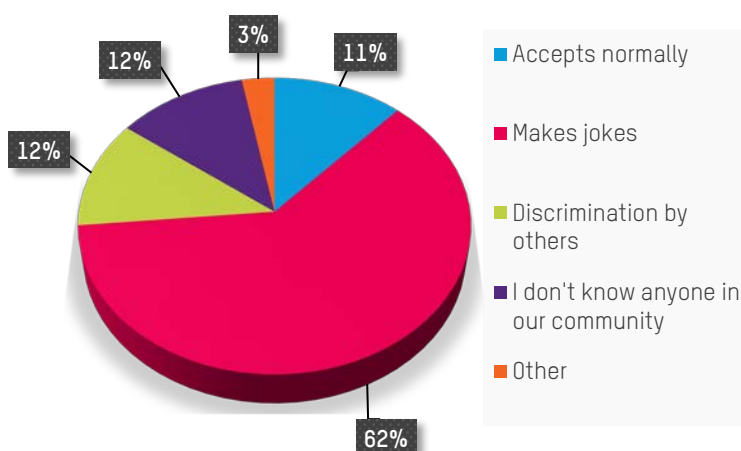
Of those who were aware of transgender persons, 62 percent said that their response was usually to make jokes about them (Figure 36). These findings were corroborated by the FGDs, where all participants were of the opinion that no transgender person would be accepted in their community. This indicates that persons identifying publicly as transgender face increased vulnerability; this issue requires further research.

The safety audit revealed a number of fears among boys and girls. Some (particularly boys) felt unsafe as shelters are made of light materials that can be easily broken either by other people or by wind. One group of girls raised the issue of feeling unsafe because doors in the shelters had no locks. Some girls and boys also identified health facilities as being unsafe as they are overcrowded, with little or no privacy. Adolescent boys said that women received greater prioritization and also highlighted issues with some volunteers who beat them. Girls raised the issue of mixed groups in queues, which made them feel uncomfortable. In addition, adolescent girls reported being harassed by boys at health facilities (e.g. name calling, snatching scarves), in particular in the queues. Three

areas consistently identified by the community as being unsafe were bazaars, bridges and roads. Bazaars and roads are seen as unsafe as cases of kidnapping have been reported in these two locations, as well as accidents, given that both locations are always busy and crowded. Girls reported feeling unsafe due to fears about kidnapping, child trafficking and men pushing them around.

More boys are afraid of volunteers, while more girls are afraid of the police (Figure 37). According to qualitative accounts from boys, Rohingya community based volunteers and community representatives treat them badly and beat them. In addition, powerful men in the community, such as *majhis*, were also commonly associated with a sense of insecurity and were seen as exploiting children and adolescents. The delivery of aid and services can consolidate the influence of powerful men, reinforcing their power, resulting in elite capture and leaving community members in a very vulnerable situation without a voice or platform, where they can be exploited. This was found to be the case in the camps where the safety audit and assessment was conducted. Cases of extortion were also reported. Girls meanwhile raised concerns related to violence by police officers and army personnel.

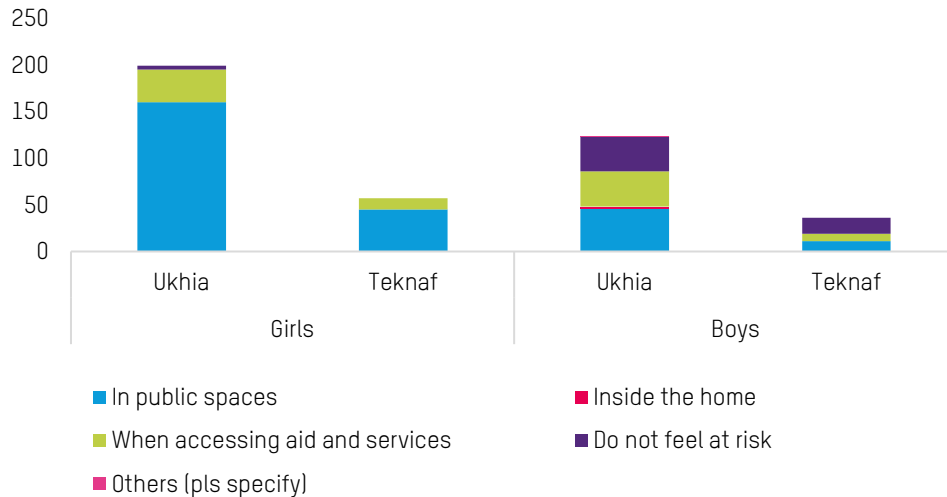**Figure 37: Children and adolescents feel most unsafe with**
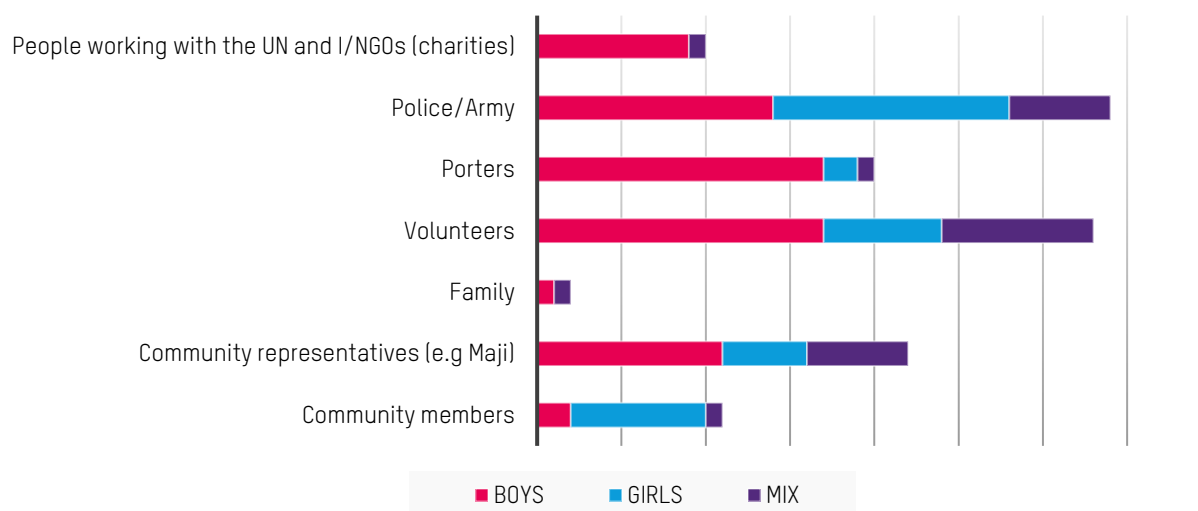
Discussions relating to safety were informed by what is deemed appropriate to discuss in public. It is interesting to note that very few incidents of GBV were referenced, perhaps due to a lack of understanding of GBV as a problem or a sense that such private matters cannot be discussed openly in public. More expert research into this matter is needed, as well as research into how service providers, including government actors, understand protection and the level of knowledge of *majhis* and Rohingya women about human rights.

When asked where they felt safe, both boys and girls mentioned safe spaces for play and learning. Children and adolescents reported that they felt safe there as they had the opportunity to learn, and because of the teachers and the accessibility of these spaces. Adolescent girls also emphasized the benefits of the enclosed environment of girl-friendly spaces, which contributed to a feeling of safety.

These findings were validated by the results of the adolescent needs assessment, in which 80 percent of girls (and 36 percent of boys) reported that public spaces posed the greatest risk and that this was why girls reported feeling safe in segregated, targeted spaces where they could play or learn. Both boys and girls reported being at risk when accessing aid and services (Figure 38). These risks are felt more acutely by boys at distribution points, where allegedly they are being hit by volunteers, and by adolescent girls when they go to health points and are prone to being bullied or harassed by adolescent boys en route. To mitigate these risks, adolescent girls prefer to stay at home or go to segregated areas where they feel safer (e.g. madrasas, child-friendly spaces, temporary learning centres), while boys prefer to be accompanied by adults when they go out.

Figure 38: Where Adolescents Feel at Most Risk of Harm

Legend:
- In public spaces
- Inside the home
- When accessing aid and services
- Do not feel at risk
- Others (pls specify)

Adolescent girls reported that their safety and security needs were met by their parents, other family members and teachers, while adolescent boys felt that, in addition to parents and family members, organizations working in the camps could also offer safety and security (Figure 39).

Figure 39: Who meets adolescents' safety and security needs?

Legend:
- Parents
- Other family members
- Teachers
- Organizations
- Majhi
- Imam
- Friends
- Husband
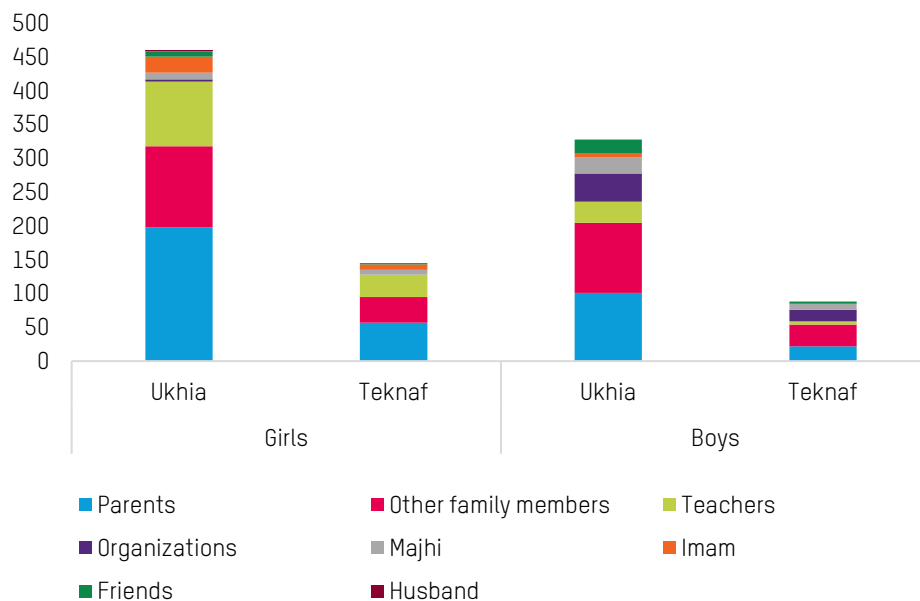
3.5.1 Gender-based violence (GBV)

A number of GBV issues emerged from the survey, the FGDs and the KIIs, confirming the findings of previous reports and assessments and showing that various improvements need to be made to the way that humanitarian NGOs deliver aid and provide support to communities.

In the survey, when asked about the frequency in the community of polygamy – a harmful traditional practice included under the heading of GBV – 3 percent of respondents said that it was found very often, 6 percent quite often and 30 percent sometimes (Figure 40).

Figure 40: How often is polygamy found in the community?

- Very often — 3%
- Quite often — 6%
- Sometimes — 30%
- Very little — 33%
- Not at all — 28%
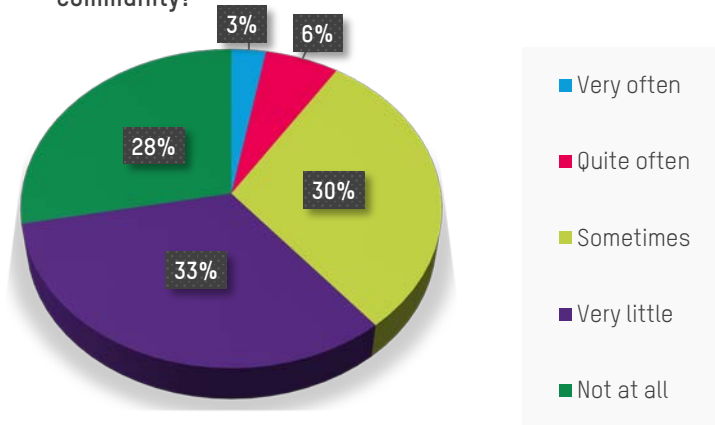
In the FGDs and KIIs, however, polygamy was reported to be much more prevalent, and on the rise in both host and refugee communities post-displacement. This was mentioned in four FGDs, with one woman in a female host community FGD and one female key informant from the host community also reporting cases of host community men marrying refugee women.

Asked at what age boys and girls got married, 62 percent (across host and refugee communities) said 19–24 for boys and 27 percent answered 15–18. For girls, 62 percent answered 15–18, 11 percent said under 15 and only 27 percent said 19–24 (Figures 41a and 41b). This was corroborated by findings from the KIIs and FGDs, with child marriage reported by participants in seven out of 21 FGDs and by eight key informants (male and female). The majority of child marriages were reported to be in the refugee community, with a clear increase following displacement and involving children as young as 13. Most FGD participants said that it was a joint family decision between husband and wife to marry their children.

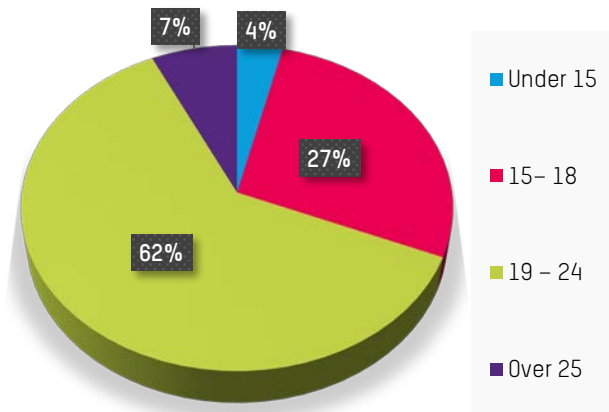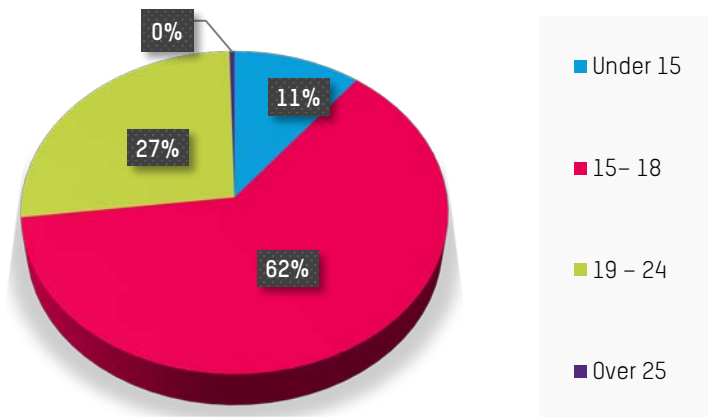**Figure 41a: Age of boys getting married**

- Under 15 — 4%
- 15– 18 — 27%
- 19 – 24 — 62%
- Over 25 — 7%

Figure 41b: Age of girls getting married

Pie chart legend:
- Under 15
- 15– 18
- 19 – 24
- Over 25

Chart values: 11% (Under 15), 62% (15–18), 27% (19–24), 0% (Over 25)

Harassment by men and boys, known as 'Eve teasing', is also a GBV risk that women and girls are exposed to, especially when involved in accessing facilities, according to evidence from the KIIs and FGDs.

Domestic violence was seen as the norm, as evidenced in all 21 FGDs and in 30 KIIs (of the total 27 plus 7). Female FGD participants in Unchiprang laughed when asked about this issue. One female participant in Nayapara stated: 'We don't think beating your wife is violence; men have the right to beat women if women do something wrong.' Another in Unchiprang said that there was nothing they could do about it: 'Our husbands beat us sometimes severely but we have to bear it, and after that we cook food for them, there is no other option for us.' One male participant in an FGD (Camp 12) said: 'Beating your wife is common in our community. Mostly it happens if women talk with other men or do not cook properly or on time.' This was confirmed by male participants in an FGD in Camp 4.

In addition, participants in 12 FGDs and 25 key informants reported an increase in domestic violence, in both the host and Rohingya communities. They all attributed this to the fact that men have no employment and financial pressure is putting extra strain on them and their families. Fourteen key informants said that, due to stigma, victims find it very hard to speak out on this issue, usually resolving matters within the family. It was also reported that stigma attaches only to the female victims. A female refugee key informant in Kutupalong said: 'For any kind of bad incident, women and girls have to face the challenges… Men are free.' This observation was repeated by five other key informants, both male and female. Those who do speak out usually raise the issue with the local *majhi*, though two key informants reported that in order for the *majhi* to solve any dispute, they would have to pay them. In addition, 21 key informants mentioned a lack of services available to victims in their areas, as well as a lack of information on services or what support they could access.

Cases of sexual exploitation and abuse (SEA) were also reported. Participants in two FGDs and two KIIs said that *majhis* provide help in exchange for money or as a family favour, and one female refugee in an FGD also said they provided help in exchange for sex. Considering that all NGOs are working directly with *majhis* for community aid distributions, it is very likely that the number of such cases is much higher than reported. One female key informant (Camp 12) stated: 'Not everyone is getting equal opportunities or support. Widows and abandoned women usually can't leave their homes. Majhis give support as they wish… They are not paying enough attention to really needy people. Those who have no money have nothing.'

In addition, in the safety audit for children and adolescents, 15 percent of participants reported that they knew of, had heard of or had themselves experienced sexual exploitation, with the majority of these reports coming from boys. However, evidence from similar situations in other countries suggests that women and girls are most at increased risk of violence and SEA while accessing aid and services in camps. This suggests that the groups surveyed found it very difficult

to discuss SEA and that more research is needed in order to understand the specific risks that women and girls face in this context.

3.6 POWER ANALYSIS

3.6.1 Household decision making

'Money has power, and power belongs to men, so all power goes to men automatically.'
– woman in focus group from Zadimura, Nayapara extension

In the refugee community, men are the main decision makers in the family, a point emphasized by all the refugee focus groups, both male and female. Recognized as heads of the household and as income earners, men represent the family and have the final say and power to decide on all matters affecting its members. Strong social and religious norms hold women, on the other hand, to be responsible for the household, children and domestic care work. Participants in five out of seven male focus groups said that women should focus solely on household matters and care work and not take part in decision making or earning activities, and linked this opinion clearly to their religious beliefs. Participants in female focus groups said that men decided on most matters, including general expenses such as what food to buy and acquiring assets.

Some shifts were noted towards joint decision making, with members of two out of six women refugee focus groups (Camp 3 and Camp 12) saying that women could make decisions on minor matters, mostly related to household work such as cooking, food preparation, childcare, care for other family members, shopping and collecting water. Women in three of the focus groups also said that they made decisions jointly with their husbands, such as going to the market or shopping, their children's education, expenditure, family problem solving and deciding on the marriage of a son or daughter. While these were said to be joint or shared decisions, however, it was clear in all the focus groups that men still had the final say and most of the power over all decisions. Participants in a women's focus group in Zadimura said that men even had control over how women dressed. Men could never genuinely consult or decide jointly with women, but only inform them of decisions. Participants in two other female focus groups emphasized that women do not have independent decision making power. Even single women had to refer to adult men in their family for decisions, according to the Unchiprang group. Participants in three male focus groups (Camps 4 and 5 and Unchiprang) said that only in the absence of men could women take on decision making roles. This was echoed by a female group in Zadimura, whose members said that only single female heads of household could have real decision making power and could decide for themselves. Interestingly, members of two focus groups (Camp 3 and Camp 12) said that, while no significant changes could be seen in decision making following the influx of refugees, they had observed that women had slightly more power to decide here in Bangladesh. However, more research and in-depth discussion would be needed here before making general assumptions.

Ten out of 16 male key informants said that men maintained the same power in the family post-displacement. Three noted that women's power had increased, though two of these examples were related to widows who had lost their husbands. Three male key informants noted that women's dependence on men in terms of mobility and accomplishing tasks had increased, which was likely to be linked to women losing their husbands in the conflict. Two women key informants expressed differing views: one said that the situation was the same, while the other said that men had less power now as they were not earning an income and the government was providing for families.

Members of three female focus groups shared insights on decision making and said that they appreciated it when men took decisions jointly with them (Camp 3), and that women should participate in some decisions (Unchiprang). Participants in another group (also in Camp 3) said that forming women's groups for discussion and learning life skills would reduce their dependence on men. Some of the men in two focus groups (Camp 10 and Camp 8) also said that they wanted women to participate more in decision making.

'Women's economic empowerment is very important, because borrowing money from your husband every day is very annoying.'
– Female focus group member, host community, Nayapara

In the host community, the patterns emerging from the focus groups differed only slightly. Both women and men saw gender roles in a similar way i.e. men are expected to earn as the household head while women are responsible for the home and family. Participants in four focus groups for women said that some of them could decide on how to spend money in the household, but that larger purchases were made by men. Some joint decisions are made on children's schooling and the marriage of children, in consultation with elderly members of the family and the wider community. The level of consultation and joint decision making varies among women, but the same rule applies: it is still recognized that men have the greatest decision making power in the household.

Members of one male focus group were clear that they did not want women to gain more decision making power because of purdah, while those in another group said that women could participate in decision making as long as they observed purdah. Women taking part in focus groups, on the other hand, expressed a desire to gain more power in decision making. Among key informants there were no significant observations of changes in decision making post-displacement. However, some women and some men noted that, due to education, women have gained more power in the family over the past decade or so. Strong beliefs persist around women's roles and power, however, with four key informants saying that men still had power in the household.
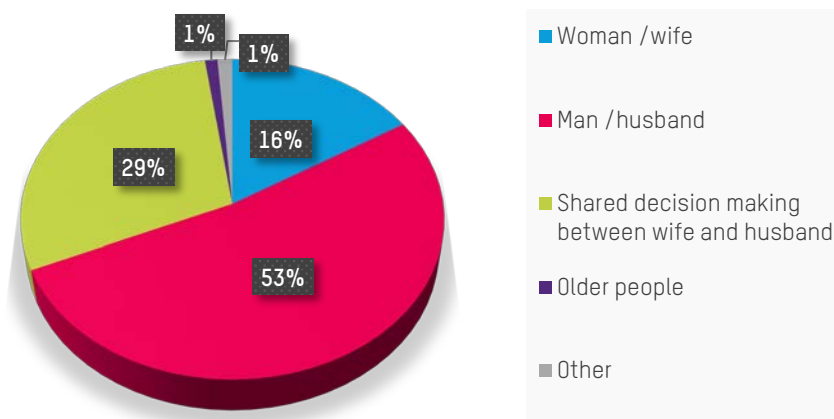
Figure 42: Decision making on how to spend money

- Woman — 15%
- Man — 51%
- Shared responsibility between wife and husband — 33%
- Other — 1%
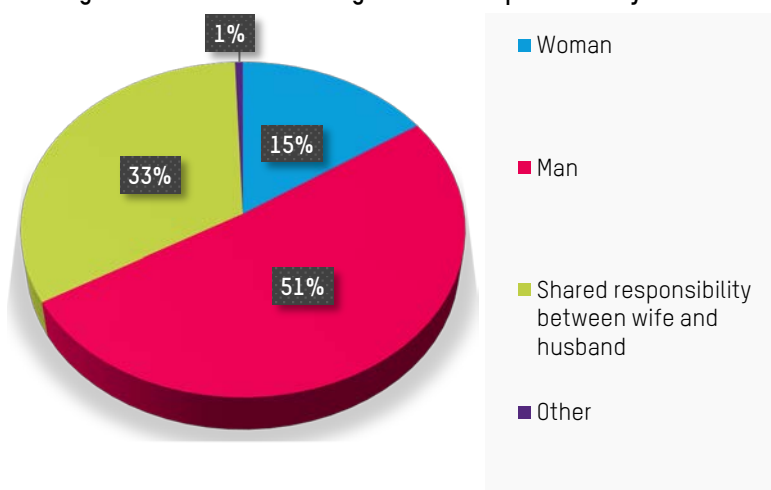
The survey results painted a similar picture when it came to spending and control over goods. Across all respondents, 51 percent said that men decided on expenditure. Only 33 percent said that this was a shared responsibility, while only 15 percent said that women – most likely in households headed by a single female – were able to make their own decisions on spending (Figure 42).
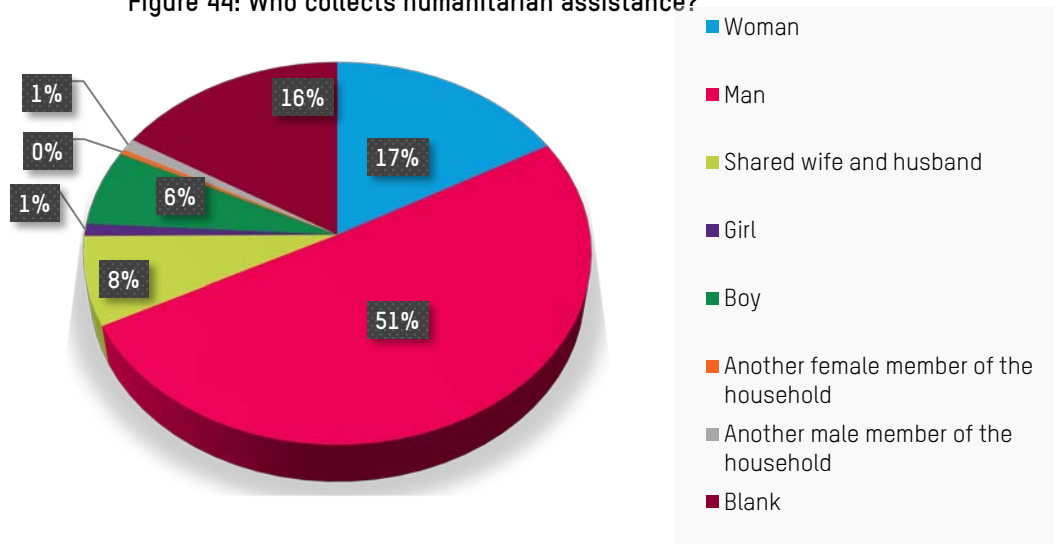
Similarly, 53 percent of respondents to the survey said that men were in charge of deciding whether to buy or sell household items, while 29 percent said that it was a shared decision and only 16 percent said that women made such decisions (Figure 43).

Figure 43: Household decision making on buying or selling household items

- Woman /wife — 16%
- Man /husband — 53%
- Shared decision making between wife and husband — 29%
- Older people — 1%
- Other — 1%

A very similar proportion of respondents – 51 percent – said that it was men who collected humanitarian assistance (Figure 44); these findings were corroborated by the FGDs and the KIIs.

Figure 44: Who collects humanitarian assistance?

- Woman — 17%
- Man — 51%
- Shared wife and husband — 8%
- Girl — 1%
- Boy — 6%
- Another female member of the household — 0%
- Another male member of the household — 1%
- Blank — 16%

Decisions were made jointly on whether to have another child (71 percent), whether to send a child to school (52 percent) and whether to marry a child (60 percent) (Figures 45–47) – though, notably, nearly a fifth of respondents (19 percent) said that it was solely a man's decision to marry children. On children's schooling, a considerable proportion (23 percent) said that this was a woman's decision.

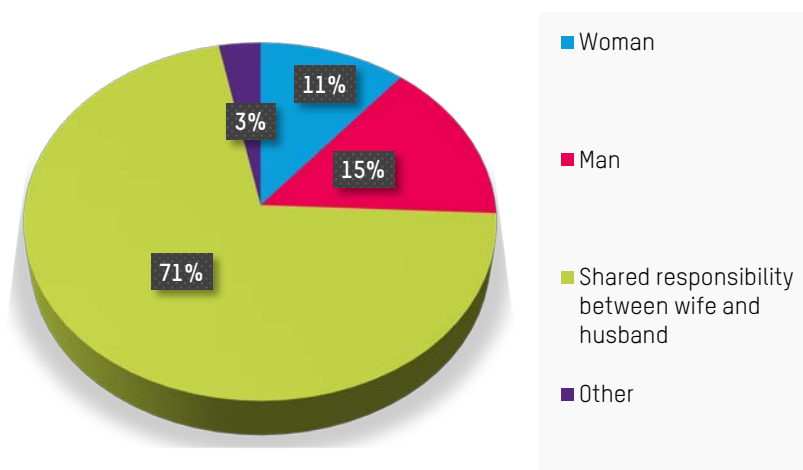**Figure 45: Making decisions on having another child**

- Woman — 11%
- Man — 15%
- Shared responsibility between wife and husband — 71%
- Other — 3%

Figure 46: Making decisions on children's marriage

Legend:
- Woman
- Man
- Shared responsibility between wife and husband
- Children decide for themselves
- Other relatives
- Elderly
- Other

Values shown: 1%, 0%, 2%, 6%, 12%, 19%, 60%
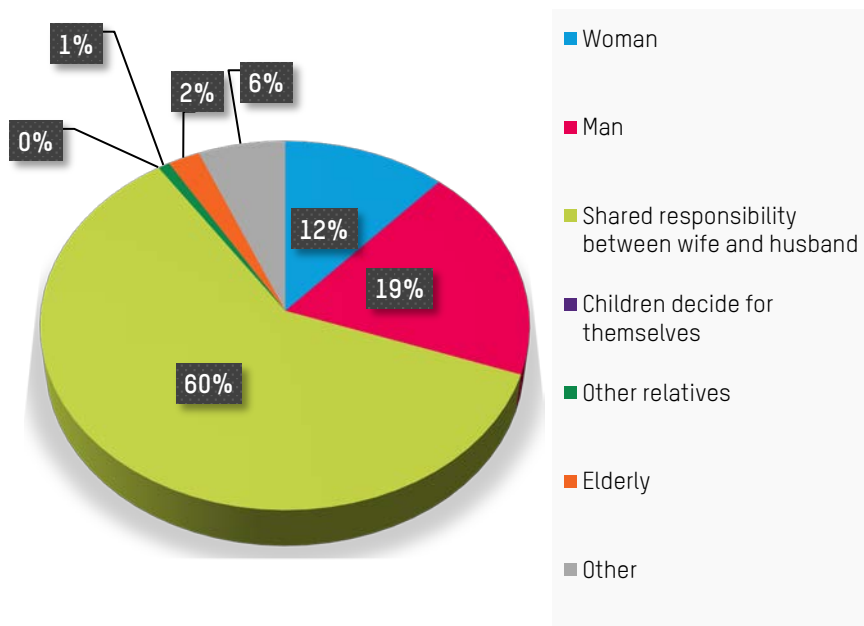
Figure 47: Making decisions on children's school attendance

Legend:
- Woman
- Man
- Shared responsibility between wife and husband
- They do not attend school

Values shown: 9%, 23%, 16%, 52%
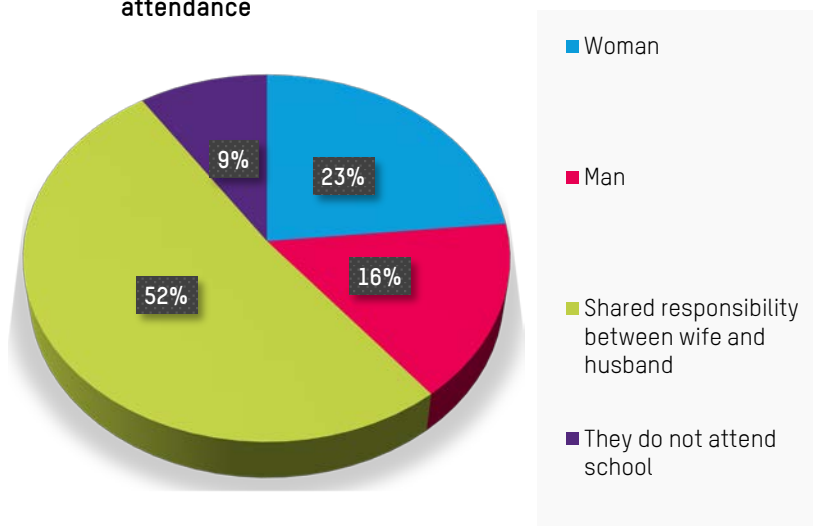
In addition, in terms of family power relations, from discussions with children and adolescents during the safety audit it emerged that some families do not allow female children and adolescents to access services or activities. Some adolescent girls are not permitted to attend or participate in temporary learning spaces or other public spaces where they would be interacting with boys or male facilitators. Adolescent boys confirmed that girls and women are not permitted to go out or access services due to safety and security issues in the camps.

3.6.2 Community decision making

In the survey, when asked who made decisions in the community, Rohingya respondents overwhelmingly confirmed that it was the *majhi*, while 4 percent of respondents from the host community cited local leaders (Figure 48).

Figure 48: Decision making in the community currently (host and refugee combined)

- Imams
- Majhi
- Military authority
- Government representative
- Local leaders
- Other

(1%, 0%, 2%, 4%, 6%, 87%)
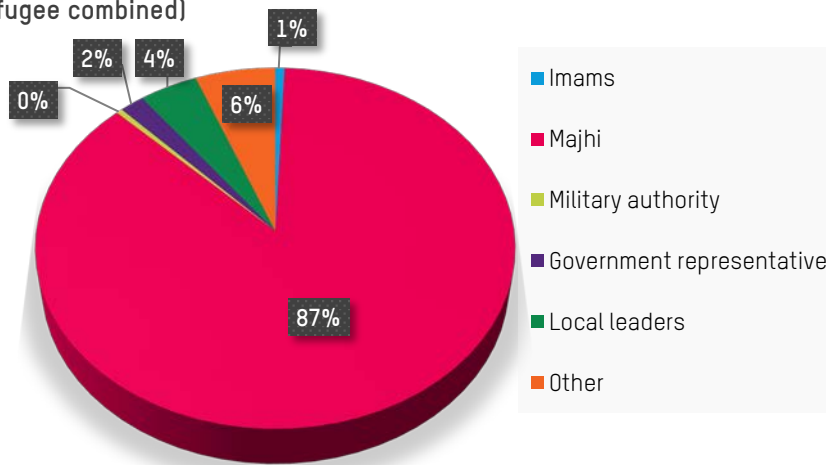
In addition to community decision making, *majhis* are involved in major decisions in the family, as noted in the FGDs. It was also noted that *majhis* have become more powerful as they are now more frequently consulted on family issues and concerns than before. Key informants also confirmed that *majhis* did not have the same decision making power in Myanmar.

When asked whether men participated in community decision making currently, 71 percent of respondents to the survey said yes, and it was understood as their general observation not as an answer directly related to themselves personally. The opposite was the case for women, with 67 percent of respondents saying that women did not participate in decision making (Figures 49a and 49b). Asked whether men participated in community decision making before the current crisis, fewer respondents (61 percent) said that they did; more (79 percent) said that women did not (Figures 50a and 50b). This indicates an increase in participation in community decision making for both men and women since the crisis began, though the figure for women has still only risen to 33 percent, compared with 21 percent previously. Further research needs to be undertaken on this.

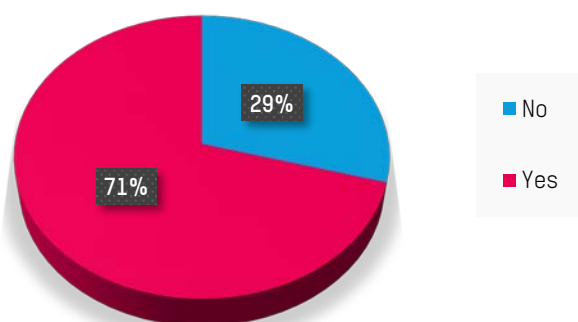**Figure 49a: Participation of men in community decision making currently**

- No
- Yes

(29%, 71%)

Figure 49b: Participation of women in community decision making currently
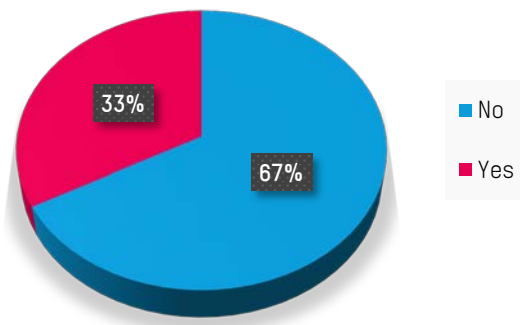

33% · 67%
■ No ■ Yes

Figure 50a: Participation of men in community decision making before the crisis
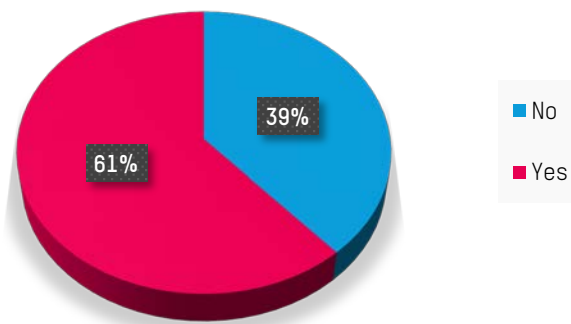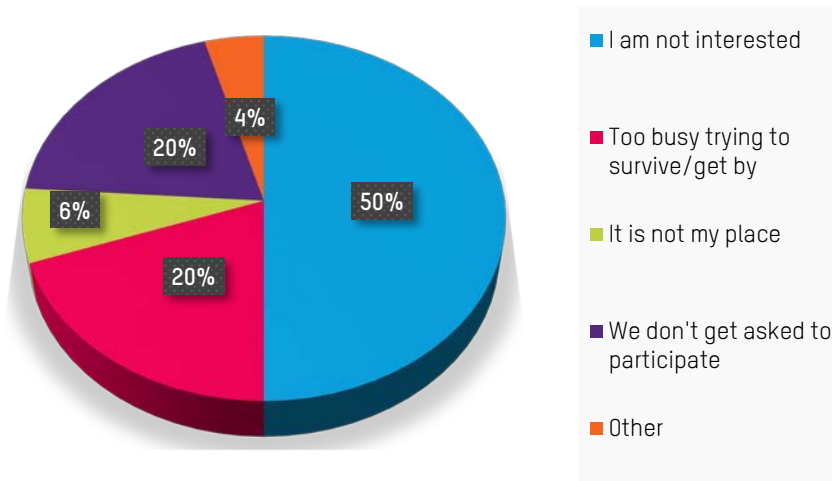

39% · 61%
■ No ■ Yes

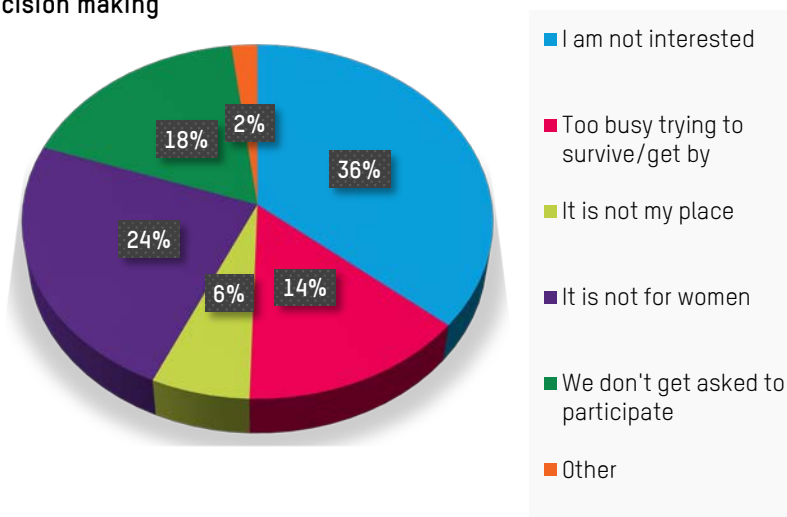**Figure 50b: Participation of women in community decision making before the crisis**

21% · 79%
■ No ■ Yes
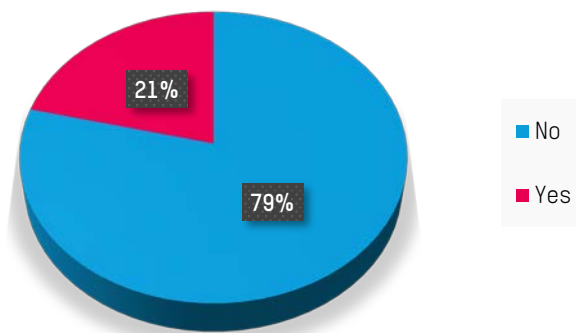
The main reason given for men not participating in community decision making was lack of interest (50 percent), while for women it was not being interested (36 percent), followed by 24 percent saying that this was not for women (Figures 51a and 51b).

Figure 51a: Reasons for men not participating in community decision making

- ■ I am not interested
- ■ Too busy trying to survive/get by
- ■ It is not my place
- ■ We don't get asked to participate
- ■ Other

50%
20%
6%
20%
4%

Figure 51b: Reasons for women not participating in community decision making

- ■ I am not interested
- ■ Too busy trying to survive/get by
- ■ It is not my place
- ■ It is not for women
- ■ We don't get asked to participate
- ■ Other

36%
14%
6%
24%
18%
2%

From the FGDs and KIIs, it is clear that community decision making rests in the hands of a small number of men. The findings of the FGDs also indicate that women are not allowed to attend or freely express their ideas in community discussions. The FGD participants (both male and female) attributed this to a number of reasons: women feel shy in public discussions; husbands would not like it if their wives spoke in public; there is a lack of opportunities for women to take part in public gatherings; and the community accords greater importance to men than to women. Mixed consultations also have limited use, as women and girls do not have the confidence to express themselves in mixed groups. This indicates that the majority of community decision making structures are male-dominated, and this situation has been exacerbated by the emergency, with more women confined to their homes and excluded from public decision making spaces. This is in part due to the care burden that women bear, as described in the following section.

3.7 DIVISION OF LABOUR IN THE HOUSEHOLD

The division of labour in the household seems to be very fixed. Asked in the survey who was responsible for collecting water, cooking, cleaning, child supervision and the disposal of waste, the majority of respondents said that it was women, with 59 percent saying that it was women's responsibility to collect water, 78 percent to cook, 75 percent to clean and to supervise children, and 54 percent to dispose of waste (Figures 52–56). Older children, especially girls, are expected to take care of their younger siblings.

Figure 52: Responsibility for water collection

Woman
Man
Shared wife and husband
Girl
Boy
Another female member of the household
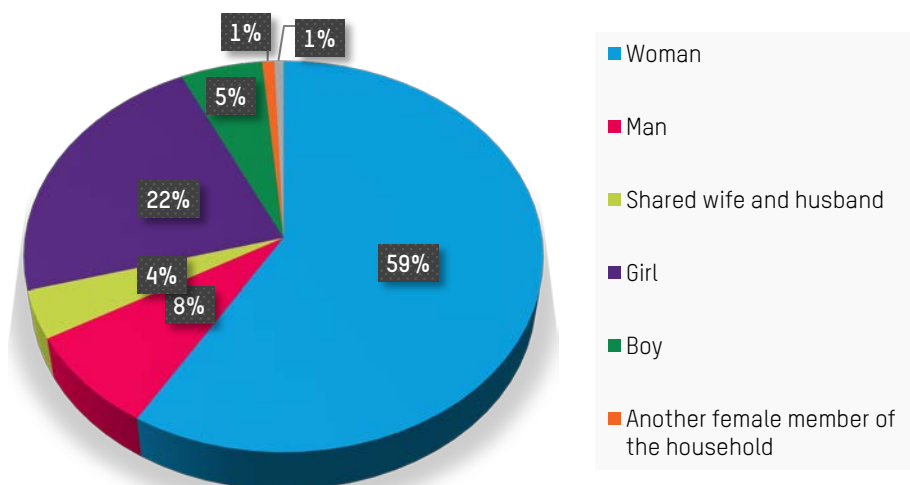
Figure 53: Responsibility for cooking

Woman
Man
Shared wife and husband
Girl
Boy
Another female member of the household
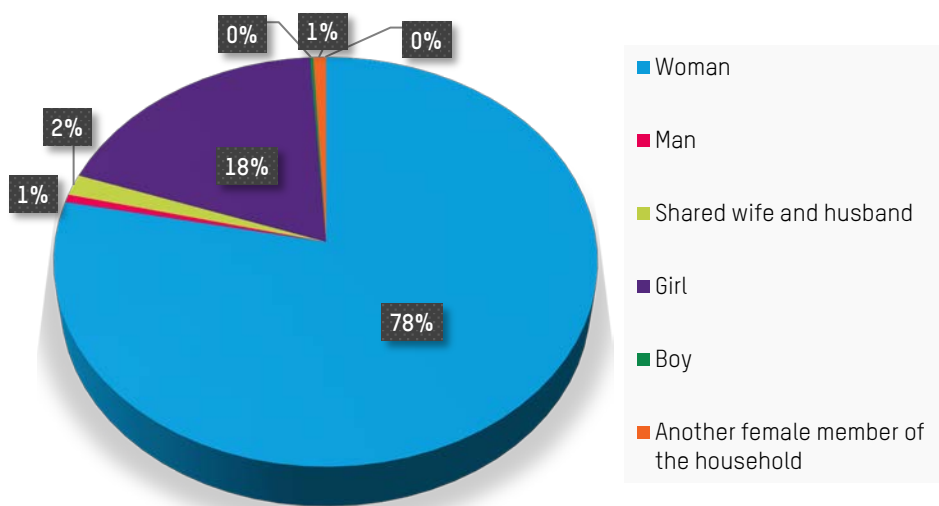
Figure 54: Responsibility for cleaning

Legend:
- Woman
- Man
- Shared wife and husband
- Girl
- Another female member of the household
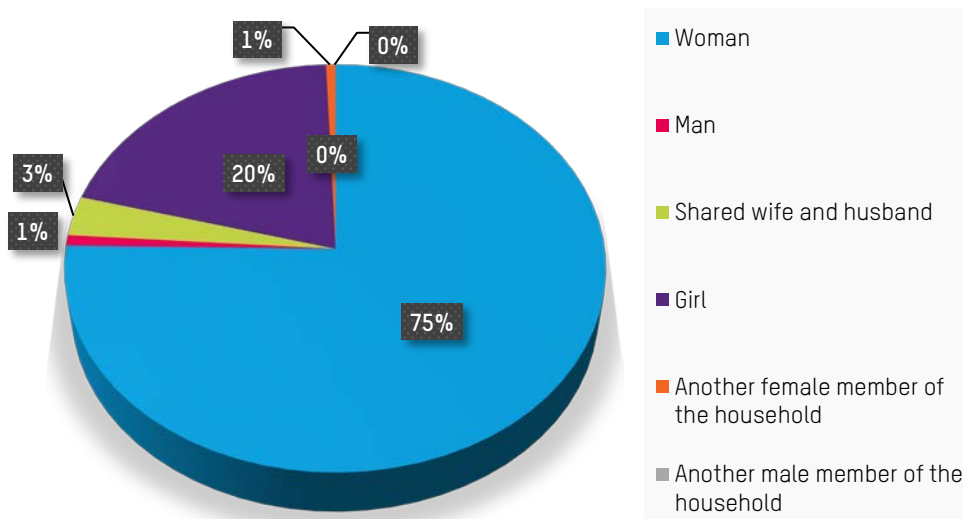- Another male member of the household

Values: 75%, 20%, 3%, 1%, 1%, 0%, 0%

Figure 55: Responsibilty for supervising children

Legend:
- Woman
- Man
- Shared wife and husband
- Girl
- Boy
- Another female member of the household
- Another male member of the household
- Other

Values: 75%, 17%, 5%, 1%, 1%, 1%, 0%, 0%
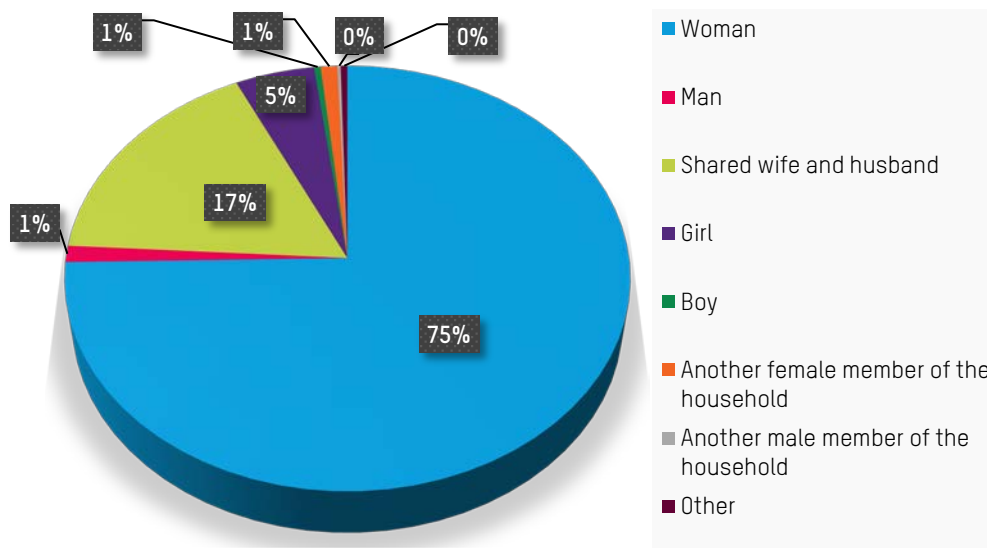
Figure 56: Responsibility for disposal of waste

Legend:
- Woman
- Man
- Shared wife and husband
- Girl
- Boy
- Another female member of the household
- Another male member of the household

Values: 54%, 18%, 12%, 8%, 5%, 2%, 1%
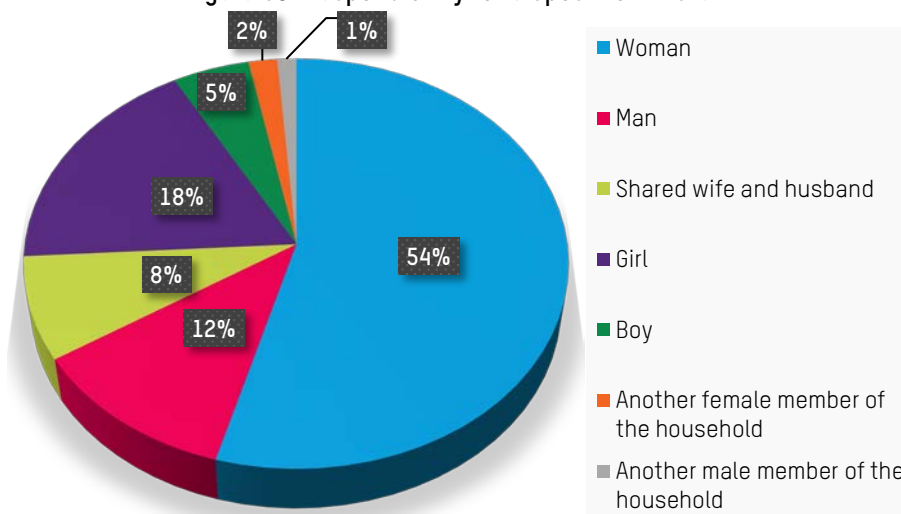
Men's main responsibility in terms of unpaid care/household work was collecting firewood, with 58 percent of respondents saying that men were the ones responsible for this task, and 16 percent

boys. Eleven percent of respondents said that women were responsible for collecting firewood and 3 percent girls (Figure 57), but this is likely to be in single female-headed households.

Figure 57: Responsibility for collecting firewood
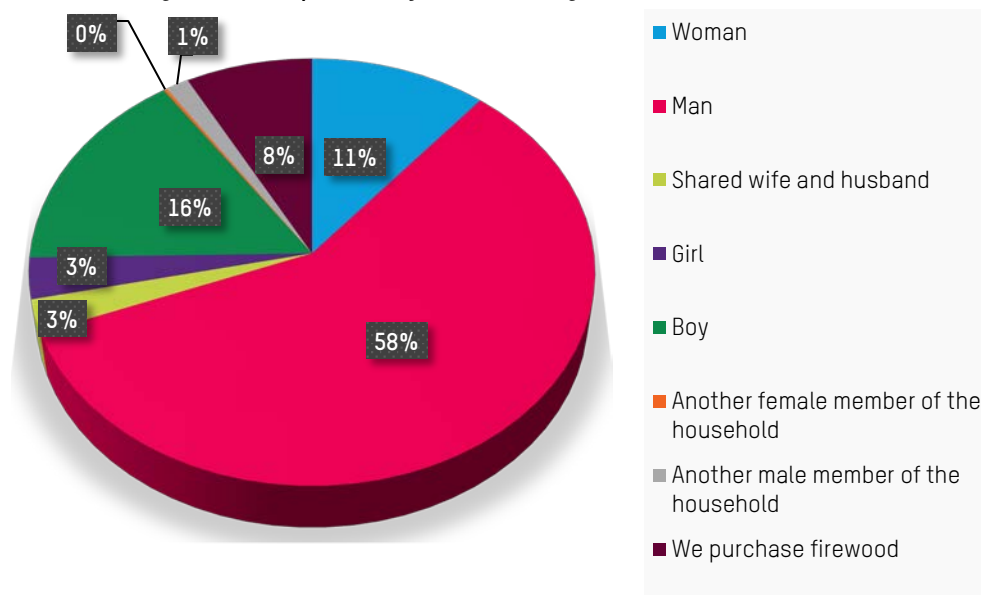
Findings from the FGDs corroborated the survey results, with all the focus groups in the refugee community saying that women were responsible for care work at home and that they were expected to maintain a certain standard in performing household work. If a woman did not perform these tasks properly or on time, it was common for her to be beaten by her husband, according to participants in one FGD. Men in focus groups said that women must work on tasks such as childcare, food preparation, cleaning, water collection, sewing and caring for elderly relatives, in-laws, grandchildren and other persons needing care. These results corroborate the findings of Oxfam's Rapid Care Analysis.[47]

Women participants in focus groups said that in addition they did the laundry, collected firewood and collected relief distributions when they were identified as beneficiaries. Four out of six women's focus groups said that care work had either increased or had become more difficult since displacement. Difficulties are caused by a number of factors, such as supply of and access to food, water and firewood, risks in accessing WASH facilities (toilets, water points and bathing facilities), the quality and design of WASH facilities (no locks, no separate male and female toilets, no lighting, facilities located too far away) and their quantity (not enough safe bathing facilities), as already mentioned in the WASH section above. Because of these factors, women and girls have made changes in the way they perform these tasks since arriving in the camps. Members of a women's focus group in Zadimura said that instead of cooking twice a day they cooked only once, and instead of doing the laundry daily they did it only once each week.

Water collection and the collection of relief goods have added extra burdens for women and girls, especially for those in focus groups in Nayapara and Zadimura. These respondents said that many organizations identify women as beneficiaries but do not provide sufficient support. While this was not elaborated on, it may relate to transporting items home and limitations on women's mobility and decision making. Girls are said to have less access to education because of the increased burden of care work in the home and increased pressure to be married off at a younger age after displacement (Nayapara focus group). Women need permission from their husbands to go to distribution points, which can be an additional burden for women to negotiate with men and is likely to be a source of domestic tension.

During pregnancy and menstruation, care work is even more burdensome for women. Women and girls reported that there are additional limitations to mobility due to cultural beliefs around

menstruation (as described in the section on MHM above). Participants in one focus group explained that during menstruation women and girls are not allowed to go outside for two days. One woman said: 'Men cook during pregnancy and menstruation but the pressure is still there' (female FGD, Camp 3).
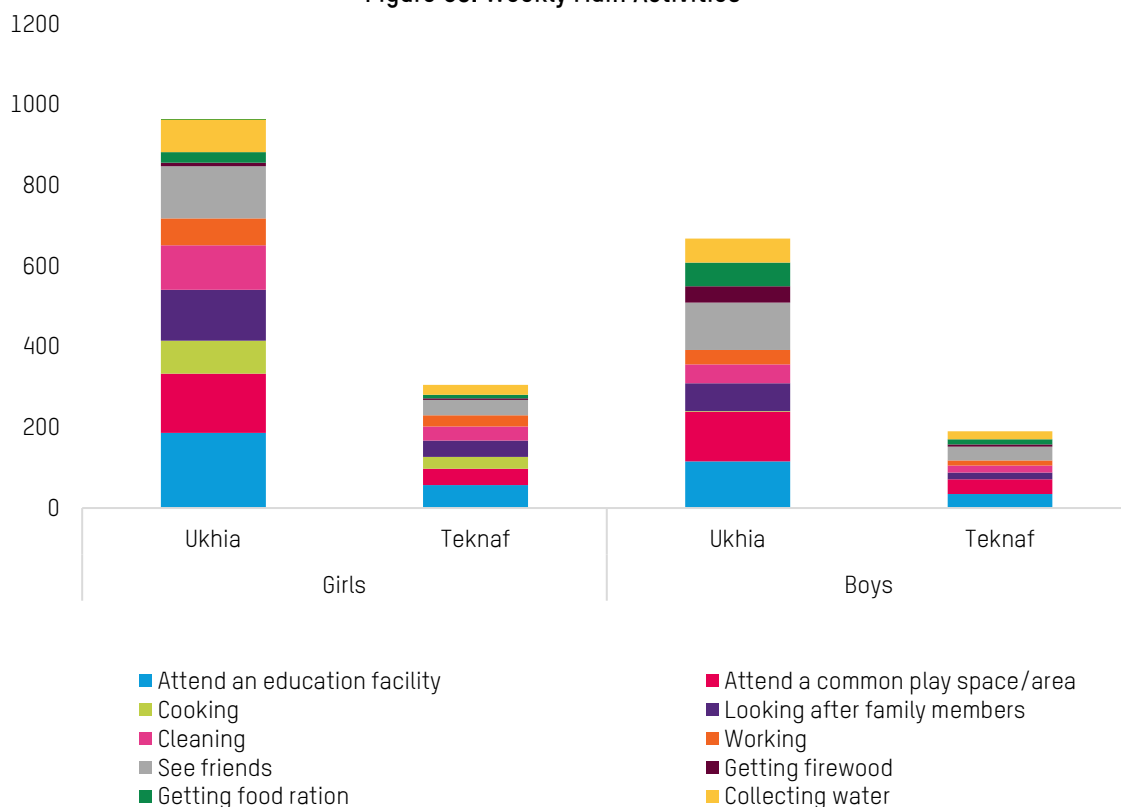
Women in two focus groups (Nayapara and Camp 3) shared their observations on changes in how men are now contributing to care work through water collection, childcare and children's education, as they do not have regular jobs after displacement; this reflects the findings of the RCA. For single female-headed households, however, the burden of care work is likely to fall solely on the woman's shoulders. Before the exodus from Myanmar, women also did unpaid work for household consumption or to support livelihoods, such as homestead gardening, managing livestock (cattle, cows, chickens, goats), making fishing nets, weaving mats and hats, embroidery and tailoring. Now their time is taken up with work for household consumption, such as collecting relief supplies.

Opportunities for rest and recreation have also changed for women and girls. Previously, they could interact with relatives close to their homes, but now they do not have a safe space to share with other women.

Similarly, in the host community women are obliged to do all the household labour/care work, with girls supporting in this role. Women in two out of six focus groups noted an increase in care work due to a reduced water supply and less safety when accessing water points. It is rare for men to support women in household work, as in the refugee community – again, a point evidenced in the RCA. In addition, the findings of the FGDs conducted with both communities showed that heads of households have been facing huge pressure to meet the needs of their families. This has resulted in mental pressure, stress and violence within families. Disagreements between husbands and wives are also likely to affect the well-being of children.

The adolescent needs assessment showed that the three main activities, on a weekly basis, for both adolescent girls and boys were attending educational facilities and common play spaces and socializing with friends, with for girls an additional task of looking after family members (Figure 58).

Figure 58: Weekly Main Activities

Rohingya Refugee Response Gender Analysis: Recognizing and responding to gender inequalities

The adolescent needs assessment showed that the three main activities, on a weekly basis, for both adolescent girls and boys were attending educational facilities and common play spaces and socializing with friends, with for girls an additional task of looking after family members (Figure 58).

In terms of household chores, cleaning the house and collecting water were tasks primarily undertaken by adolescent girls, while boys tend to collect food rations and firewood in the forest, (Figure 59).

Figure 59: Division of Labour for Other Household Chores
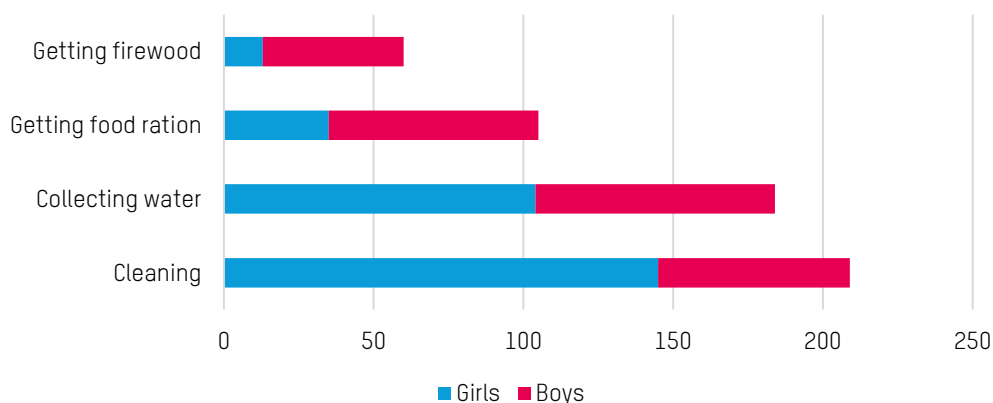
3.8 OPPORTUNITIES FOR WOMEN'S LEADERSHIP

There seem to be limited opportunities for female leadership, partly due to a limited number of community groups or spaces for women to engage in leadership activities and partly due to the very conservative views prevalent in the community, especially in the refugee community.

One male participant in an FGD (Camp 4) said: 'There is no need for women leaders because men can make all the decisions on behalf of women.' Similar opinions were expressed in another focus group (Camp 5), where all the participants agreed that there should not be women leaders in the community. Women in an all-female FGD in Balukhali also agreed, saying: 'Men are more powerful and we should maintain their rules.'

No one in the FGDs conducted in the Rohingya community knew of a women's group or a woman leader in their area. However, in seven FGDs, across gender and groups, and in 19 KIIs, respondents brought up the need for women's groups and initiatives on women's empowerment, including groups for girls. Half of the key informants also mentioned the fact that there are no men's groups. The survey backed up these perceptions, with 61 percent of male respondents saying that they were not members of any group and 86 percent of women (Figures 60a and 60b).

Figure 60a: Membership of community group (male)
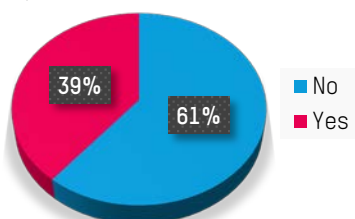
Figure 60b: Membership of community group (female)
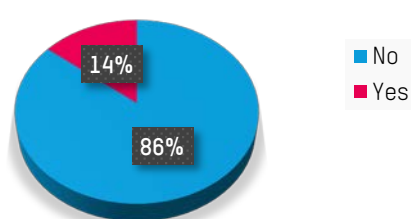
In the host community, participants in two FGDs said that there were female micro-credit group leaders and also female members (in Nayapara and Ukhia), and in nine FGDs and 10 KIIs (both male and female) respondents mentioned the importance of supporting women and their empowerment, especially through IGA opportunities, giving hope for possibilities for women's empowerment and leadership. Eleven of 31 key informants (across groups and genders) said that there were some community groups that worked well.

Asked about economic empowerment, participants in four of the five male FGDs in the Rohingya community said that they did not see why women should be empowered economically, or stated that their religion would not allow it. On the other hand, the female focus groups and both male and female key informants were in favour of women's economic empowerment, women's groups and any opportunities for women to work from home. However, it is important to bear in mind the care burden placed on female-headed households, as highlighted by the RCA.

3.9 DISASTER PREPAREDNESS

Despite efforts by various agencies over the past few months to build awareness on disaster preparedness, Rohingya refugees – both men and women – have insufficient knowledge of disaster management, such as the need to move to safer locations/shelters, taking pregnant women, children and elderly people to shelters first, or taking water, dry food and medicines with them when moving to safe shelters. These points were mentioned in only three of the FGDs (male and female) and five KIIs. In contrast, participants in eight FGDs and 17 KIIs said that they were not prepared for the monsoon season, with women saying that they would not know what to do and that they 'will do whatever our husbands tell us to do'; this indicates increased vulnerability for women in the event of a disaster.

In the host community the results were different, with greater knowledge across both female and male groups and with no one in the FGDs saying that they were unprepared. Participants in one FGD, however, said that there was now a lack of hilly areas to go to, given the influx of refugees. Three key informants mentioned the need for safe shelters and better preparedness, while the rest reported that they knew where shelters were and what actions to take. However, women in the host community would also be more vulnerable in the event of a disaster as they would have to 'wait for the husband to carry children and elderly along with them', as one participant in a female FGD in Unchiprang put it.

Interestingly, the survey results showed a higher awareness about potential disasters amongst women than men, with 58 percent of female respondents saying that they were aware of the upcoming monsoon season, compared with 44 percent of men (Figures 61a and 61b).

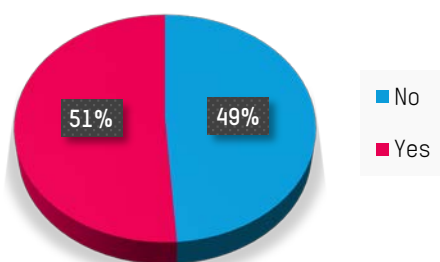**Figure 61a: Are you aware of the upcoming monsoon season? (male)**
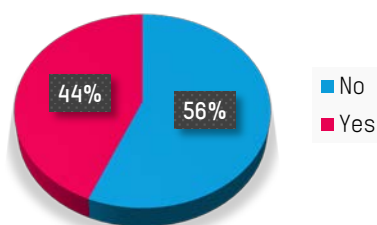
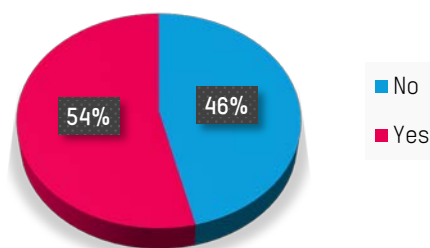**Figure 61b: Are you aware of the upcoming monsoon season? (female)**
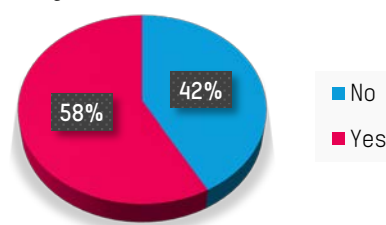
Similarly, 54 percent of women knew how to protect their assets from flooding, as opposed to 51 percent of men (Figures 62a and 62b).

Figure 62a: Do you know how to protect valuables/assets from flooding? (male)


51% — Yes
49% — No

Figure 62b: Do you know how to protect valuables/assets from flooding? (female)


54% — Yes
46% — No

However, there was a big difference between male and female responses when it came to knowing the location of the nearest shelter to evacuate to in the event of a cyclone warning, with 38 percent of men not knowing where the nearest shelter was but 65 percent of women unaware of its location (Figures 63a and 63b). This suggests that, in answering the question on protecting valuables from flooding, female respondents might have been referring to household-level protection.

**Figure 63a: Do you know the nearest safe shelter to evacuate to in case of a cyclone warning? (male)**

28% — Yes
38% — No
34% — There is no shelter
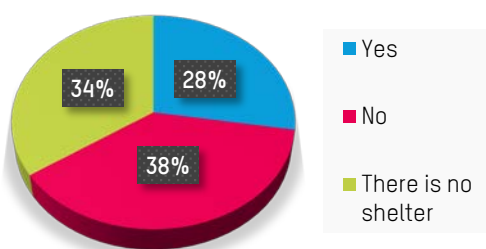
Figure 63b: Do you know the nearest safe shelter to evacuate to in case of a cyclone warning? (female)


26% — Yes
65% — No
9% — There is no shelter
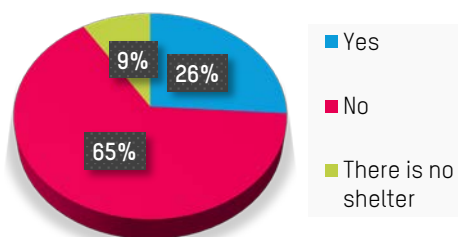
More than half of respondents did not know how to protect their family, with 59 percent of women and 53 percent men replying that they did not know how to ensure the safety and security of family members (Figures 64a and 64b).

Figure 64a: Do you know what to do to ensure the safety and security of your family during a disaster and afterwards? (male)


53% — No
47% — Yes
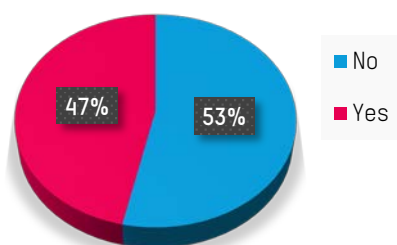
Figure 64b: Do you know what to do to ensure the safety and security of your family during a disaster and afterwards? (female)


59% — No
41% — Yes
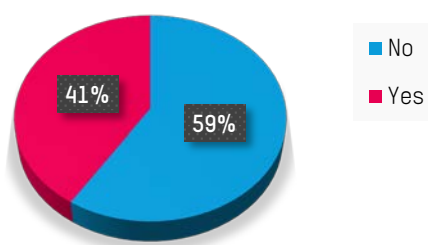
Asked if they knew what to do if they heard early warning signals and received orders to evacuate to safe shelters, 54 percent of all respondents (women and men) said that they did not (Figures 65a and 65b).

Figure 65a: Do you know what to do when you hear early warning signals and orders for evacuation to safe shelters? (male)

■ No
■ Yes

46%
54%
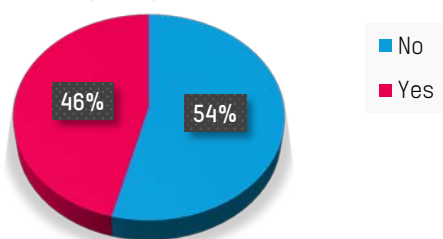
Figure 65b: Do you know what to do when you hear early warning signals and orders for evacuation to safe shelters? (female)

■ No
■ Yes

46%
54%
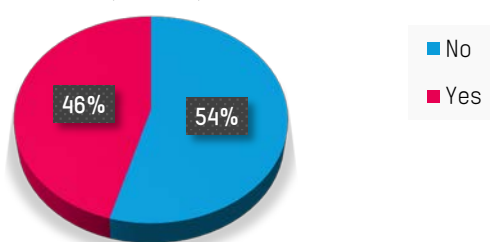
Knowledge about disaster preparedness appears to be better amongst refugees in Ukhia than in Teknaf. Male respondents in FGDs in Nayapara admitted that they did not know about disaster preparedness. They said that they did not know about the type of disasters in Bangladesh or their scale and severity, being new to the country. Most of the respondents from Nayapara refugee camp in Teknaf felt that they were completely in the dark with regards to disaster preparedness measures; they did not know if there were any shelters in or near their camps where they could go, and thus felt anxious. This corroborates findings from an Oxfam internal protection assessment on disaster preparedness. [48]

Both men and women spoke about the safety and security needs of women and especially of girls should a disaster occur. In the event of a disaster, when rules and regulations are likely to break down and the risk of separation from family members can increase, the sense of insecurity would be very high. Women participants in an FGD in Camp 12 expressed their concerns about the monsoon season. Even if they had knowledge about response and recovery, there is no safe place where they could go and take shelter during a disaster. Also important to note was that women would be more vulnerable in the event of cyclones and large-scale flooding in terms of meeting their sanitation and hygiene needs, with no facilities for washing and drying sanitary cloths and breakdowns in sanitation facilities.

In the safety audit, children and adolescents also raised concerns about the lack of knowledge and information about the upcoming monsoon season and the contingency plans made by the government and other organizations. They also mentioned limited access to and uncertain provision of health facilities during the monsoon season. The current limitations of health facilities – including challenges of accessibility due to road conditions or lack of bridges, long queues and no shade – will be compounded during the rainy season, likely leading to a decrease in health-seeking behaviour and an increase in the spread of diseases. Flooding may also lead to the potential collapse of health facilities. Children and adolescents are worried that their houses/shelters are not fit to withstand winds or rain, and fear that the monsoon will result in limited provision of aid, relocation and even death. They also expressed fears around food insecurity and access to distribution points. Girls (both children and adolescents) were worried about the quality of rations, which risk getting wet in the process of distribution and transporting them back to their houses, while boys were worried about the difficulty of transporting goods and risks at distribution points during the monsoon season.

3.10 ACCESS TO OTHER SERVICES (PRIMARILY HEALTH)

Access to services is overall more restricted for women, as noted by the majority of FGDs and KIIs. Reasons for this may include a limited number of female staff and facilities that are not segregated. A participant in a female FGD in Nayapara reported that women 'are not allowed to go to hospital or the market alone; we need to wait until whatever our husbands bring for us'. Most of the access

issues reported by both refugee and host communities were related to health providers, as evidenced by 12 out of 21 FGDs and five of the 31 KIIs. Among the refugees, women's mobility is generally controlled by men and they require a man's permission to visit a health centre, so it is likely that access to family planning services is still controlled by men.

Participants in FGDs in the refugee community also reported that it was very time-consuming to access health services, with very long queues at healthcare facilities. One member of a male FGD (Camp 5) said that 'they give paracetamol for every complication', even though people might be suffering from different diseases. Women taking part in an FGD in Balukhali said that pregnant women preferred home deliveries. Women in the host community were more knowledgeable than their Rohingya counterparts about sexual and reproductive health (SRH); all local women in the focus groups knew that there were centres for pregnant women, though some said that the costs of accessing them were prohibitive. Respondents from host communities mentioned the lack of healthcare facilities and also complained that most of them were only providing healthcare to Rohingya refugees. The study identified the need for further in-depth investigation of women's SRH needs as well as the needs of people with disabilities.

Among the refugee community, respondents said that they frequently experienced distress and feelings of worry. Compounded by the daily stressors of displacement – lack of work, disease, lack of adequate space for physical activity – depression and other mental health problems are an issue that needs to be addressed.

The safety audit indicated that clinics and hospitals were felt to be a safe area for children and adolescents, both boys and girls. Reasons for feeling safe were associated with the good quality of services received, the treatment of affected communities by health workers and the accessibility of health facilities. However, some children identified health facilities as being unsafe, as they are overcrowded and offer little privacy. As mentioned earlier, adolescent boys reported that women received greater prioritization and there were issues with some volunteers beating them. Girls raised the issue of mixed groups in queues, which made them feel uncomfortable. In addition, adolescent girls reported being harassed by boys at the facilities, in particular in queues (e.g. name calling, snatching scarves). Boys and girls equally perceived that the low level of health-seeking behaviour by women and girls was due to the lack of sufficient or appropriate medicines in health facilities, a problem compounded by the limited availability of information.

In the adolescent needs assessment, boys and girls reported they had access to health services and their needs were being met with the assistance of aid organizations (93 percent) and others (7 percent), such as having access to government hospitals.

3.11 FEEDBACK AND COMPLAINTS

Majhis are the first point of contact for the majority of refugees and local representatives for the host community (Figure 48). However, none of the participants in the FGDs said that they were aware of the humanitarian services available or complaints mechanism procedures, and none of them had made a complaint against humanitarian staff. Both host and refugee communities lack information on access to humanitarian aid or selection criteria, or even why the quantity of food aid differs according to family size. This indicates that the information that *majhis* receive from humanitarian organizations is not trickling down to the broader community. Even key informants (other than *majhis*) had no information on the different NGO services, and participants in only two FGDs (both for female refugees) said that they had had NGOs question them on their specific needs and preferences. In the survey, 64 percent of men and 53 percent of women replied that they did have information on how to access humanitarian services (Figures 66a and 66b). However, as with the contradictory results in the WASH section, it is likely that the questions were not properly understood or the answers were rushed through, given the large number of items in the questionnaire.

**Figure 66a: Information on accessing humanitarian services (male)**

No 36%
Yes 64%
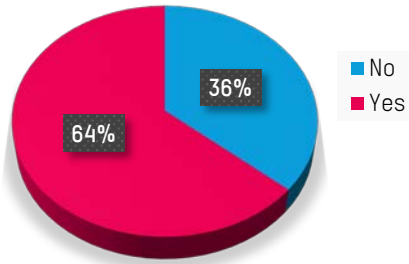
Figure 66b: Information on accessing humanitarian services (female)


No 47%
Yes 53%
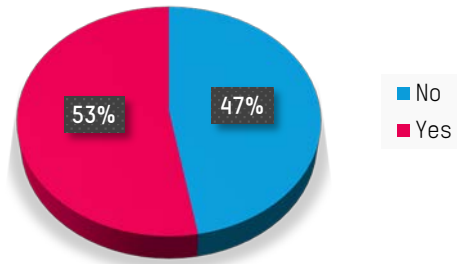
When asked in the survey whether they had been consulted about their needs by humanitarian organizations, 49 percent of men and 39 percent of women said that they had (Figures 67a and 67b). The survey did not allow for further probing into what exactly what was covered by this consultation. Respondents in the FGDs and KIIs gave the impression that the community does not feel consulted on their needs – or if they are consulted, according to one key informant, NGOs do not come back with the actual service promised.

**Figure 67a: Have you been personally consulted about your needs by an aid organization? (male)**

No 51%
Yes 49%
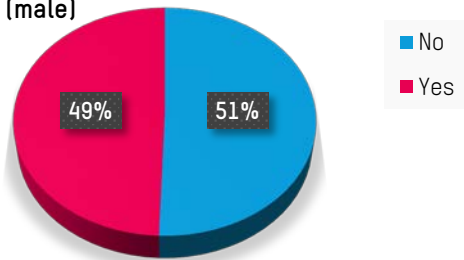
Figure 67b: Have you been personally consulted about your needs by an aid organization? (female)


No 61%
Yes 39%
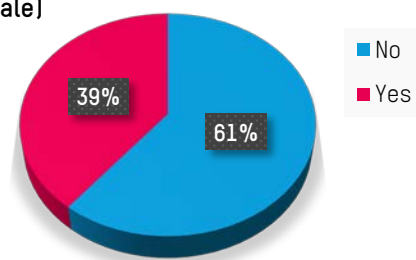
Even less knowledge was indicated with regard to complaining about abusive behaviour by aid workers, with 78 percent of men and 83 percent of women not knowing how to make a complaint (Figures 68a and 68b). This means that in cases of SEA community members would not know how to complain, or to whom.

Figure 68a: Do you know how to make a complaint about an aid/NGO worker for any misbehaviour, abuse or exploitation? (male)


No 78%
Yes 22%
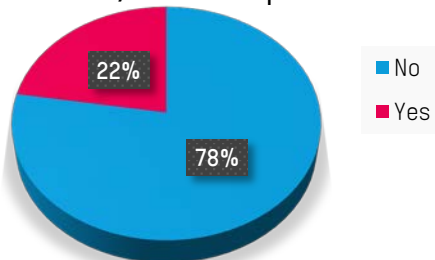
Figure 68b: Do you know how to make a complaint about an aid/NGO worker for any misbehaviour, abuse or exploitation? (female)


No 83%
Yes 17%
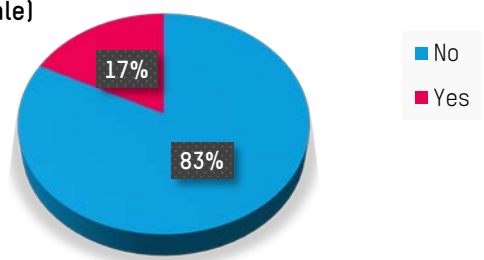
Similarly, asked whether they had provided feedback to any humanitarian organization, 67 percent of men and 71 percent of women answered that they had not (Figures 69a and 69b). Overall, communities are still largely unaware of where and how to access services.

Figure 69a: Have you ever provided feedback to a humanitarian organization about their services? (male)

No 67%
Yes 33%
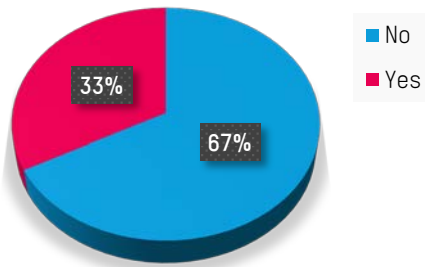
Figure 69b: Have you ever provided feedback to a humanitarian organization about their services? (female)


No 71%
Yes 29%
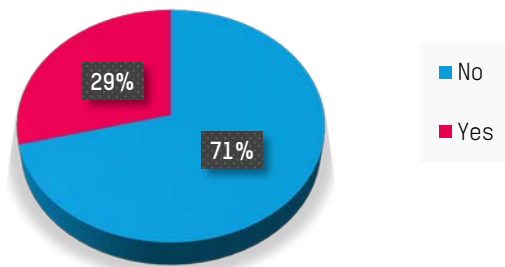
Based on observations in Camps 8E and 8W, it seems that refugees are concerned about insufficient or inaccurate information. Issues relating to the absence of distribution points and problems with sanitation systems were also noted in the observation.

The safety audit indicated that limited or no gender-sensitive mechanisms exist for girls and women to provide feedback on their experiences or their reasons for not participating in activities or accessing services. As stated by one boys' group, girls and women have little access to feedback mechanisms and nobody is listening to them.

3.12 CAPACITIES AND COPING STRATEGIES

From the data collected, it is clear that it is very difficult for the communities to adopt positive coping strategies without support from humanitarian NGOs. When asked whether they had someone in their family or among their neighbours they could depend on in a time of crisis, across both communities, 67 percent of respondents said they had no one to rely on for financial support and 52 percent had no one they could turn to for in-kind assistance if needed (Figures 70 and 71).

Figure 70: When in need, is there someone from your family or neighbours you can depend on for financial support?

No 67%
Yes 33%
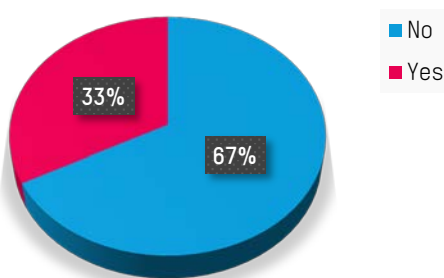
Figure 71: When in need, is there someone from your family or neighbours you can depend on for in-kind assistance?

No 52%
Yes 48%
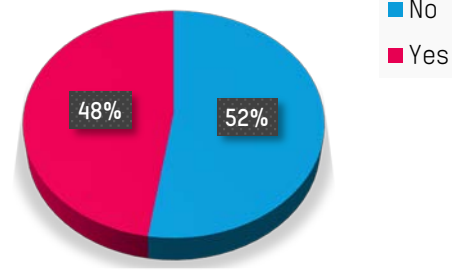
The power of *majhis* was again evident here: when asked who they would go to if they needed help or advice or if they were victims of violence, 68 percent said that it would be the *majhi* for the former and 84 percent the *majhi* for the latter (Figures 72 and 73).

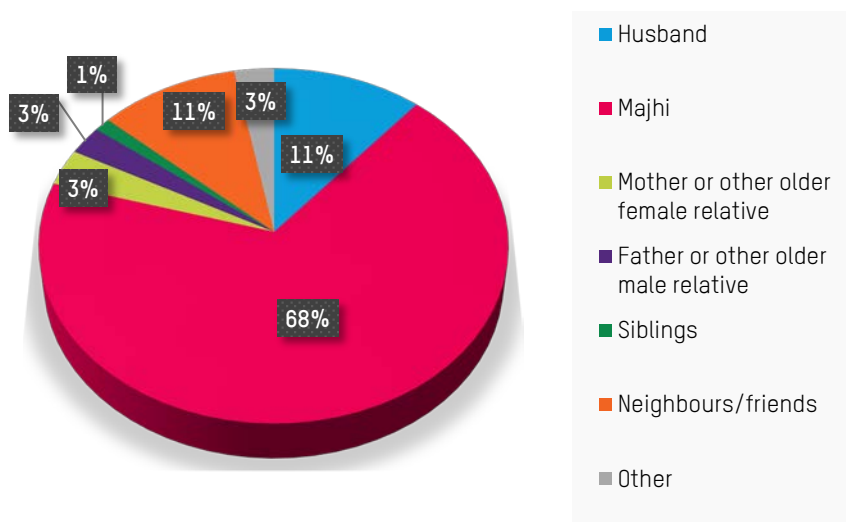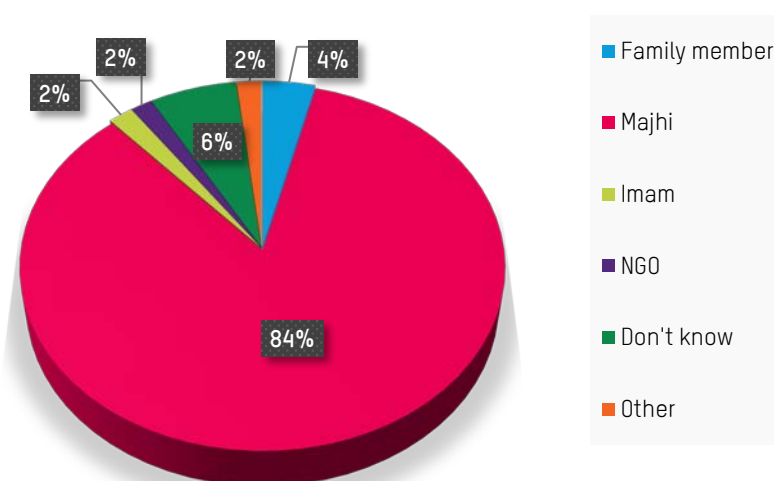**Figure 72: Who do you go to if you need help or advice?**

Legend:
- Husband
- Majhi
- Mother or other older female relative
- Father or other older male relative
- Siblings
- Neighbours/friends
- Other

1% · 3% · 3% · 11% · 3% · 11% · 68%

Figure 73: To whom do community members go for help when they've been victims of some form of violence?

Legend:
- Family member
- Majhi
- Imam
- NGO
- Don't know
- Other

2% · 2% · 2% · 6% · 2% · 4% · 84%

Some negative coping mechanisms that emerged in the FGDs were selling assets or aid items received, begging (in the Rohingya community) and using drugs (for men) in both the Rohingya and host communities. More research is needed on the coping mechanisms.

3.13 PRIORITY NEEDS

Of the households surveyed, 28 percent named food as their priority need, followed by better shelter (19 percent), clean WASH facilities (18 percent) and latrines (11 percent) (Figure 74). The most pressing items needed were clothing (23 percent), kitchen utensils (22 percent) and fuel-efficient stoves (15 percent) (Figure 75).

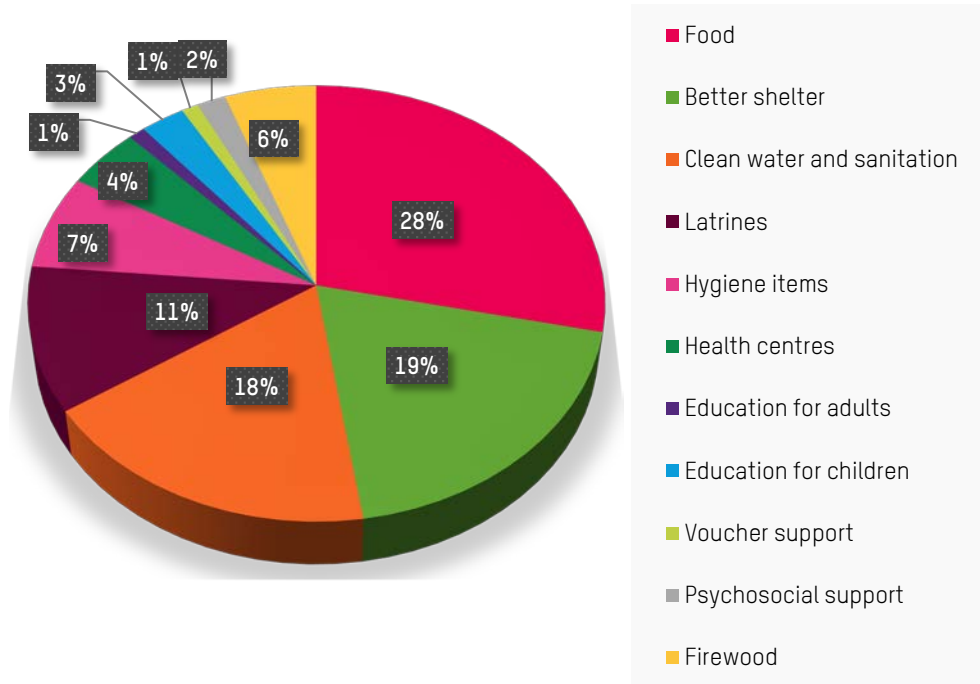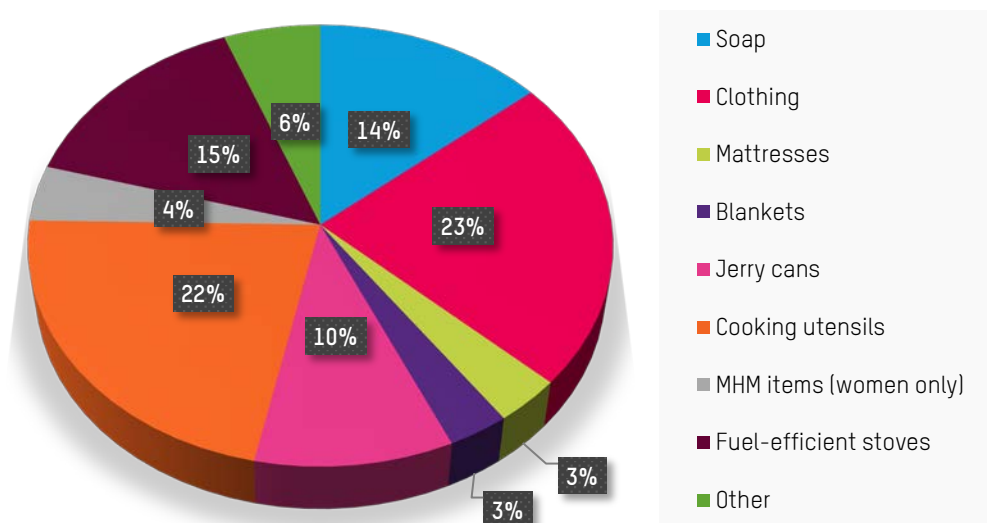## Figure 74: Priority needs of households

Legend:
- Food — 28%
- Better shelter — 19%
- Clean water and sanitation — 18%
- Latrines — 11%
- Hygiene items — 7%
- Health centres — 4%
- Education for adults — 1%
- Education for children — 1%
- Voucher support — 2%
- Psychosocial support — 3%
- Firewood — 6%

Figure 75: Top three most pressing items needed in household

Legend:
- Soap — 14%
- Clothing — 23%
- Mattresses — 3%
- Blankets — 3%
- Jerry cans — 10%
- Cooking utensils — 22%
- MHM items (women only) — 4%
- Fuel-efficient stoves — 15%
- Other — 6%

In the FGDs and the KIIs, IGAs were cited as the most important needs, with members of nine FGDs and six key informants mentioning this when asked about specific needs. Moreover, the need for work was mentioned at various points by all participants in FGDs and interviewees, which confirms the findings of the DEC report.[49] Other needs raised in the FGDs and KIIs, across genders and groups, included gas stoves, clothing, firewood, kitchen utensils, meat in diets, more tube wells, safe water, more food vouchers, more health facilities, money to be able to pay for dowries, sewing machines and poultry, amongst many others.

The results of the adolescent needs assessment showed that, for both boys and girls, the top two priority needs are safety/security and food. For girls, the third priority was medical needs, while for boys it was shelter.

3.14 RELATIONSHIPS BETWEEN HOST COMMUNITY AND ROHINGYA COMMUNITY

Participants in host community FGDs said that, due to the large influx of refugees, the incidence of disease had increased and the situation was getting worse. Host community respondents in all the FGDs and KIIs said that, before the refugee crisis, they were getting sufficient healthcare but at present all the services were going to refugees, which had been creating tension in host communities. All the host community participants in FGDs and KIIs confirmed reports of growing resentment against the Rohingya arrivals, due to higher prices in markets and reduced wages for labour, and because humanitarian NGOs were directing aid disproportionately towards the Rohingya community. There were also reports from the host community about fears of theft, robbery and increased violence against women. One local male key informant in Unchiprang said: 'If the refugees are taken to a far place, I think it would be safer for the community.' Another in Ukhia said: 'They are spoiling the environment, and the situation is getting worse day by day.'

However, among the refugees, only one male participant in an FGD (Camp 12) and one key informant said that they had been abused by members of the local community while collecting firewood; no other negative sentiments towards the host community were expressed by respondents from the refugee community.

4 CONCLUSION

Living conditions in the refugee camps and in the makeshift and spontaneous settlements in Cox's Bazar continue to be poor. The effect that this has had on the host community is not being sufficiently addressed, and resentment is growing towards the refugee communities. Rohingya refugees have access only to basic services, and host communities are also incredibly vulnerable. Their vulnerability is only exacerbated by the looming risk of disasters, particularly heavy rain, cyclones and landslides as the monsoon season progresses.

Security is a key concern for women and girls in both communities, while the lack of lighting at night, the lack of dedicated spaces and shortages of items such as clothing are particular concerns for women in the refugee community. Types of GBV such as early marriage, polygamy and domestic violence threaten female refugees and also women in the host community. Refugee women and their children are at risk of undernutrition. A number of organizations are working to improve lighting in the camps and one is distributing cloth to be made into clothing to mitigate and prevent some of these risks, but there is a need for more support across all camps to meet the needs of the whole refugee population. More also needs to be done to prevent GBV in the host community.

While men have been engaging in income-generating activities, Rohingya women are expected to stay at home and to take primary responsibility for household chores, which entails a heavy workload. This means that they have less authority and decision making capacity and very limited access to public decision making processes. In addition, factors such as men and boys being prioritized for food intake, limited mobility and access to information, harmful traditional nutrition and care practices, caregiving responsibilities and general stress are affecting women and contributing to child undernutrition. Women in the host community also have an increasingly heavy workload, but they do have slightly better access to community groups and potentially to decision making.

The design of latrines in the early part of the response has proved to be ineffective, as Rohingya women and girls still cannot access them and also have limited access to consultation meetings. Improved access to water could transform the lives of women and girls by reducing the time spent fetching water for their families. There is a need to support women in maintaining menstrual hygiene and in being able to use latrines with dignity and security. Similar needs are found in the host community.

There is a clear lack of information for women and girls, especially in the Rohingya community, which constitutes a barrier to them accessing services and aid. Furthermore, women and girls lack or have only limited access to feedback mechanisms that could help organizations to appropriately address their needs. Disaster preparedness efforts have not sufficiently addressed knowledge gaps in the refugee community and have not prepared them adequately for the monsoon and cyclone season. This is especially the case for the women.

4.1 RECOMMENDATIONS

The recommendations made by this report have been formulated by the authors based on the findings of the gender analysis, critical reflections on these findings and suggestions coming out of the FGDs, KIIs and the household survey.

WASH and MHM
- The WASH sector should prioritize household-level water sources, as well as adequate and gender-segregated latrine facilities. If this is not possible, then a minimum requirement should

be consultation with women and girls on the management of WASH facilities, ensuring that their feedback is collected and that it informs changes.

- Every female latrine should incorporate an MHM space.

- Separate and private spaces need to be identified for women to bathe.

- WASH infrastructure should be monitored regularly to ensure that it remains compliant with minimum standards for safety and security (including lights and locks on doors), as well as meeting MHM needs.

- Budgeting should be ensured for regular distributions of dignity kits, modifying their contents in accordance with needs and the context of the camps following localized assessments; the targeting of female-headed households and adolescent girls should also be ensured through house-to-house distributions.

EFSVL

- Advocate with key policy makers for the implementation of IGAs in camps to provide much needed livelihood opportunities for both women and men. As cash grant distributions for Rohingya refugees are currently restricted, interim opportunities and possible options need to be found for both Rohingya and host communities, while taking into consideration findings from the Rapid Care Analysis (RCA).

- Empower women and girls through activities that will give them opportunities to access and control resources, and ensure that childcare support is provided for women who are engaged in IGAs. Also undertake awareness-raising activities with men on the benefits of women's economic empowerment, especially in the refugee community.

- Ensure that support is provided in the distribution of aid to female- and child-headed households.

- Invest in community kitchens, kitchen utensils and firewood substitutes to reduce the burden of household work related to cooking.

Nutrition

- Monitor gender-specific and other harmful traditional practices linked to gender dynamics to prevent undernutrition, and support access to nutrition treatment.

- Develop tailored, gender-inclusive information, education and communication (IEC) materials on nutrition, adapted to the context.

- Include more men and boys and elderly people, especially mothers-in-law, in nutrition education and behaviour change activities, including by engaging fathers/male caregivers to attend nutrition sessions and to learn the benefits of IYCF practices and nutrition requirements for children under five. Include cooking demonstrations led by men as well as women, with a focus on gender- and age-specific nutrition requirements.

- Sensitize communities on IYCF services, and reinforce family and community support, with a special focus on barriers or challenges to IYCF practices.

- Support mothers through counselling on IYCF, specifically breastfeeding practices, and psychosocial support and involve influential family members to create an enabling environment for caregiving.

- Promote the involvement of men in sharing caregiving responsibilities in order to reduce women's workload and to encourage more equal sharing of parenting responsibilities.

- Ensure that both men and women are provided with information on women's and children's health and nutrition to create an enabling environment for positive nutrition practices.

- Target health promotion activities at women/mothers/female caregivers and design specific strategies to engage men/fathers/male caregivers, especially on the importance of early healthcare-seeking behaviour.

- Target traditional healthcare providers within the community for communication on behaviour change to reduce harmful practices, as well as to develop the capacity of influential community members.

Protection

- Support the establishment of community-based self-help groups, such as community centres, child-friendly spaces and women-friendly spaces, to address the protection, psychosocial and livelihoods needs of refugees.

- Set up educational facilities or temporary learning centres for adolescent girls and boys and provide targeted support to boys and girls, with male and female facilitators at these centres. Encourage the attendance of fathers and mothers at activities in child-friendly spaces (CFS) and girl-friendly spaces and at other child protection activities.

- Extend the provision of cloth to be made into clothing and for other purposes to all beneficiaries, including girls.

- Identify the scope for addressing issues relating to child protection and GBV via community leaders, police and other security actors.

- Special emphasis needs to put on the prevention of trafficking of women and girls.

- Community awareness activities should be conducted on human rights.

- A comprehensive study is needed on LGBT issues and on policies developed to protect transgender people (as identified by this study).

GBV

- Ensure that the dissemination of information on GBV referral systems is trickled down to communities, especially to women and girls.

- Engage men and boys, women and girls and community leaders in behaviour change activities around gender equality and GBV prevention.

- Engage men and boys positively in addressing GBV, especially domestic violence, sexual harassment against women and girls and polygamy (as a contributing factor to GBV).

- Ensure that all field staff and key local leaders (including informal women leaders) are trained on key principles around GBV and are familiar with GBV referral systems.

- Address GBV with the aim of changing harmful social and traditional norms through awareness-raising campaigns in both refugee and host communities, especially to remove stigma for survivors of GBV.

Disaster preparedness

- Increase disaster preparedness measures across all camps and across host communities, making sure to reach everyone in the community.

- Organize preparedness activities at household level, including simulation exercises for men, women, boys and girls.

- Ensure that all community safe centres have adequate privacy for women and girls, either by designating centres for women and men separately (but within close proximity to one another to avoid long separation of family members), or by creating some separation of space within centres for men and women by putting up temporary curtains to ensure safety and security and maintain the dignity and comfort of women and girls.

- Ensure that disaster preparedness activities respond to the specific needs and constraints of women and girls, in particular including SRH and MHM considerations from the outset.

- Engage women and girls alongside men in disaster preparedness activities, from awareness raising to preparation.

Community and household power structures

- Build on the small number of male and female voices that are currently calling for more participation in household decision making by identifying such individuals and encouraging the formation of groups for community discussion.

- Provide awareness-raising sessions for community leaders, including *majhis* and imams, using their existing influence and expanding it to wider community leadership, both formal and informal.

- Work with religious and community leaders and key persons within the community, such as schoolteachers, who are informal leaders other than *majhis*, ensuring both male and female leadership.

- Utilize these informal leaders in the community and their alternative views on gender roles to decentralize power away from *majhis*.

- Empower informal women leaders in the Rohingya community and engage with formal women leaders in the host community.

- Promote the active involvement of women and adolescent boys and girls in decision making processes, especially within existing structures created by the wider humanitarian response.

Domestic care work

- Use the recognition of care work as an entry point to revaluing women's work in the home, with separate reflection sessions for women and men focused on care work and based on the RCA findings, with the aim of redistributing care work within the family.

- Include men and boys in awareness-sessions on sharing responsibility for childcare and other domestic work to reduce negative perceptions around care work.

- Reduce the burden of care work for women by improving existing WASH facilities and providing new ones.

- All humanitarian actors should provide labour support to help female-headed households transport relief supplies from distribution points back to their homes.

- Act on the recommendations of the RCA, which can be found online.[50]

Women's and girls' empowerment and leadership

- Support women-only self-help groups to provide collective support and life skills to reduce dependence on men for basic needs, and sensitize families on the benefits of allowing women to participate.

- Women and girl-friendly spaces (as well as youth-friendly spaces in general) are needed to support consultation and confidence building. Ideally, these spaces should be linked with protection and education or livelihood activities or any other activity that brings together women and girls, even informally.

- Support women and girls to have access to information, improved health and hygiene practices and psychosocial support, in order to create an enabling environment for good nutrition and healthcare practices.

- Link with existing structures in the host community, in particular to promote women's rights.

- Training on gender awareness and gender sensitivity is needed for camp and religious leaders, as is community awareness outreach for men and boys on women's agency and leadership. They can then be used as influencers to support the recommendations above.

Access to other services

- Given the conservative nature of the affected community, the hiring of female staff is of utmost importance, in line with international organizations' commitments and guidelines.

- Ensure that information on the services provided by aid organizations is widely disseminated, and that awareness raising on services is conducted within the community.

- Further in-depth study is required to explore differential needs related to SRH for women, as well as the differential needs of people with disabilities.

Feedback and complaints, including PSEA

- Roll out a concrete plan with clear measures to disseminate information on feedback and complaint mechanisms across camps, groups and genders, especially in relation to PSEA, and ensure that complaints are addressed in a timely manner.

- Update community feedback and complaint mechanisms so that they are accessible for women, men, girls and boys.

- Use existing community groups to disseminate information on feedback, complaints and PSEA, as developed by relevant humanitarian clusters.[51]

- Ensure that information is disseminated through a variety of channels, to include in particular informal leaders and women.

- Monitor and report on the effectiveness of different measures implemented by each organization.

- Use the Communication with Communities Working Group (CwC WG) to monitor the use of feedback and complaints mechanisms used by different actors and the efficacy of such services in resolving issues.

Capacities and coping strategies

- Support the establishment of community-based self-help groups engaging men, women, boys and girls – such as community centres, child-friendly spaces and women-friendly spaces – to address the protection, psychosocial and livelihood needs of refugees and to ensure a coordinated response across the different services offered by aid agencies.

Priority needs

- Consult with women, men, boys and girls on their needs, validate the findings with communities and adjust programmes accordingly.

- Coordination is needed among different services provided by aid agencies on the priority needs of the community.

Relationships between host community and Rohingya community

- Develop relationships between host and refugee communities through women- and girl-friendly spaces with recreational activities that both can access; similarly, with men's and boy's groups.

- Develop social cohesion programmes between host and refugee communities through appropriate sports or cultural festivals for both men and women.

BIBLIOGRAPHY

ACAPS Briefing Note. *Rohingya Crisis: Situation Analysis*. 22 November 2017.
https://www.acaps.org/sites/acaps/files/slides/files/20171122_acaps_rohingya_crisis_0.pdf

ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review. Thematic Report, January 2018*.
https://reliefweb.int/sites/reliefweb.int/files/resources/20180130_acaps_thematic_report_rohingya_
crisis_host_communities_review.pdf

Action Against Hunger (2017). *Integrated SMART Nutrition and Health Survey in Host Communities of
Ukhiya and Teknaf Upazila, Cox's Bazar*, January–February 2017.

Al Jazeera (2018). *Brides and Brothels: The Rohingya Trade. Thousands of Rohingya girls continue to face
sexual exploitation, forced marriage and trafficking in refugee camps*. 8 March 2018.
https://www.aljazeera.com/programmes/101east/2018/03/brides-brothels-rohingya-trade-
180308070438854.html

ASEAN Parliamentarians for Human Rights (APHR). *The Rohingya Crisis: Past, Present, and Future*, 21–24
January 2018. https://aseanmp.org/wp-content/uploads/2018/03/APHR_Bangladesh-Fact-Finding-
Mission-Report_Mar-2018.pdf

Black, R.E., L.H Allen, Z.A. Bhutta et al. and Maternal and Child Undernutrition Study Group. (2008).
Maternal and child undernutrition: Global and regional exposures and health consequences. The Lancet,
371(9608), 243-260.

CARE. *Rapid Gender Analysis*. September 2017.
http://gender.care2share.wikispaces.net/file/view/Rapid+Gender+Analysis+of+Myanmar+Refugee+Cris
is_18102017+v3_R.pdf

Disasters Emergency Committee (DEC). *Real-Time Response Review of the DEC Emergency Appeal for
People Fleeing Myanmar. Responding to the Needs of Refugees and Host Communities: Review of the DEC
Phase 1 Responses March 2018*. https://www.dec.org.uk/article/real-time-response-review-of-the-
dec-appeal-for-people-fleeing-myanmar

GBV Policy and Advocacy Task Team. *Inter-agency Briefing Paper*.
https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20and%20Advocacy%20TT%20Rohing
ya%20Bangladesh%20Briefing.pdf

HelpAge International (2017). *Rapid Needs Assessment of Older People (RNA-OP) forcibly displaced from
Myanmar in Balukhali 2 camp, Cox's Bazar, Bangladesh*.
https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/hel
page_rna-op_bangladesh_final_281117.pdf

Humanitarian Response Plan (HRP): Rohingya Refugee Crisis. September 2017–February 2018.
https://reliefweb.int/sites/reliefweb.int/files/resources/2017_HRP_Bangladesh_041017_2.pdf

Inter Sector Coordination Group (ISCG). *Situation Report: Rohingya Refugee Crisis Cox's Bazar, 26 April
2018*. https://reliefweb.int/sites/reliefweb.int/files/resources/20180426_iscg_sitrep.pdf

Inter-Agency Standing Committee (IASC) (2015). Guidelines for Integrating Gender-Based Violence
Interventions in Humanitarian Action. https://gbvguidelines.org/wp/wp-
content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

International Federation of Red Cross and Red Crescent Societies (IFRC). *Emergency Plan of Action
Operation Update. Bangladesh: Popular Movement*. 17 January 2017–15 March 2018.
https://reliefweb.int/sites/reliefweb.int/files/resources/MDRBD01812m.pdf

International Rescue Committee (IRC) and Relief International (RI). *October 2017 Assessment Report:
Undocumented Myanmar Nationals influx to Cox's Bazar, Bangladesh*.
https://reliefweb.int/report/bangladesh/october-2017-assessment-report-undocumented-myanmar-
nationals-influx-cox-s-bazar

IOM Bangladesh: Rohingya Humanitarian Crisis Response. *External Update 27 April–3 May 2018*.
https://reliefweb.int/sites/reliefweb.int/files/resources/2018-05-03%20-
%20IOM%20Rohingya%20Crisis%20Response%20-%20External%20Sitrep.pdf

IOM Bangladesh Needs and Population Monitoring (NPM). *Site Assessment: Round 8*. February 2017. https://reliefweb.int/sites/reliefweb.int/files/resources/NPM%20Round%208%20Report%20Jan-Feb.pdf

ISCG. *Gender Profile No.1 For Rohingya Refugee Crisis Response Cox's Bazar, Bangladesh (as of 3rd December 2017)*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_gender_profile_rohingya_refugee_crisis_response_final_3_december_2017_.pdf

Office of the UN High Commissioner for Human Rights (OHCHR). *Devastating cruelty against Rohingya children, women and men detailed in UN human rights report*. Geneva, 3 February 2017. http://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21142&LangID=E

Oxfam. *Rapid Protection, Food Security and Market Assessment, Cox's Bazar, Bangladesh*, 19 November 2017. https://reliefweb.int/report/bangladesh/rapid-protection-food-security-and-market-assessment-coxs-bazar-bangladesh

Oxfam Report on monsoon preparedness – internal document of assessment conducted in Ukhia and Teknaf.

Oxfam, *Rapid Care Analysis in a Rapid-Onset Emergency, Cox's Bazar, Bangladesh*, June 2018. https://policy-practice.oxfam.org.uk/publications/rapid-care-analysis-in-a-rapid-onset-emergency-coxs-bazar-bangladesh-620499 Rapid Care Analysis in a Rapid-Onset Emergency, Cox's Bazar, Bangladesh, Oxfam, June 2018

Ripoll, S. (2017). *Social and cultural factors shaping health and nutrition, wellbeing and protection of Rohingya people within a humanitarian context, Social Science in Humanitarian Action*, October 2017. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/13328/Ripoll_2017_Social_and_cultural_factors_wellbeing_and_protection_of_the_Rohingya.pdf?sequence=1&isAllowed=y

Rohingya Response: Pre-Crisis Market and Needs Analysis (PCMNA) conducted by Oxfam, WFP, UNHCR, World Vision, Christian Aid and Mukti under the Cash Working Group. 1 May 2018. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/pcma_final_may-v2.pdf

Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis, March–December 2018*. https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF

UNDP and UN Women. *Social Impact Assessment of the Rohingya Refugee Crisis into Bangladesh. Key Findings and Recommendations (6th December 2017)*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/171207_social_impact_assessment_and_rapid_host_community_impact_assessment_summary.pdf

UNDP and UN Women. *Rapid Environmental Assessment of the Rohingya Refugee Influx into Bangladesh. Preliminary Key Findings and Recommendations (12th December 2017)*. http://www.cxb-cso-ngo.org/wp-content/uploads/2018/01/20171205_FINAL_REIA-Summary-Brief.pdf

UN Food and Agriculture Organization. *FAO aid appeal to support Rohingya refugees and host communities in Bangladesh*. 4 May 2018. FAO: Rome. https://reliefweb.int/report/bangladesh/fao-aid-appeal-support-rohingya-refugees-and-host-communities-bangladesh

UNCHR Gender Equality study 2015 – received via email from UN Women, conducted in the registered Rohingya camps prior to the influx.

UNCHR. *Bangladesh Refugee Emergency: Population Factsheet, as of 9 April 2018*. https://data2.unhcr.org/en/documents/download/63108

UNHCR/ADPC/IOM. *Rohingya Refugee Crisis/Bangladesh. Flood and Landslide – Impact Analysis. Kutupalong RC and Extension, 21 January 2018*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/flood-landslide-access-risk_analysis_20180121.pdf

United Nations Office for the Coordination of Humanitarian Affairs (OCHA). *Rohingya Refugee Crisis*. https://www.unocha.org/rohingya-refugee-crisis

UN Women. *Gender Brief on Rohingya Refugee Crisis Response in Bangladesh*. October 2017. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gender-advocacy-paper-for-rohingya-refugee-crisis-response-in-bangladesh-r09s.pdf

NOTES

1 Oxfam. (2018). *Rapid Care Analysis in a Rapid-Onset Emergency, Cox's Bazar, Bangladesh*, https://policy-practice.oxfam.org.uk/publications/rapid-care-analysis-in-a-rapid-onset-emergency-coxs-bazar-bangladesh-620499

2 Ibid.

3 IOM Bangladesh Needs and Population Monitoring (NPM). *Site Assessment: Round 8*. February 2017. https://reliefweb.int/sites/reliefweb.int/files/resources/NPM%20Round%208%20Report%20Jan-Feb.pdf

4 United Nations Office for the Coordination of Humanitarian Affairs (OCHA). *Rohingya Refugee Crisis*. https://www.unocha.org/rohingya-refugee-crisis

5 Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis, March–December 2018*. https://reliefweb.int/sites/reliefweb.int/files/resources/JRP%20for%20Rohingya%20Humanitarian%20Crisis%20-%20FOR%20DISTRIBUTION.PDF

6 Ibid.

7 Ibid.; and Oxfam. *Rapid Protection, Food Security and Market Assessment, Cox's Bazar, Bangladesh*, 19 November 2017. https://reliefweb.int/report/bangladesh/rapid-protection-food-security-and-market-assessment-coxs-bazar-bangladesh

8 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review. Thematic Report, January 2018*. https://reliefweb.int/sites/reliefweb.int/files/resources/20180130_acaps_thematic_report_rohingya_crisis_host_communities_review.pdf

9 Ibid.

10 Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, op. cit.

11 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review*, op. cit.

12 UNDP and UN Women. *Social Impact Assessment of the Rohingya Refugee Crisis into Bangladesh. Key Findings and Recommendations (6th December 2017)*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/171207_social_impact_assessment_and_rapid_host_community_impact_assessment_summary.pdf

13 S. Ripoll (2017). *Social and cultural factors shaping health and nutrition, wellbeing and protection of Rohingya people within a humanitarian context. Social Science in Humanitarian Action*, October 2017. https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/13328/Ripoll_2017_Social_and_cultural_factors_wellbeing_and_protection_of_the_Rohingya.pdf?sequence=1&isAllowed=y

14 Ibid.

15 CARE. *Rapid Gender Analysis*. September 2017. http://gender.care2share.wikispaces.net/file/view/Rapid+Gender+Analysis+of+Myanmar+Refugee+Crisis_18102017+v3_R.pdf and GBV Policy and Advocacy Task Team. *Inter-Agency Briefing Paper*. https://reliefweb.int/sites/reliefweb.int/files/resources/Policy%20and%20Advocacy%20TT%20Rohingya%20Bangladesh%20Briefing.pdf

16 GBV Policy and Advocacy Task Team. *Inter-Agency Briefing Paper*, op. cit.

17 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.

18 Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, op. cit.

19 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.; and Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, op. cit.

20 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit. Purdah is a traditional practice in some Muslim and Hindu societies in which women are expected to cover their bodies and faces and to avoid contact with other people, except their husbands, children and other female family members.

21 GBV Policy and Advocacy Task Team. *Inter-Agency Briefing Paper*, op. cit.; and Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.

22 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.; and Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, op. cit.

23 International Federation of Red Cross and Red Crescent Societies (IFRC). *Emergency Plan of Action Operation Update. Bangladesh: Popular Movement*. 17 January 2017. https://reliefweb.int/sites/reliefweb.int/files/resources/MDRBD01812m.pdf

24 Inter Sector Coordination Group (ISCG). *Situation Report: Rohingya Refugee Crisis Coxes/resources/MDRBD01812*. https://reliefweb.int/sites/reliefweb.int/files/resources/20180426_iscg_sitrep.pdf

25 ISCG. *Gender Profile No.1 For Rohingya Refugee Crisis Response, Cox's Bazar, Bangladesh (as of 3 December 2017)*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_gender_profile_rohingya_refugee_crisis_response_final_3_december_2017_.pdf

26 Strategic Executive Group and partners. *JRP for Rohingya Humanitarian Crisis*, op. cit.

27 ISCG. *Gender Profile No.1 For Rohingya Refugee Crisis Response*, op. cit.

28 *Majhis* are camp and block leaders in the Rohingya refugee camps; they are appointed by the Camp in Charge, the Bangladeshi military administrators responsible for the settlements.

29 HelpAge International (2017). *Rapid Needs Assessment of Older People (RNA-OP) forcibly displaced from Myanmar in Balukhali 2 camp, Cox's Bazar, Bangladesh*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/assessments/helpage_rna-op_bangladesh_final_281117.pdf

30 ISCG. *Gender Profile No.1 For Rohingya Refugee Crisis Response*, op. cit.

31 International Rescue Committee (IRC) and Relief International (RI). *October 2017 Assessment Report: Undocumented Myanmar Nationals influx to Cox's Bazar, Bangladesh*. https://reliefweb.int/report/bangladesh/october-2017-assessment-report-undocumented-myanmar-nationals-influx-cox-s-bazar

32 Al Jazeera (2018). *Brides and Brothels: The Rohingya Trade. Thousands of Rohingya girls continue to face sexual exploitation, forced marriage and trafficking in refugee camps*. 8 March 2018. https://www.aljazeera.com/programmes/101east/2018/03/brides-brothels-rohingya-trade-180308070438854.html

33 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.

34 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review*, op. cit.

35 Ibid.

36 Ibid.; and GBV Policy and Advocacy Task Team. *Inter-Agency Briefing Paper*, op. cit.

37 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review*, op. cit.

38 Oxfam. *Rapid Protection, Food Security and Market Assessment*, op. cit.

39 S. Ripoll (2017). *Social and cultural factors shaping health and nutrition, wellbeing and protection of Rohingya people within a humanitarian context*, op. cit.

40 IOM Bangladesh Needs and Population Monitoring (NPM). *Site Assessment: Round 8*, op. cit.

41 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review*, op. cit.

42 REVA (2017). *Rohingya Emergency Vulnerability Assessment (REVA) – Summary Report. Cox's Bazar, Bangladesh, December 2017*. https://reliefweb.int/sites/reliefweb.int/files/resources/WFP-0000050429.pdf

43 Inter-Agency Standing Committee (IASC) (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

44 Action Against Hunger (2017). *Integrated SMART Nutrition and Health Survey in Host Communities of Ukhiya and Teknaf Upazila, Cox's Bazar*, January–February 2017.

45 ACAPS/NPM Analysis Hub. *Rohingya Crisis: Host Communities Review*, op. cit.

46 Again, it is possible that the concept of safety might have been understood differently by the community, compared with the way the word is used in humanitarian terminology.

47 Oxfam (2018). *Rapid Care Analysis in a Rapid-Onset Emergency, Cox's Bazar, Bangladesh*, op. cit.

48 Oxfam internal document.

49 Disasters Emergency Committee (DEC). *Real-Time Response Review of the DEC Emergency Appeal for People Fleeing Myanmar. Responding to the Needs of Refugees and Host Communities: Review of the DEC Phase 1 Responses March 2018*. https://www.dec.org.uk/article/real-time-response-review-of-the-dec-appeal-for-people-fleeing-myanmar

50 Oxfam (2018). *Rapid Care Analysis in a Rapid-Onset Emergency, Cox's Bazar, Bangladesh*, op. cit.

51 Including the Gender in Humanitarian Action (GiHA) working group, the GBV sub-sector and the Protection cluster.

ACKNOWLEDGEMENTS

Research reports

This research report was written to share research results, to contribute to public debate and to invite feedback on development and humanitarian policy and practice. It does not necessarily reflect the policy positions of the publishing organizations. The views expressed are those of the author and not necessarily those of the publishers.

For more information, or to comment on this report, email iulia.toma@oxfam.org.