

# STILL AT RISK

RESTRICTIONS ENDANGER ROHINGYA WOMEN AND  
GIRLS IN BANGLADESH

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FIELD REPORT | JULY 2018



Cover Photo: R, a 13 year-old girl, is seen in silhouette as she speaks to *The Associated Press* in her tent in Kutupalong refugee camp in Bangladesh. (AP Photo/Wong Maye-E)

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# SUMMARY

The Rohingya minority in Rakhine state, Myanmar, has undergone a brutal campaign of ethnic cleansing marked by widespread sexual violence. As extensively documented by the United Nations and by media and human rights groups, Myanmar's security forces systematically rounded up and sexually abused Rohingya women and girls. Rohingya women were set on fire, mutilated, gang raped, and forcibly detained and raped in military camps for weeks at a time.<sup>1</sup> Since August 2017, over 700,000 Rohingya have fled these and other state-sanctioned atrocities to neighboring Bangladesh.

Yet despite the acute awareness of the use of sexual violence as a weapon against the Rohingya, the humanitarian community in Bangladesh was—and remains—ill-prepared to prioritize gender-based violence (GBV) as a lifesaving matter in its response. The scale of violence experienced by Rohingya women both before and during their flight from Myanmar required a mass deployment of GBV and sexual and reproductive health (SRH) capacity and services. However, the availability of quality GBV and SRH services remains grossly inadequate even months into the response.

Further, though Rohingya women in Bangladesh are currently safe from the violence in Myanmar, GBV continues in refuge, with hundreds of incidents reported weekly.<sup>2</sup> Funding and programs to support survivors were established, but efforts to take them to scale have led to serious quality concerns. These include concerns over unqualified practitioners, a failure to respect basic GBV programming principles, and limited promulgation of options for different courses of care and treatment (referral pathways). In addition, the international humanitarian response suffers from blurred lines of accountability and oversight. This has further undercut the effectiveness of GBV programming.

Some of the shortcomings in the GBV response are the result of a wider set of challenges emanating from the scale and rapid onset of the emergency, land availability, and coordination difficulties between the Government of Bangladesh and the UN system.<sup>3</sup> But most important, the Government of Bangladesh imposes stringent restrictions on humanitarian actors and refugees that have severely undercut efforts to meet the needs of Rohingya women and girls. A comprehensive, professional, and accountable multisectoral response to GBV is long overdue.

In April 2018, Refugees International (RI) conducted a mission to Bangladesh, to research the GBV response for Rohingya women and girls.<sup>4</sup> RI found that the entire humanitarian system is struggling under tremendous constraints in Bangladesh, and protection and health actors do

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1. See Human Rights Watch and Fortify Rights, joint submission to the Convention on the Elimination of All Forms of Discrimination against Women regarding Myanmar's "Exceptional Report on the Situation of Women and Girls from Northern Rakhine State," May 2018, [https://gallery.mailchimp.com/f15b18127e37f74088063b773/files/2b6b7a73-6910-4369-8eb4-4b420cff-305c/201805myanmar\\_cedaw\\_submission.01.pdf](https://gallery.mailchimp.com/f15b18127e37f74088063b773/files/2b6b7a73-6910-4369-8eb4-4b420cff-305c/201805myanmar_cedaw_submission.01.pdf).

2. Inter-Sector Coordination Group (ISCG), "2018 JRP for Rohingya Humanitarian Crisis, March–December 2018," March 2018, p. 11, <https://www.humanitarianresponse.info/en/operations/bangladesh/document/jrp-rohingya-humanitarian-crisis>.

3. For information on the humanitarian architecture in Bangladesh and coordination between IOM and UNCHR, see Daniel Sullivan, "Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons in Bangladesh," Refugees International, May 22, 2018, <https://www.refugeesinternational.org/reports/rohingyalivesatrisk>.

4. The mission also researched broader humanitarian concerns, including humanitarian coordination and humanitarian space, as documented in RI's May 2018 report, "Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons in Bangladesh." (See footnote 3).

deliver lifesaving services to survivors in an incredibly challenging environment. This report, however, focuses on key gaps and challenges in GBV programming, as communicated by practitioners deployed to Bangladesh at various stages of the emergency, by local organizations, and by the affected women and girls themselves.

In the analyses and recommendations provided in this report, RI draws in part from the framework of the international initiative to safeguard women and girls in emergencies—the *Call to Action on Protection from Gender-Based Violence in Emergencies*<sup>5</sup>—and urges the donors and humanitarian organizations that are *Call to Action* partners to implement it more effectively and with urgency during this emergency.

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5. “The Call to Action on Protection from Gender-Based Violence in Emergencies (Call to Action) is a multi-stakeholder initiative launched in 2013 to fundamentally transform the way gender-based violence is addressed in humanitarian emergencies. The aim is to drive change and foster accountability so that every humanitarian effort, from the earliest stage of a crisis, includes the policies, systems and mechanisms to mitigate gender-based violence risks, especially violence against women and girls, and to provide safe and comprehensive services to those affected by gender-based violence.” For more information on the Call to Action, see <https://www.calltoactiongbv.com/>.

# RECOMMENDATIONS

## *To the Government of Bangladesh*

- Remove bureaucratic barriers that hinder nongovernmental organizations' (NGOs') GBV interventions, and establish clear and consistent guidance for NGO registration, project approvals, and visas.
- Remove barriers to critical assistance by revising criteria for lifesaving programming to include GBV, SRH, capacity building, community engagement, and other essential protection interventions.
- Promptly recognize the Rohingya as refugees with accompanying rights—including access to justice, health services, cash assistance and livelihoods, and education, as well as freedom of movement.

## *To GBV Donors Specifically*

- Ensure that current and potential grantees have the skills, competencies, and organizational commitment required to implement quality programs that do no harm and respect core GBV guidance and principles. Organizations that cannot meet these standards should not receive further funds for GBV specialized programming.
- Immediately lead a GBV programming review to inform continued GBV funding priorities. Such an exercise should include, but not be limited to:
  - Convening a roundtable with working-level GBV programming staff, exclusively;
  - Reviewing program commitments and monitoring-and-evaluation reports;
  - Identifying organizations that have demonstrable technical capacity in GBV; and
  - Devising a local capacity-building initiative.

## *To All International Donors*

- Urge the Government of Bangladesh to remove bureaucratic barriers hindering NGOs' GBV interventions, and revise its criteria for lifesaving programming.
- Hold all grantees accountable for adhering to the Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action and the IASC Gender Handbook in Humanitarian Action.
- Fully fund the 2018 Joint Response Plan for the Rohingya humanitarian crisis, which is currently funded at just 27 percent, including all protection activities, which are only 14 percent funded at present.<sup>6</sup>
- In future funding cycles, prioritize adolescent girls' protection, engagement, and empowerment as a matter of urgency.
- Allocate common budget resources for professional language translation services to ensure a consistent approach to language and community engagement across the response.

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6. ISCG, "Situation Report: Rohingya Refugee Crisis: Cox's Bazar," July 5–19, 2018, p. 1, p. 6, [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg\\_situation\\_report\\_19\\_july\\_2018.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_situation_report_19_july_2018.pdf).

### *To the International Humanitarian Leadership in Bangladesh (Strategic Executive Group)*

- Direct the senior coordinator and the heads of Sub-Office Group in Cox's Bazar to develop, in collaboration with sector coordinators and government counterparts, an interagency rollout plan for the broad promulgation of all protection-related referral pathways, including those that have already been introduced.
- Hold the senior coordinator and sector coordinators in Cox's Bazar accountable for ensuring that their strategies and activity plans comply with the IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, and the IASC Gender Handbook in Humanitarian Action.
- Work with officials of the Government of Bangladesh to prioritize trafficking prevention and response in all aid operations.

### *To All Humanitarian Aid Providers in Bangladesh*

- Ensure that current and future GBV staff have the requisite expertise and competencies to lead their agencies' GBV portfolios.
- Incorporate gender analysis into all program design and monitoring-and-evaluation plans.
- SRH and GBV service providers must increase their cooperation to achieve an integrated approach. Service providers should ensure the availability of SRH services, including obstetric, prenatal, and postnatal care; contraceptive information and services; and safe abortion services.<sup>7</sup>
- Conduct a self-evaluation of GBV capacity before applying for or accepting funding for any new programs with GBV portfolios.
- Prioritize adolescent girls' protection, engagement, and empowerment programming.

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7. Recommendation adapted from: CARE, Center for Reproductive Rights, IPAS, Women's Refugee Commission, "NGO Statement Concerning Sexual and Reproductive Rights of Rohingya Women and Girls Displaced Due to Conflict in advance of the UN Security Council's Mission to Myanmar, Bangladesh," April 26, 2018, p. 6, <https://www.womensrefugeecommission.org/images/zdocs/NGO-Statement-on-SRHR-of-Rohingya-Women.pdf>.

## BACKGROUND

Sexual violence against the Rohingya in Myanmar has been widespread and systematic. The scale of the sexual violence—and hence the need for specialized services in the Rohingya emergency—are simply enormous. The UN’s special representative to the secretary-general for sexual violence in conflict visited Cox’s Bazar in November 2017 and “heard accounts from almost every woman and girl [with whom she met] of patterns of rape, gang rape, forced nudity and abduction for the purpose of sexual slavery during military campaigns of slaughter, looting and the razing of homes and villages.”<sup>8</sup>

Further, of the estimated total refugee population of 900,000 in Bangladesh, some 600,000 are concentrated in one megacamp. Almost by definition, this high degree of congestion means that basic humanitarian standards cannot be met.<sup>9</sup> This, coupled with preexisting gender inequalities, presents extraordinary risks. Intimate partner violence, sexual exploitation and abuse, child marriage, and trafficking are just some of the issues that require urgent programmatic interventions.

The response to the Rohingya crisis in Bangladesh can be measured against a well-established set of standards and the framework

of a multi-stakeholder initiative like the *Call to Action on Protection from Gender-Based Violence in Emergencies*. In any emergency, specialized services for GBV survivors—including the clinical management of rape, trauma recovery, and case management—must be provided at once. Also, referral pathways—the continuum of available services (including health, legal, and economic assistance) to which GBV survivors need to be given access—should be established.

In addition, the full range of activities delineated in the Inter-Agency Working Group on Reproductive Health in Crises’<sup>10</sup> Minimum Initial Service Package for Reproductive Health in Crisis Situation (MISP)<sup>11</sup> should be introduced immediately. This is the set of actions required to respond to reproductive health needs at the onset of every humanitarian crisis. Comprehensive SRH care should be established as soon as possible. Sensitization work must be undertaken, and all sectors must respect the standards and undertake the GBV prevention and mitigation measures detailed in the 2015 Inter-Agency Standing Committee’s (IASC’s)<sup>12</sup> GBV Guidelines<sup>13</sup> and in the 2017 IASC Gender Handbook.<sup>14</sup>

Measuring the response to the Rohingya crisis in Bangladesh against these standards raises serious concerns. In March 2018—seven months after the onset of the

8. United Nations Security Council, “Report of the Secretary-General on Conflict-Related Sexual Violence,” March 23, 2018, p. 17, <http://undocs.org/s/2018/250>.

9. For details on the humanitarian conditions and challenges, see Daniel Sullivan, “Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons in Bangladesh,” *Refugees International*, May 22, 2018, <https://www.refugeesinternational.org/reports/rohingyalivesatrisk> and Daniel Sullivan, “Reluctant Refugee: Rohingya Safe but Not Secure in Bangladesh,” *Refugees International*, July 12, 2017, <https://www.refugeesinternational.org/reports/2017/rohingyabangladesh>.

10. The Inter-Agency Working Group on Reproductive Health in Crises is a coalition of UN, government, nongovernmental, research, and donor organizations, committed to advancing the sexual and reproductive health of people in emergencies. For more on the IAWG, see <http://iawg.net/>.

11. The MISP is a series of crucial actions required to respond to reproductive health needs at the onset of every crisis. It is designed to reduce excess morbidity and mortality, particularly among women and girls. For information on the MISP’s objectives and activities, see <https://www.unfpa.org/resources/what-minimum-initial-service-package>.

12. The Inter-Agency Standing Committee is the primary mechanism for interagency coordination of humanitarian assistance. For more information, see <https://interagencystandingcommittee.org>.

13. Inter-Agency Standing Committee, “Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, Reducing Risk, Promoting Resilience, and Aiding Recovery,” 2015, [https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines\\_lo-res.pdf](https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf).

14. Inter-Agency Standing Committee, “IASC Gender Handbook for Humanitarian Action 2017,” December 29, 2017, <https://reliefweb.int/report/world/iasc-gender-handbook-humanitarian-action-2017-enar>





Snapshot of the Rohingya refugee mega-camp in Cox's Bazar, Bangladesh.

crisis—fewer than half the refugee sites in Bangladesh had access to GBV response services. The number of service points at which an incident could be reported, or where a survivor could seek assistance, were far from adequate. A few months later, in June 2018, the coordinating humanitarian body for GBV in Cox's Bazar, known as the GBV Sub-Sector, reported that there are comprehensive GBV referral pathways established at 22 refugee sites, and there are 63 safe entry points for GBV case management, including 48 safe spaces for women and girls. The Sub-Sector estimated that an additional 137 GBV entry points are needed to fully cover the population.<sup>15</sup> But even where services exist, there are serious concerns about programming quality and respect for the guiding principles that underpin GBV interventions.

## COMPROMISED QUALITY

The initial GBV response in the emergency suffered from a series of fits and starts due in part to a lack of expertise among personnel who were given responsibility for GBV portfolios, including those making funding and programming decisions. The response continued—and continues—to suffer now, in great part due to the onerous and rigid restrictions that the Government of Bangladesh places on the humanitarian system and activities.

According to seasoned GBV practitioners who were deployed at the onset of the emergency, the lack of expertise was apparent in violations of several standards designed to respect the rights to privacy and confidentiality, as well as reduce the risk of stigma. For example, many women-friendly spaces (WFS)—places designed for women and girls to access information, support, and services

15. ISCG, "Situation Report: Rohingya Refugee Crisis, Cox's Bazar, Covering June 5–June 20," June 21, 2018, p. 8, 9, [https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg\\_-\\_situation\\_report\\_-\\_21\\_june\\_2018.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_-_situation_report_-_21_june_2018.pdf).

in a safe environment—were labeled “SGBV Centers,” were staffed by male caseworkers, and were even managed by men. Survivors were given “referral tokens” labeled “GBV” to take to hospitals. Rectifying these and other violations of the basic tenets of GBV interventions took time.

Limited expertise also showed up in poorly designed indicators for GBV programs; in arguments over fundamental red lines in GBV programming, such as mediation between perpetrators and survivors; and in the delayed integration of GBV and SRH programming. Finally, several GBV practitioners told RI that work was effectively being reinvented at every stage, including on pre-existing “tried and tested referral forms.” Ultimately, no clear referral pathway for survivors was available until several months after the onset of the emergency.

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“It took three months for them to complete a referral form for any sector. No one quite understands why. It is funny (ironic) and tragic that it took this long.”

— INTERNATIONAL NGO GBV PRACTITIONER,  
COX’S BAZAR

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The lack of sustained GBV expertise on the ground, and at the scale that was required, would prove to have a continued detrimental impact on meeting the needs of women and girls, and upholding the commitments and spirit of the *Call to Action on Protection from Gender-Based Violence in Emergencies*, as discussed below. In this and every emergency, it is critical for all agencies to evaluate their staff members’ GBV competencies

before being deployed to lead the agency’s portfolio. This is particularly important when UN agencies are the primary funders of international and local NGOs, and provide technical guidance, as is the case in Bangladesh.

These obstacles—limited expertise, a lack of adequate resources, and obstacles imposed by the Government of Bangladesh (see *The Government of Bangladesh’s Obstacles to Effective GBV Prevention and Response* below)—have created problems in several key areas, which are described below.

## Women-Friendly Spaces

A core component of GBV interventions includes the establishment of safe spaces for women and girls. According to an October 2017 guidance note on safe spaces developed by GBV experts in Cox’s Bazar, “Safe spaces can be used for various activities such as: GBV case management, individual or group counseling, psychosocial support, safety planning and risk reduction, skills building, NFI distribution, recreational activities. Information on critical issues can be shared in these spaces such as where/how to access humanitarian services and information on sexual and reproductive health, legal rights, childcare, and GBV prevention and response. Safe spaces for women and girls are safe spaces that promote women’s protection and empowerment and help mitigate risk of GBV.”<sup>16</sup>

Today, the cornerstone of the GBV response in Cox’s Bazar seems to be these safe spaces, which are called women-friendly spaces. There is no question that these WFS are a key entry point for GBV case management, and, more generally, that they serve an important purpose for Rohingya women and girls. But several GBV practitioners highlighted to RI that many centers still fail to comply with the safe

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16. “Safe Spaces for Women and Girls Standardization and Technical Guidance Note in 2017.” On file.

spaces guidance note, and that they do not serve the purpose they were designed to meet. As one GBV practitioner noted, “An organization will say that they want to start a safe space. Four bamboo sticks and a tarp, and it’s a safe space—as long as we are talking about women!” Interviews with most GBV practitioners on the ground suggest that few GBV interventions are actually tied to these centers. Instead, the mere existence of a WFS center is considered the intervention in itself.

The current GBV capacity of organizations on the ground and plans to rapidly scale up programs lend credence to this view. Few organizations have emergency GBV programming models. Multiple organizations are rapidly establishing new WFS or the like without the internal capacity in the field to train staff and backstop these operations. One GBV practitioner lamented to RI that she has been tasked with establishing a few dozen WFS by the end of this calendar year. However, she observed that it will be impossible to recruit and train staff to operate

WFS in compliance with the GBV Sub-Sector’s minimum standards.

These concerns were a recurring theme in all of RI’s meetings with GBV practitioners from a wide array of humanitarian agencies. Several felt that relief organizations were accepting funding from UN agencies and international donors without an appropriate understanding of what would be required to implement an effective GBV response. One practitioner underscored that the interventions carried out in the WFS did not constitute proper GBV programming:

“If you want a basic facility for psychosocial support, fine, but don’t call it a GBV intervention. If you cannot connect the dots in your program, then you are not going to prevent or reduce GBV incidences. Let’s be clear about that.”

Multiple GBV practitioners in Bangladesh questioned the wisdom of relying on WFS to serve as the cornerstone of all GBV work. To be clear, they do not oppose WFS. Rather,



Reproductive Health Camp in Cox’s Bazar where Rohingya women seek medical supplies and services.

they wonder about the impact of WFS, given current capacity on the ground and questions about whether Rohingya women actually feel safe attending and disclosing in the WFS. One noted, for example, that “everyone just keeps on establishing WFS. But has anyone proposed work to empower adolescent girls?”

Nevertheless, there is continued pressure to grow. The problem appears to be twofold. First, some donors offer funding to organizations without a demonstrated capacity to do GBV work at scale. Second, some organizations are seeking funding for programs that they cannot implement. Senior managers of humanitarian organizations must take additional steps to solicit expertise and warnings from technical staff members in their headquarters and in the field on their GBV programming capacity. Otherwise, they risk doing harm.

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“You have a small number of organizations—a cluster of them—many of whom should not be going anywhere near women and girls, but have found themselves in a position where they are running GBV programs.”

– GBV PRACTITIONER, COX’S BAZAR

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At the same time, donors must take a more active role in reviewing program commitments and monitoring-and-evaluation reports. One practitioner told RI, “[In this setting,] only the donor has the authority to

stop an organization that is not [abiding by] Do No Harm principles.” Interestingly, GBV practitioners across the board all seemed to agree that it might be time to take stock of GBV programming before donors commit additional funding. Some advised that a full review is necessary before donors establish new grants. Others counseled that new funding should be directed to capacity building for caseworkers and volunteers. Moving forward, when allocating funds for GBV specialized programming, donors must ensure grantees have the skills, competencies, and organizational commitment required to implement quality programs that do no harm and respect core GBV guidance and principles. Organizations that cannot meet these standards should not receive further funds for GBV specialized programming.

## Case Management

Another core component of GBV interventions is the provision of case management, or a structured method for helping survivors. Similar to social work, case management involves “ensuring that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process.”<sup>17</sup> In humanitarian settings, case management services are typically the entry point for survivors to navigate the humanitarian system and get the help they need.

Several GBV practitioners expressed concern that multiple organizations simply confused psychosocial or emotional support with case management. Some also expressed concern that some organizations’ case management activities stop at the intake of

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17. Gender-based Violence Information Management System (GBVIMS) Steering Committee, “Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings,” 2017, [https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines\\_final\\_2017\\_low-res.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/interagency-gbv-case-management-guidelines_final_2017_low-res.pdf).

a survivor—that is, recording an incident that has been disclosed and not actually doing any case referrals and follow-up. By their own admission, many in the GBV community in Cox’s Bazar are still unable to provide appropriate case management services.

In one particularly troubling example of inappropriate case management, RI was told that some organizations engage in “responsibility meetings,” where survivors meet with those who perpetrated violence against them. According to GBV practitioners familiar with these meetings, these interactions may explicitly place blame on female survivors of violence. These meetings may stem from a view that a woman must have instigated the episode of violence and therefore must assume some responsibility.

The humanitarian community considered introducing the Gender-Based Violence Information Management System (GBVIMS)<sup>18</sup> some months ago. It was promptly, however, recognized that without sufficient capacity to carry out appropriate case management—intake GBV survivors; refer them to appropriate service providers; and protect client information, as laid out in a (yet to be developed) information-sharing protocol—the GBVIMS should not be introduced. As a result, the global GBVIMS Steering Committee deployed case management experts to train staff from multiple agencies in July 2018, in parallel to the introduction of the IMS.

RI staff were struck by the frequency with which individual interviews and focus group discussions evolved into pseudo-case management sessions. In nearly all interviews with refugee women, RI staff were asked for counsel on a range of protection and health-related issues. Questions included how to address infertility, how to secure

women’s underwear, how to trace a daughter that went missing during flight, and how to get assistance for a five-year-old who had allegedly been raped in the camp two nights earlier. In this last example, the parents were unaware of how to seek assistance, and rather than go to the closest service point that provides clinical management for rape victims, they took the child to a dispensary in the camp, where a variety of items were prescribed to them. These included what appeared to be homeopathic remedies which clearly do not constitute appropriate care.

It is startling that more than eight months into the response, case management training was extremely limited. This situation lends further credence to the view of seasoned GBV practitioners that the overall quality of existing GBV interventions has been compromised. Without staff trained and/or skilled in case management, questions arise as to how caseworkers can properly orient survivors through referral pathways. At the time of publication, an interagency training is underway, fortunately. Twenty trainers are currently supporting an inter-agency capacity building initiative to strengthen GBV case management.

## Referral Pathways

Still another core component of GBV interventions is the establishment of referral pathways. These are mechanisms whereby different GBV care providers can refer survivors to different points of help, including but not limited to medical, legal, law enforcement, psychosocial, and economic assistance. In Cox’s Bazar, several referral pathways are finally in place, but there is a surprising lack of awareness on the part of the wider humanitarian community that they exist. This is deeply problematic because

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18. The GBVIMS is a GBV incidence information-sharing platform. Statistics derived from the GBVIMS is based on point service-based data, includes only information from survivors who have consented to share their aggregate information. The statistics are only from reported cases, and are in no way representative of total GBV incidence or prevalence. For more information, see [www.gbvims.com](http://www.gbvims.com).

“In December 2017, a 15-year-old orphaned girl was referred to one of our Child Friendly Spaces (CFS). I didn’t know what to do with her. The refugee night guard of the CFS took her to his family’s home; we had no other options, and we assigned a counselor to the case. There was no system in place for separated and unaccompanied minors, nowhere to refer her. No case management. Two weeks later, in early January, I got a call that an [international] relief worker showed up and proposed marriage to her, and she disappeared. There was nowhere for me to report this.”

– NGO WORKER

it means that many in the humanitarian community do not know how to help, and thus many refugees will not know how to access assistance. As one humanitarian put it, “Aid agencies have settled in, but refugees don’t necessarily know about services.”

Much work has gone into mapping GBV services. Similar referral pathways exist for other areas of importance to women and girls’ protection, including for trafficking, sexual exploitation, and abuse. This is based on information about referral pathways that was directly shared with RI or on what senior UN managers told RI. Further, one senior UN protection official told RI that referral pathways are now in place; have been operational since November and December 2017; and that GBV, child protection, and protection actors are closely coordinating their efforts with one another.

However, most humanitarians working in other sectors (including some in management positions) were unaware of these various referral pathways. Some told RI that there is no trafficking referral pathway. Others noted that they had no idea what they would do if they were to come across a survivor who expressed a need. Humanitarians also shared with RI anecdotes about specific incidents of suspected trafficking and child protection

cases in which focal points for trafficking were unable to provide guidance for specific cases. Separately, staff members of one NGO interested in providing support for family planning services told RI that they could not obtain a comprehensive list of potential partner facilities from the United Nations.

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“I still don’t have a map of who, what, and how to refer. If someone goes to a [health] facility for sexual violence, the provider will not know where to refer the person. They aren’t aware of the full spectrum of services. So, if they don’t know, of course the [refugee] community doesn’t know!”

– NGO HEALTH CARE PROVIDER

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It is unclear why knowledge of existing referral pathways is so limited. One challenge may be the lack of comprehensive and systemic public rollouts for such pathways. In one case shared with RI, a UN GBV actor

was scheduled to present and explain such a pathway at a camp management meeting. However, during the meeting, the senior officer in charge of the camp announced that an email on the referral pathway had been sent to the relevant staff and then moved on to the next agenda item.<sup>19</sup>

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“He [camp in charge] just said it [the GBV referral pathway] was emailed. . . . It was then said that the GBV referral pathway was rolled out. That was not a rollout!”

– **GBV PRACTITIONER WITNESS AT A CAMP COORDINATION MEETING**

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RI staff attended a meeting at which an organization presented research on Rohingya perceptions and intentions regarding pregnancies resulting from rape in Myanmar. The research signaled that women are fearful of the stigma and violence that may be directed at them and their babies, that pregnancies are being hidden, that abortion is seen as a first option, and that some women are likely to abandon their children.<sup>20</sup> Some actors collaborated to develop a referral pathway for women who intend to give up their infants and/or infants that might be found abandoned. This referral pathway covers responsibilities and actions that should be taken to care for abandoned infants. However, this important presentation was embedded within a larger 90-minute

meeting with multiple agenda items. After inquiring, RI was told by multiple humanitarian actors that this was the standard rollout for a referral pathway.

All this suggests that information regarding GBV protection services and options is not being shared in a systematic and appropriate fashion. This would explain the consistently negative responses that RI received to repeated questions regarding the existence of different referral pathways. This also helps explain why refugees themselves often do not know about the different services they can access.

It is clear that those coordinating GBV interventions are fully cognizant of the gravity of this problem. In a mid-June 2018 situation update, the GBV Sub-Sector reported that it launched an “initiative to orient other sector actors on GBV referrals using existing referral pathways and to disseminate a pocket guide for frontline workers to facilitate referral of GBV survivors to safe, timely care. Camp-based orientations are anticipated in July.”<sup>21</sup>

As a matter of urgency, the leadership of the humanitarian community in Bangladesh—the Strategic Executive Group (SEG)<sup>22</sup>—must fully lend its support to this initiative. The SEG should direct those at the field level to devise a system for the official dissemination, training, and utilization of all referral pathways in all sectors and at all levels—from managers to field agents to community volunteers. This system should be developed in collaboration with sector coordinators and government counterparts. Existing referral pathways should be reintroduced using this system. Final responsibility and accountability

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19. A rollout is the official presentation of a referral pathway of any sort—its introduction, explanation to relevant people, information on its use, and explanation of how to utilize it.

20. Presentation on file.

21. ISCG, “Situation Report: Rohingya Refugee Crisis, Cox’s Bazar, Covering June 5–June 20,” p. 9. (See footnote 14).

22. The Strategic Executive Group is made up of representatives from various UN agencies, donors, and international and local NGOs. The SEG serves as the main liaison with the national government and is chaired by three individuals: the UN resident coordinator (who is also the country representative from the UN Development Program) and a country representative from the International Organization for Migration and from the UNHCR.

should lie with the humanitarian response's coordinating body in Cox's Bazar—the Inter-Sector Coordination Group—under the leadership of its senior coordinator.

## THE GOVERNMENT OF BANGLADESH'S OBSTACLES TO EFFECTIVE GBV PREVENTION AND RESPONSE

The Government of Bangladesh has been rightly praised for its response to the Rohingya crisis. In the span of nine months, Bangladesh became host to nearly 1 million Rohingya refugees from Myanmar. This influx has strained limited resources and had significant consequences for the environment and wildlife in the area. However, the response of the Bangladeshi government has also suffered from serious shortcomings that have compromised protection of the Rohingya and have hampered efforts to provide comprehensive GBV and SRH care. Many of the gaps and challenges outlined above could be overcome if the Government of Bangladesh were to remove its unnecessary barriers on humanitarian assistance for the Rohingya.

### Government Prohibitions

Regarding humanitarian programs, the government only allows for “lifesaving” interventions, and it holds an unnecessarily restrictive view of what this category encompasses. For example, GBV and other types of protection programming do not fall into the category

of lifesaving. Nor does standard livelihood programming. As a result, the Rohingya have limited possibilities of accessing income-generating activities.

This restrictive view unnecessarily leaves Rohingya women, particularly single mothers—who make up 31 percent of the refugee population<sup>23</sup>—more vulnerable to exploitation and trafficking, and less resilient against negative coping strategies, such as survival sex. In every focus group discussion RI held, women and adolescent girls expressed the need to engage in some sort of livelihood activity, such as tailoring. This prohibition on working is particularly harmful, because humanitarians simply do not have the resources or capacity to meet the basic needs of the Rohingya in Bangladesh. The government must urgently revise its criteria for lifesaving programming so that they also include GBV, and it must allow aid organizations to also provide these types of services.

### Red Tape: Obtaining Visas, NGO Registration, and Project Approvals

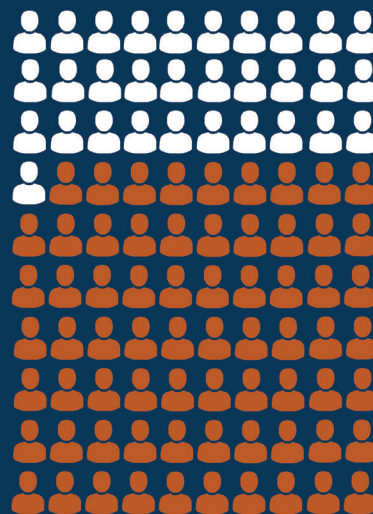
As described in the May 2018 RI report *Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons in Bangladesh*, a lengthy visa process and unclear guidance have led many international nongovernmental organization (INGO) workers to operate in Cox's Bazar with tourist, business, or on-arrival visas. This has led to obstacles for humanitarians seeking to provide services, as evidenced by the arrests of dozens of international aid workers in February and March 2018. In one case, the arrested staff members were made to sign promissory documents that they would not enter the camps again without the appropriate documentation.

23. UNHCR, “Bangladesh Refugee Emergency Population Factsheet,” June 14, 2018, p. 1, <https://data2.unhcr.org/en/documents/details/64112>.



# 31%

## OF ROHINGYA REFUGEES IN BANGLADESH ARE SINGLE MOTHERS



According to UNHCR's "Bangladesh Refugee Emergency Population Factsheet," 31 percent of Rohingya refugees in Bangladesh are single mothers.

One of the effects of this restrictive visa setup has been that many international GBV experts have been unable to operate in the camps and their expertise has thus gone untapped. Interestingly, the government did temporarily reduce visa barriers during the diphtheria outbreak. If the Government of Bangladesh were to reduce its barriers for standard humanitarian programming across the board, both the quality and availability of critical GBV and SRH interventions could improve dramatically.

The government applies its restrictive views of what constitutes lifesaving programming through red tape that effectively prohibits activities in multiple areas of programming. For instance, the cumbersome processes for NGO registration and for obtaining clearances to implement foreign-funded response activities have had a disproportionate impact on GBV programming. NGOs seeking to work in Bangladesh must first go through a registration process that can take several

months. Any entity using foreign funding is also required to fill out lengthy Foreign Donations Forms, so-called FD6s or FD7s. All areas of programming deemed "non-lifesaving" by the Bangladeshi authorities—including GBV—have multiple pending requests for FD7 permits. As one medical professional told RI:

"Anything that is not lifesaving will struggle to get an FD7. They [government authorities] go through each program activity and budget line. This is partially responsible for the limited availability of clinical management of rape services. Protection, GBV, and education are the most affected sectors."

As reported repeatedly in the Inter-Sector Coordination Group's biweekly situation reports, "The prolonged registration process of humanitarian agencies and FD7s is hindering the deployment of new actors as well as the expansion of the existing partners

into providing much needed protection services, including child protection.”<sup>24</sup>

RI learned of cases where international organizations with significant GBV expertise were forced to return funds to donors because they were not registered in a timely fashion or the proposed GBV program proposals did not receive the requisite FD7 approval from the government. Also, one of the leading GBV in emergencies donors told RI that they were not funding the INGOs they typically support in crises because “they have to get FDs renewed every few months, and that is such a difficult process.”

This donor’s decision is not unreasonable. According to a confidential memo shared with RI, as a result of delayed or rejected FD permits, over \$7 million of committed donor funding could not be spent as of May 2018. This figure does not include indirect costs such as NGOs taking bank loans while FD approvals are delayed; the cost of hiring lawyers to navigate bureaucratic regulations; and staff time dedicated to liaising with local authorities. In a context where only 27 percent of the humanitarian appeal is currently funded, \$7 million is of vital importance.<sup>25</sup>

Finally, capacity building is not recognized as a priority activity in granting FD7 permits. According to one humanitarian familiar with this issue, “A number of NGOs have reported that they attempted to include capacity building budgets in their FD7 proposals and the NGO Affairs Bureau subsequently asked them to remove it.” This not only affects the quality of services but also makes it difficult to keep commitments set forth in the Grand Bargain

on the localization of aid.<sup>26</sup> As a result, local NGOs are not receiving the support required for assuming leadership of the response in the future.

Bureaucratic barriers have prevented INGO leaders in the GBV community from deploying staff to lend their expertise in the response; Bangladeshi government policies have resulted in the cancellation or delay of critical GBV programs that are lifesaving for the women who benefit from them. RI also notes the vital importance of establishing quality GBV programming in areas that remain unserved today. Approximately 85 percent of refugee sites in host communities have limited-to-no GBV service provision.<sup>27</sup> Finally, the sustainability of any response is compromised by the failure to facilitate capacity-building initiatives.

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“It is good to fund GBV, but it is not like just pouring money into WASH. It is software. It needs good foundations. The people that are at the frontlines now don’t know the basics about gender and behaviors.”

– INGO GENDER ADVISER, COX’S BAZAR

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The Government of Bangladesh must remove bureaucratic barriers hindering NGOs’ GBV interventions and establish clear and consistent guidance for NGO registration, project approvals, and visas. It must revise the

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24. ISCG, “Situation Report: Rohingya Refugee Crisis: Cox’s Bazar,” January 27, 2018, p. 11, [https://reliefweb.int/sites/reliefweb.int/files/resources/180127\\_weekly\\_iscg\\_sitrep\\_final.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/180127_weekly_iscg_sitrep_final.pdf).

25. ISCG, “Situation Report: Rohingya Refugee Crisis: Cox’s Bazar,” July 5–19, 2018, p. 1, (see footnote 6).

26. The Grand Bargain is an agreement on humanitarian financing reforms that was reached at the World Humanitarian Summit in Istanbul in 2016. One key commitment made was to localize aid by providing at least 25 percent of global humanitarian funding to local and national actors.

27. ISCG, “Situation Report: Rohingya Refugee Crisis, Cox’s Bazar, Covering June 21–July 4,” July 5, 2018, p. 9, [https://reliefweb.int/sites/reliefweb.int/files/resources/iscg\\_situationreport\\_5july2018.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/iscg_situationreport_5july2018.pdf).

criteria for lifesaving programming to include capacity building.

## Refugee Status

The government continues to refuse to recognize the Rohingya as refugees, and this keeps them from accessing the rights and protections that go along with this status. Aid agencies reported to RI instances in which program proposals, all of which are subject to the approval of the Bangladeshi authorities at the national and district levels, were denied at first instance for containing the word “refugee.” Such denials have led to unnecessary delays in programming, such as one SRH program that was designed to increase women’s access to family planning. For GBV specifically, the challenge is twofold: (1) access to justice and related services; (2) access to livelihoods.

There are no clear options for the Rohingya to access legal remedies for GBV incidents that occur in the camps. Some GBV practitioners are reluctant to offer case management services, given Bangladesh’s mandatory reporting requirements. These practitioners feared that they would face legal trouble if they respected a survivor’s desire not to report an incident to the police. And even worse, in the absence of access to justice, some organizations have supported mediation efforts between survivors and perpetrators—a practice strongly discouraged in GBV guidance.

The significance of the lack of formal refugee status is captured in the Joint Response Plan, the interagency humanitarian response plan for the crisis in Bangladesh, as follows:

The lack of a recognized legal status renders refugees unable to access civil administration services and justice and leaves them vulnerable to exploitation

and abuse. Refugees cannot have births, deaths or marriages formally registered; no formal certification is allowed for those with access to education; and refugees have no access to formal medicolegal reports documenting criminalized acts in Bangladesh (including reports documenting GBV, such as rape and domestic violence).<sup>28</sup>

The government should promptly recognize that the Rohingya are refugees with accompanying rights. But even in the absence of refugee status, the Government of Bangladesh should provide Rohingya refugees on its territory access to justice, health services, cash and livelihoods, and education, as well as freedom of movement.

## Humanitarian Architecture and Accountability

Restrictions by the Government of Bangladesh have also served to complicate the organization and management of the international humanitarian response to the Rohingya crisis. The government’s refusal to designate this crisis as a refugee emergency and to accept the Office of the UN High Commissioner for Refugees (UNHCR) as the UN lead agency for this humanitarian response forced the humanitarian community to devise an alternate humanitarian architecture for Bangladesh. The result is a unique, hybrid system that combines elements of a typical cluster-based, nonrefugee response with those of a traditional refugee response. This system has proven to be problematic and suffers from a lack of clearly defined and understood lines of accountability.

RI interviewed humanitarians working in several sectors under this hybrid system. The vast majority reported that, under the system, it was unclear which entity or officials had the authority and responsibility to make critical

28. ISCG, “2018 JRP for Rohingya Humanitarian Crisis,” p.54 (See footnote 2).

decisions. Nor was it clear which officials had the responsibility to ensure that problems or challenges in a given sector are brought to the attention of senior leaders.

For the GBV Sub-Sector, this means that those best placed to identify challenges related to effective programming, referral pathways, and governmental barriers affecting GBV interventions are not being heard or supported by those with the authority to address these issues. For the GBV Sub-Sector, this means that those best placed to identify challenges related to effective programming, referral pathways, and governmental barriers affecting GBV interventions are not being heard or supported by those with the authority to address these issues. For more information on this hybrid humanitarian architecture system, how it hampers the humanitarian response and accountability—including in the GBV sector—and crucial recommendations on what the UN humanitarian leadership should do to strengthen management, coordination, coherence, and accountability in the international response, see *Unnatural Disaster: Aid Restrictions Endangering Rohingya Ahead of Monsoons in Bangladesh*.

## ADDITIONAL AREAS OF CONCERN

### Language Barriers

For interpreters, humanitarians rely almost exclusively on local Bangladeshi staff members, many of whom come from the Chittagong District, which is home to the Chittagonian dialect. According to linguistic experts in Bangladesh, the Rohingya and Chittagonian languages are similar, but not to a degree

that allows for effective and fluid communication. Rohingya is an oral language with no official standard script, and it has several dialects. The importance of language in a tremendously sensitive area of programming such as GBV cannot be understated. Nuance in communication and cultural sensitivities are critical for effective interventions.

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“There is no equivalent for the word ‘gender’ in Rohingya. So when we originally translated the term ‘gender-based violence,’ it translated as ‘violent women.’”

– ROHINGYA TRANSLATOR IN COX’S BAZAR, ROHINGYA ZUBAN<sup>29</sup>

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In fact, experts have discerned that language is a major barrier in responding to the Rohingya crisis.<sup>30</sup> The situation is further complicated by the Rohingya’s high illiteracy rate—estimated at between 73 and 95 percent.<sup>31</sup> In practice, this means that complex GBV guidelines and sensitization and training materials that are available only in English and/or Bangla cannot be used easily to train GBV or SRH service providers. Moreover, sensitization materials cannot be shared with survivors and their interlocutors.

The capacity to translate sensitive GBV materials into Rohingya is extremely limited. Further, the utility of translated written materials is in question, given the high illiteracy rate. In other settings where illiteracy is a barrier, the humanitarian community relies heavily on communication channels such as

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29. Rohingya Zuban, “A Translators without Borders rapid assessment of language barriers in the Cox’s Bazar refugee response,” *Translators without Borders*, December 11, 2017, <https://translatorswithoutborders.org/rohingya-zuban/>.

30. Ibid.

31. ISCG, “2018 JRP for Rohingya Humanitarian Crisis,” p. 67. (See footnote 2).

radio and mobile telephones. However, the Government of Bangladesh restricts the use of radio transmissions to the Rohingya. The vast majority of content on the air aimed at the Rohingya is actually in Chittagonian.

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“The language barrier is just huge. There are big differences between the dialect here and Rohingya. I am already struggling to communicate with my Bangladeshi translator, and then there is another layer and another layer.”

– INGO GBV PRACTITIONER

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Therefore, international donors need to allocate funding for shared or pooled professional language translation and interpretation services for the Rohingya. These services must give priority to sectors like GBV, where linguistic nuance is essential to an effective response. The Government of Bangladesh should expedite visas and project approvals to facilitate these services, and it should allow humanitarians to communicate and engage with the Rohingya populations in their native language through the radio, mobile telephones, and other forms of media.

## Integrating GBV and SRH Programming

It is urgent that GBV and SRH programming be robustly integrated. Apart from GBV incidents in the camps that require SRH ser-

vices, at the time of writing, the first births of children born as a result of sexual violence in Myanmar were being recorded in Cox’s Bazar.

Unsurprisingly, it was all but impossible for survivors to access critical components of clinical management of rape within the time frame needed for such treatment to be effective. It took multiple days for women fleeing Rakhine to reach safety in Bangladesh, and the availability of specialized GBV services and access to comprehensive post-rape care were woefully inadequate in the refugee response in Bangladesh. Six months after the onset of the crisis, on February 22, 2018, the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) issued a statement highlighting these as continued gaps and calling for immediate remedial action.<sup>32</sup>

In April 2018, a group of NGOs (all of whom are IAWG steering committee members) released a statement<sup>33</sup> on the sexual and reproductive health rights of displaced Rohingya women and girls, which restated many of the same challenges that the IAWG had highlighted in February 2018. This is extremely troubling. The prevalence of sexual violence against the Rohingya in Myanmar is widely understood, as is the ongoing violence against Rohingya women and girls at refugee sites in Bangladesh. Furthermore, 25 to 50 percent of maternal mortalities in emergencies result from unsafe abortions.<sup>34</sup> Therefore, SRH care, and its integration with GBV, should have been a top priority.

In March 2018, an estimated 60,000 women were pregnant. The United Nations Population Fund expected 16,500 live births over the course of April, May, and June 2018. It is

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32. IAWG, “IAWG Statement on Rohingya Humanitarian Response,” February 22, 2018, <http://iawg.net/wp-content/uploads/2018/02/IAWG-Statement-on-Rohingya-Humanitarian-Response.pdf>.

33. “NGO Statement Concerning Sexual and Reproductive Rights of Rohingya Women and Girls Displaced Due to Conflict in advance of the UN Security Council’s Mission to Myanmar, Bangladesh,” p. 6. (See footnote 6).

34. International Rescue Committee (IRC), “Impossible Nowhere: Family Planning for Women and Girls in Crises,” November 2015, <https://www.rescue.org/sites/default/files/document/467/impossiblenowherefinalhighnov15.pdf>.

reasonable to assume that a proportion of these births are to women who survived sexual violence in Myanmar. Yet SRH and GBV providers reiterated concerns that there are not enough integrated GBV and SRH service points. Clinical management of rape services remains weak, many women do not know where to go for health care, and referral systems are not functioning properly. Meanwhile, medical service providers in Cox's Bazar told RI that they are seeing an uptick in incomplete abortions.

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“Health facilities aren’t equipped to ensure women’s SRH safety. If we lined up all those women and put a gun to their heads, everyone would be jumping up and down. But somehow because it is about maternal death, everyone seems to be less outraged.”

– SENIOR UN WOMEN’S RIGHTS EXPERT

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This issue must receive immediate priority. As called for by the IAWG, “The Government of Bangladesh, relevant UN agencies and humanitarian organizations should work together to ensure the availability of sexual and reproductive health services, including obstetric, prenatal, and post-natal care; contraceptive information and services, including emergency contraception; and safe abortion services and menstrual regulation, including for victims of rape and sexual violence and married girls.”<sup>35</sup>

## Gender Mainstreaming

The impact of the crisis and the humanitarian community’s engagement on gender norms and roles is not yet fully understood. On one hand, some argue that displacement is increasingly allowing women to negotiate their roles and access empowerment opportunities. On the other hand, overall freedom of movement and other rights now are being even further reduced for displaced women.

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“Some men and boys have been empowered by coming here; they are doing things they couldn’t do in Myanmar. On the contrary, for women and girls, conditions have gotten worse. They [Rohingya men] don’t want women going to nonformal education centers.”

– UN AGENCY PROTECTION OFFICIAL, DHAKA

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Until recently, the only gender analysis available to inform programming was one organization’s rapid gender analysis, which was conducted in the emergency’s early days.<sup>36</sup> Some aid workers also referenced tip sheets that the working group on gender in humanitarian action circulates as helpful. But more comprehensive gender assessments—which would reflect the current state of play in the camps—have been delayed due to resource, capacity, and visa constraints.

Questions continue to arise as to whether WFS are appropriate interventions for Ro-

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35. Recommendation adapted from NGO Statement Concerning Sexual and Reproductive Rights of Rohingya Women and Girls Displaced Due to Conflict in advance of the UN Security Council’s Mission to Myanmar, Bangladesh, p. 6. (See footnote 6).

36. CARE Bangladesh, “Myanmar Refugee Influx Crisis: Rapid Gender Analysis Report,” [http://gender.care2share.wikispaces.net/file/view/Rapid+Gender+Analysis+of+Myanmar+Refugee+Crisis\\_18102017+v3\\_R.pdf](http://gender.care2share.wikispaces.net/file/view/Rapid+Gender+Analysis+of+Myanmar+Refugee+Crisis_18102017+v3_R.pdf).



Rohingya woman carrying bamboo in Cox's Bazar, Bangladesh.

hingya women, why the local markets are flooded with dignity kits, and what women's experiences have been when they access services. It is clear that an updated and comprehensive gender assessment is of paramount importance to inform programming. The humanitarian community currently has a limited capacity to understand how to meet the differentiated needs of women, girls, men, and boys. Programming may also be reinforcing harmful gender norms.

Now, at the time of writing, one comprehensive interagency gender analysis is underway. Preliminary findings shared with RI show that there are significant gaps in the humanitarian response for both the Rohingya and host communities—especially in terms of accountability, communication with affected communities and disaster preparedness, and equitable access to services, in particular for women and girls. This comprehensive gender analysis is expected to be available for external use in July 2018, and it is hoped that it will inform the wider humanitarian response with

a joint comprehensive dissemination plan and advocacy. This and future gender analyses need to be built into all program design and monitoring-and-evaluation plans. Gender and GBV focal points should also be identified in other sectors to ensure that recommendations and best practices are heeded.

## Attention to Adolescent Girls

In February 2018, the IAWG warned that “adolescent girls have been neglected” and that “gender restrictions on mobility exacerbated by security concerns related to GBV are restricting adolescent girls' uptake of life-saving SRH services at health facilities and participation in safe spaces and learning centers.”<sup>37</sup> It further warned of an increase in child marriage.

This remains an issue today. Programming tailored to adolescent girls is extremely limited. The RI team engaged with adolescent girls (with informed consent)

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37. IAWG, “IAWG Statement on Rohingya Humanitarian Response.” (See footnote 31).

and repeatedly heard petitions for literacy courses, vocational training, and other types of schooling opportunities. When asked how life had changed for these girls with flight to refuge, RI heard that only their physical safety from the state-orchestrated violence had improved. This is disappointing, because crises can often present opportunities for transforming gender norms. Unfortunately, Rohingya adolescent girls shared that, like their lives in Myanmar, they have limited opportunities to circulate in the camps in Bangladesh.

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“We can’t move freely like boys; we can’t go outsider for play, we can’t go outside without the niqab.”

– ADOLESCENT REFUGEE GIRLS, COX’S BAZAR

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Further, girls who access awareness raising sessions or other activities are, by default, girls who already enjoy more relative freedom and to whom the humanitarian community already has some access. RI is extremely concerned about those girls who are invisible.

It is noteworthy that most confirmed and suspected cases of trafficking brought to the attention of the RI team, and those covered in the media, have involved adolescent girls. Donors and humanitarian organizations should prioritize adolescent girls’ protection, empowerment, and engagement. In the same vein, the Government of Bangladesh should cease measures that undercut efforts to assist adolescent Rohingya girls through

restrictions on education, protection, and longer-term humanitarian interventions.

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“All [Rohingya adolescent girls] are sitting idle, from dawn to dusk.”

– BANGLADESHI NGO PROGRAM MANAGER,  
COX’S BAZAR

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## Trafficking Prevention and Response

In recent months, the media have shone a spotlight on the trafficking of Rohingya refugees—specifically women and girls—into sex work.<sup>38</sup> Little is known about the full nature and scope of trafficking of Rohingya, but even prior to the current emergency—prior to the influx of about 700,000 refugees—humanitarians in Bangladesh flagged to RI that there was limited capacity to investigate the full extent of the trafficking problem, which they believed was happening with increasing frequency.<sup>39</sup> Humanitarians in Bangladesh are keenly aware of the risks and their currently limited capacity to address it. Today, there are nearly 1 million refugees, the vast majority of whom are living in a porous mega-camp.

Both international and local NGOs have been involved in intercepting potential trafficking victims on the roads leading from Cox’s Bazar, in relocating survivors in police raids in Dhaka, and even in reuniting survivors with family members in Cox’s Bazar after they have been repatriated from India and other countries. These humanitarians have expressed deep concern that there simply are

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38. See, for example, BBC, “The Rohingya Children Trafficked for Sex,” March 20, 2018, <https://www.bbc.com/news/world-asia-43469043>; and Al Jazeera, “Brides and Brothels: The Rohingya Trade,” March 8, 2018, <https://www.aljazeera.com/programmes/101east/2018/03/brides-brothels-rohingya-trade-180308070438854.html>.

39. Daniel Sullivan, “Reluctant Refugee: Rohingya Safe but Not Secure in Bangladesh,” Refugees International, July 12, 2017, p. 13, <https://www.refugeesinternational.org/reports/2017/rohingyabangladesh>.



not enough efforts dedicated to preventing and responding to trafficking. For example, there are very limited shelter opportunities for Rohingya trafficking survivors, although discussions are underway with donors to establish one.

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“We knew about it and we were trying to tackle it. But the entire structure institutionally shifted. The amount of people we are now working for has grown exponentially in a short amount of time. The risks are rising and evolving.”

– UN OFFICIAL SPECIALIZING IN PROTECTION,  
COX’S BAZAR

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Many humanitarians not working directly in trafficking prevention and response were unaware of trafficking referral pathways. Others expressed concern that they had not been directed on how to integrate trafficking prevention into their work. However, most felt that prevention and response interventions would not have a decisive impact in any case without real access to livelihoods for Rohingya women. Another concern raised was the suspected collusion between some local authorities (including camp officials) and traffickers in Cox’s Bazar. These humanitarians expressed a desire for the SEG to take a more visible and leading role in trafficking prevention.

## CONCLUSION

It is troubling that despite an acute awareness of Myanmar’s use of sexual violence as a tool in its ethnic cleansing campaign against the Rohingya, the appropriate services in Bangladesh are simply still not available at the scale the situation warrants. In the best of cases, the humanitarian community struggles to meet standards and make good on commitments to prioritize women and girls. Challenges generally include a lack of capacity, funds, partners, and, sadly, management that have yet to incorporate quality programming for women and girls into their emergency response systems. However, these traditional shortcomings have been amplified by the sheer magnitude of this crisis, the unforgiving terrain to which refugees have been arriving, and the severe restrictions that the Government of Bangladesh imposes on humanitarian actors and refugees in Cox’s Bazar.

Moving forward, donors must set clear expectations for programs that are designed to prevent and/or respond to GBV. Humanitarian leadership—in both UN agencies and NGOs—must be honest about their competencies, and future funding should be directed toward capacity building and communication with communities. The principals—the UNHCR, the director general of the International Organization for Migration, and the UN’s emergency relief coordinator—must work with the humanitarian leadership in Bangladesh to modify the architecture so as to enhance accountability. Finally, and most important, the Government of Bangladesh must reverse course from its policy of denying refugees basic rights and must eliminate its bureaucratic barriers, which are tantamount to humanitarian negligence.

*Francisca Vigaud-Walsh, senior advocate for women and girls at Refugees International (RI), and Daniel Sullivan, RI’s senior advocate for human rights, traveled with RI Board Chair Eileen Shields-West to Bangladesh in April 2018 to assess the humanitarian situation and response for Rohingya in the country. Refugees International extends its special thanks to the Rohingya refugees who shared their stories.*

# ABOUT THE AUTHOR

**FRANCISCA VIGAUD-WALSH** is senior advocate for women and girls at Refugees International. She has more than 15 years of field experience in the protection sector, with a specialization in gender-based violence (GBV). She conducted a mission in Bangladesh to research the humanitarian community's GBV response to the Rohingya crisis in April of 2018.

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Refugees International advocates for lifesaving assistance and protection for displaced people and promotes solutions to displacement crises around the world. We are an independent organization and do not accept any government or UN funding.