



Inter-Sector Coordination Group (ISCG)

Sector Specific Gender Tip Sheets for Rohingya Refugee Crisis Humanitarian Response in Bangladesh

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Prepared by

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1. Introduction

Since 25 August 2017, an estimated 389,000 Rohingya refugees (as at 13 September) have crossed the border from Myanmar to Cox's Bazar, Bangladesh following conflict in the Rakhine state. The numbers are likely to increase further as people continue to cross the border and additional groups of new arrivals are identified¹. To state the obvious, most refugees are arriving in Bangladesh without any possessions and with meagre savings, if at all. Other reports indicate that refugees are spending all their remaining savings buying plastic sheeting and bamboo to erect shelters. With limited resources at their disposal, they urgently need food assistance, emergency shelter, as well as other basic items such as cooking utensils, blankets and clothing. Although none of the children are currently able to continue with their learning, education is a priority for newly arrived children.

There is already severe overcrowding at all sites where refugees are settling in, which is putting immense pressure on available services, and presents a severe risk of disease outbreak. It is reported that people are constructing new shelters on whatever land they can find, and available basic services, such as water and sanitation facilities, are struggling to meet the needs of the increased population. In such situations, many people have been forced to share toilets without segregation of use by gender. The scale of the crisis is such that there are not enough latrines, water points or bathing facilities available. Existing health facilities are reportedly overstretched. This verifies refugee needs across all sectors of humanitarian response including the need for safety, dignity and respect for their individual rights.

The Government of Bangladesh (GoB) is responding to the Rohingya crisis and has called upon the humanitarian community to help. In response, United Nations (UN) and NGOs are complementing and supporting government and local community efforts in Cox's Bazar by launching services and delivering much needed products to save lives, meet basic needs and protect survivors. Humanitarian actors are scaling up their activities on the ground, and are providing emergency shelter, health, water and sanitation, food, nutrition and education, as well as support to ensure the safety and dignity of new arrivals.

The Rohingya refugee population that has crossed to Cox's Bazar is highly vulnerable, consisting mainly of women and children. High numbers of unaccompanied and separated children have been reported, while individuals are in need of specialized psychosocial and trauma support. Effective and equitable humanitarian service delivery for these traumatized and needy people cannot be achieved without understanding and responding to the different needs and priorities of women, girls, boys and men in different age groups (IASC Gender Handbook, 2006).

Gender inequalities usually exist before a humanitarian crisis, and the current Rohingya crisis can potentially exacerbate these inequalities. A humanitarian crisis itself impacts on women, girls, boys and men differently. For these reasons, integrating gender equality into humanitarian action in all sectors will ensure inclusive, effective and empowering responses. It is incumbent upon all humanitarian actors to make sure that the assistance and protection provided meets the needs of all the affected population equally, that their rights are protected and that those most affected by the crisis receive the support they need. To aid this, gender tip sheets presented below have been prepared for each ISCG sector.

¹ Inter Sector Coordination Group (ISCG) Preliminary Response Plan for Rohingya Refugees in Bangladesh, 7 September 2017; ISCG Situation Report: Influx (August 2017).

2. Gender Tip Sheets by Sector

Rohingya refugees crossing into Cox's Bazaar in Bangladesh are faced with a multifaceted crisis, which has impacted on their lives in various ways. To promote greater gender equity in meeting their needs, all sectors should: (i) Tailor their sector specific interventions in response to the needs, capacities and priorities of women, girls, men and boys as identified through assessment, analysis and planning efforts; and (ii) Include targeted actions to address specific gaps or discriminatory practices.

2.1 Food Security Sector

Given that even in non-emergency situations women and men usually have different access to, and control over finances and resources used in producing, providing and preparing food; humanitarian responders in the food security sector need to understand and be aware of gender issues in the four dimensions of food security – **availability, access, utilization** and **stability**. Whereas the food security sector should soon seek to get a deeper understanding of how gender disparities affect refugee food security, sector partners should take into consideration the following gender dimensions in the planning and delivery of sector response services:

1. **Ensure that all people of concern (among refugees and food security sector partners) are equally and fully informed about the food aid interventions – e.g. the size and composition of the ration, beneficiary selection criteria, place and time of distribution, NO service required in exchange for receiving the ration and proper channels for reporting abuse cases.**
2. **To lessen the burden that the receipt of food aid may pose on women, disabled and elderly beneficiaries:**
 - ✓ **Ensure that distribution points are as close and accessible to beneficiaries as possible; and**
 - ✓ **Weight of food packages is manageable (e.g. 25 kg vs. 50 kg bags, etc.).**
3. **Ensure that the distribution arrangements (time, place, schedule, size and weight, etc.) do not discriminate against vulnerable or marginalized groups (e.g. women and children heads of households).**
 - ✓ **Identify, together with refugee representatives/communities and partners, safe and easily accessible areas for distribution.**
4. **Give priority for feeding to children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups.**
5. **Consider, to the extent possible, direct/easily accessible distribution to the most vulnerable groups and/or the provision of means of transportation to settlements or groups of beneficiaries (e.g. community-owned wheelbarrows).**
6. **Routinely monitor women's, girls', boys' and men's access to food security services through spot checks, discussions with refugees, etc. to ascertain if/how their food needs have been addressed and correct the negative impact of food distribution on women's, girls', boys' and men's vulnerability.**
7. **Assess and report on the impact of the food aid response on women, girls, boys and men and on outstanding needs.**
 - ✓ **To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.**
 - ✓ **Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.**

2.2 Shelter/NFI/Site Management Sector

The forced displacement of Rohingya refugees from Myanmar to Bangladesh has impacted on their (women's, girls', boys' and men's) access to shelter and basic materials for living with dignity. Pregnant women, the elderly, the disabled and other people with specific needs may not be able to build their own shelters and may require support. The specific needs of child-headed households and single young and elderly women and men should be met without creating further stress, danger and exposing people to undignified solutions. Often protection risks arise because of the failure to understand the different needs of individuals. Hence, to ensure that women, girls, boys and men in different age groups have equitable access to safe means for shelter and other items that provide basic materials for living with dignity, partners in the Shelter/NFI/Site Management Sector should take into consideration the following gender dimensions in the planning and delivery of sector response services:

- 1. Ensure that All temporary shelter and settlement solutions are safe and adequate and will remain so until more durable solutions are achieved.**
 - ✓ *Shelter and settlement solutions should meet the needs of the refugees and are agreed upon by women, girls, boys and men in appropriate age groups as well as relevant authorities.*
- 2. Usually women bear the primary responsibility for household chores, and therefore the design of the sites and shelters should reflect their needs and should be undertaken with them as much as possible.**
- 3. Separate facilities like bathrooms and toilets should be constructed for women and men. They should not be in isolated or dark, lonely areas where women and girls may be sexually assaulted.**
- 4. Give priority for shelter to children under 5, the sick or malnourished, pregnant and lactating women and other vulnerable groups.**
- 5. Ensure, to the extent possible, that the privacy and security of families and individuals (especially women and girls) is provided for, which is essential, particularly during the night, when the risk of abuse and assault is high.**
 - ✓ *Unaccompanied and separated girls are specifically at risk of abuse.*
 - ✓ *Lack of privacy exposes children to sexual activity of adults, especially in communal shelters.*
- 6. Routinely monitor women's, girls', boys' and men's access to shelter services through spot checks, discussions with refugees, etc. to ascertain if/how their shelter needs have been addressed and correct any reported negative impact of shelter services on women's, girls', boys' and men's vulnerability.**
- 7. Assess and report on the impact of the Shelter/NFI/Site Management response on women, girls, boys and men and on outstanding needs.**
 - ✓ *To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.*
 - ✓ *Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.*

2.3 Water, Sanitation and Hygiene (WASH) Sector

The current Rohingya refugee crisis has impacted access to clean water and adequate hygiene and sanitation facilities by women, girls, men and boys in different ways. Gender and age largely determine what real access refugees can have to water and sanitation services and who decides on their use. It can also determine how limited or inappropriate WASH services and facilities can affect different groups within the refugee population. It is important to understand these differences and deliver humanitarian response services and aid that assist all segments of the affected population, while placing no one at risk. To achieve this, WASH Sector partners should take into consideration the following gender dimensions in the planning and delivery of sector response services:

- 1. Consider issues of safety, security and dignity, for women and girls in particular, in all water, sanitation and hygiene interventions, and design culturally appropriate strategies to enhance these elements.**
 - ✓ **Design and locate water points, toilets and showers to minimize the risk of sexual violence;**
- 2. Ensure equitable and dignified access to distributions of hygiene-related materials by women and girls of reproductive age and private spaces to wash or dispose of them; ensure materials are appropriate for users.**
 - ✓ **Consult with women on appropriate menstrual cloths, smaller containers for children to collect water and appropriate shaving materials for men**
- 3. Separate facilities like bathrooms and toilets should be constructed for women and men. They should not be in isolated or dark, lonely areas where women and girls may be sexually assaulted.**
- 4. Hygiene messages should be provided to both men and women, as well as boys and girls.**
- 5. Routinely monitor women ' s, girls ' , boys ' and men ' s access to WASH services through spot checks, discussions with refugees, etc. to ascertain if/how their WASH needs have been addressed and correct any reported negative impact of WASH services on women's, girl's, boy's and men's vulnerability.**
- 6. Assess and report on the impact of the WASH sector response on women, girls, boys and men and on outstanding needs.**
 - ✓ **To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.**
 - ✓ **Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.**

2.4 Nutrition Sector

A humanitarian crisis, such as what the Rohingya refugees are presently facing has different impacts on the levels of nutrition available to women, girls, men and boys. Gender and age largely determine nutritional needs and how a person is affected when those needs are not met. For example, women of child-bearing age require more dietary iron than men, and when pregnant or breastfeeding, should also consume more protein. However, while the crisis impacts on the one hand, gender inequality for women and girls hampers their ability to access adequate and consistent amounts of nutritious food to meet their own needs as well as those of their families. Availability of nutritious food coupled with improved access to adequate health and WASH services reduces levels of acute and chronic malnutrition for women and their dependents. The combination of chronic diseases and specific nutritional needs may make older men and women more vulnerable in emergencies. Integrating gender equality into nutrition programming is thus critical. Nutrition Sector partners should take into consideration the following gender dimensions in the planning and delivery of sector response services:

- 1. Examine whether at-risk groups (e.g., Children, Pregnant and lactating women, female headed households, older women and men) are accessing adequate food and the food basket meets their specific needs.**
 - ✓ **Take action to address barriers following consultation.**
- 2. Ensure that as caregivers, are women and adolescent girls are accessing sufficient food.**
 - ✓ **Check of the food basket received by households cover the nutritional needs of those they care for: e.g. under 5s, older immobile men and women, household members with disabilities or chronic medical disorders. Take action to address the gaps identified.**
- 3. Consult with key at-risk groups (e.g. pregnant and lactating women) to identify effective and accessible supplementary feeding interventions.**
- 4. Support, protect and promote exclusive breastfeeding and appropriate young child-feeding practices through training of appropriate service providers and information campaigns among refugees.**
- 5. Routinely monitor women's, girls', boys' and men's food access/nutritional status through spot checks, discussions with refugees, food security sector, etc. to ascertain if/how their nutritional needs have been addressed and correct any reported negative impact of nutrition services on women's, girl's, boy's and men's vulnerability.**
- 6. Assess and report on the impact of the Nutrition sector response on women, girls, boys and men and on outstanding needs.**
 - ✓ **To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.**
 - ✓ **Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.**

2.5 Health Sector

Emergencies impact on the affected population's health as well as their access to health services. Social, cultural and biological factors increase the risks faced by particularly women and girls. Gender and age largely determine the physical and psychological impact of the crisis on affected people's health, their exposure to and perceptions of risk, and their capacity to recover. For example, women and adolescent girls are usually not able to access clinics with skilled staff or adequate equipment for delivering babies; health personnel are unaware of how to clinically treat women and girls or men and boys who experience sexual violence; cultural norms may prevent women from seeking health care as they tend to children, maintain the home and spend the money on other priorities; older men and women may be unable to access medical care for chronic medical conditions. It is important to understand these differences and deliver emergency health services and aid that assist all segments of the Rohingya refugee population. To achieve this, Health Sector partners should take into consideration the following gender dimensions in the planning and delivery of sector response services:

- 1. Actively engage women and men from the refugee community and the health workforce, including those who belong to vulnerable groups, equally and at all levels in the design and management of health service delivery, including the distribution of supplies.**
 - ✓ **Design and locate health posts/services to minimize the risk of violence against different groups.**
- 2. To the extent possible, identify how power dynamics at home and in the refugee community, might deprive certain groups of equal access to health services and address these in project/programme activities.**
 - ✓ **Design activities to address the needs, roles and power dynamics within households and in the refugee community, that might deprive groups of equal access to health services.**
- 3. Ensure ongoing and coordinated health service delivery strategies that address the health needs of women, girls, boys and men. E.g. Provide Minimum Initial Service Packages (MISP), Distribute new emergency health kits for safe and clean deliveries and emergency obstetric care, etc.**
- 4. Ensure coverage of HIV/AIDS control and prevention methods, with particular attention to responding to GBV and women's health risks such as sexually transmitted infections (STIs), including HIV/AIDS.**
- 5. Ensure privacy for health consultations, examinations and care and monitor if/how their health needs have been addressed and correct any reported negative impact of health services on women's, girl's, boy's and men's vulnerability.**
- 6. Assess and report on the impact of the health sector response on women, girls, boys and men and on outstanding needs.**
 - ✓ **To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.**
 - ✓ **Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.**

2.6 Safety, Dignity and Respect for Individual Rights Sector

Safety, Dignity and Respect for individual rights of both children and adults caught up in humanitarian emergencies is imperative. The IASC Gender Handbook in Humanitarian Action (2006) identifies seven critical types of protection that children require in emergency situations: (i) Protection from physical harm; (ii) Protection from exploitation and gender-based violence; (iii) Protection from psycho-social distress; (iv) Protection from recruitment into armed groups; (v) Protection from family separation; (vi) Protection from abuses related to forced displacement; (vii) Protection from denial of children's access to quality education. Protection needs and the methods to address them may be different for girls and boys. Girls and boys can be at risk of differing types of domestic violence, child labor, sexual abuse and exploitation and trafficking.

Gender-based violence (GBV) is among the greatest protection challenges individuals, families and communities face during humanitarian emergencies (IASC, 2015). For this reason, GBV prevention and response is a key crosscutting priority in humanitarian action, which requires a coordinated effort to ensure that all sectors address this issue in the planning and implementation of their response efforts. For example, girls and women often face greater violence in overcrowded or poorly designed shelters and can risk sexual abuse and exploitation when negotiating shelter or essential items. Unregulated and unprotected distribution sites risk excluding older men and women, unaccompanied boys and girls because of harassment and violence. Thus, to safeguard the *Safety, Dignity and Respect for individual rights* of all Rohingya refugees the following gender dimensions should be integrated into planning and delivery of humanitarian services.

- 1. Prioritize safety & dignity and avoid causing harm: identify and work on the risks of physical and psychosocial harm and loss of dignity most likely to occur to women, girls, boys and men in different age groups to prevent and/or minimize any effects.**
 - ✓ *Where firewood and water need to be collected to prepare meals, the provision of energy-efficient stoves, vouchers for fuel, and water points located near habitations can reduce time and work burden, exposure to risks of violence and sexual assault.*
- 2. Tailor services to the needs and preferences of children (girls and boys) in different age groups that reduce risks/mitigate incidents such as separation, sexual violence, child marriage, child labour and/or forced recruitment.**
 - ✓ *Identify and register unaccompanied and separated children, and take steps to reunite separated children with their families.*
- 3. Ensure participation and empowerment by supporting women, girls, boys and men in different age groups to protect themselves as a community and individuals, and equitably claim their rights, including freedom from harm and the rights to shelter, food, water and sanitation, health, and education.**
 - ✓ *Arrange for equitable access by women and men, girls and boys across all age groups to available assistance and services (in proportion to need and levels of risk) without discrimination.*
- 4. Set up and maintain appropriate mechanisms through which refugees (affected women, girls, boys and men) in appropriate age groups can advise on the adequacy of interventions so that the concerns and complaints may be addressed.**
 - ✓ *Measure whether boys and girls are protected fairly and addressing the barriers and problems systematically.*
 - ✓ *Monitor the benefits experienced by women and men, girls and boys and compare this with the analysis and across men and women, boys and girls.*
- 5. Assess and report on the impact of the Safety, Dignity and Respect for individual rights sector response on women, girls, boys and men and on outstanding needs.**
 - ✓ *To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.*
 - ✓ *Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.*

2.7 Education Sector

The current Rohingya refugee crisis has disrupted children's access to education opportunities. The educational needs of girls and boys have also changed as well as their ability to attend school. The differing constraints facing girls and boys are apparent on both the supply and the demand side of education. In addition, male and female teachers (if they are there at all) have different experiences and priorities that need to be addressed. To ensure that all girls and boys benefit equally from education in that will be provided it is critical to understand the social and gender dynamics that might affect or place additional constraints on them. Humanitarian actors in the education Sector should take into consideration the following gender dimensions in the planning and delivery of sector response services:

- 1. Actively engage women and men from the refugee community and the education workforce, including those who belong to vulnerable groups, equally and at all levels in the design and management of education service delivery, including the distribution of supplies.**
 - ✓ *Design and locate temporary schools/classrooms to minimize the risk of violence.*
- 2. Safeguard children's basic rights to education by identifying and reducing the constraints on school attendance by girls and boys of different ages and backgrounds (e.g. perform home duties, preserve honour, work for income, marriage for adolescent girls or work for income or armed activities for adolescent boys).**
 - ✓ *Targeted support for girls and boys found to be constrained in accessing and attending school.*
 - ✓ *Articulate specific priorities and needs of girls and boys of different ages for emergency education services.*
- 3. Work with the refugee community to develop and implement a code of conduct for teachers and other education personnel that addresses sexual harassment, abuse and exploitation. Ensure that it is consistently applied and that appropriate and agreed-upon measures are documented and applied in cases of misconduct and/or violation of the code of conduct.**
- 4. Use creative strategies to proactively recruit and retain women teachers.**
 - ✓ *Ensure that women teachers are equally able to participate in school meetings and professional development (e.g. select timing carefully and provide child care).*
 - ✓ *Where possible, ensure that women teachers are placed in high-profile positions (not only in early year classes and "soft" subjects).*
- 5. Assess and report on the impact of the Education sector response on girls and boys and on outstanding needs.**
 - ✓ *To the extent possible, include women and men, girls and boys in appropriate age groups in the design and review of the sector response.*
 - ✓ *Disaggregate data by sex and age during assessment and monitoring to adequately consider the diversity of needs and perspectives of women, girls, boys and men.*