



ONE YEAR ON

TIME TO PUT WOMEN AND GIRLS AT THE HEART OF
THE ROHINGYA RESPONSE

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Beginning on 25 August 2017, over 700,000 Rohingya refugees fled from Myanmar to Bangladesh seeking safety and lifesaving assistance. While safe from the violence they were subjected to in Myanmar, Rohingya women continue to face huge protection risks and challenges in Bangladesh. This briefing paper looks at how the humanitarian response, one year on, is meeting the specific needs of women and girls and what more can and should be done so that women and girls can access services, voice their concerns and hopes for the future and influence the decisions that affect their lives.

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For further information on the issues raised in this paper please email advocacy@oxfaminternational.org

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Cover photo: Rohingya women after a protection focus group discussion in Unchiprang refugee camp. Maruf Hasan/Oxfam.

SUMMARY

It is now one year since over 700,000 Rohingya people from Myanmar fled to Bangladesh¹ following a military campaign against them which several high-level UN officials, including the Secretary General himself, have described as 'ethnic cleansing'.²

Many of the Rohingya refugees experienced unimaginable atrocities in Myanmar, including systematic rape, torture and seeing family members killed. They arrived in Bangladesh with nothing but the clothes on their backs, needing food, clean water and shelter to survive, but above all wanting to feel safe.

Through the generosity of the Government of Bangladesh, which opened its borders and provided land for the camps, and the local communities who mobilized support and assistance in the crucial first weeks, hundreds of thousands of Rohingya women, men, girls and boys were able to find safety and receive assistance to meet their basic needs.

Women and girls account for just over 50% of the population in the Rohingya camps in Bangladesh,³ and one in six families is headed by a single mother.⁴ They are the focus of many of the stories of horror highlighted in the media today. Although safe from the violence to which so many were subjected in Myanmar – and despite the generosity of the Government of Bangladesh and host community, and concerted efforts by aid workers – Rohingya women continue to face huge protection risks and challenges in Bangladesh.⁵

Rohingya women's and girls' experiences of displacement and their ability to access assistance and claim their rights are shaped by pre-existing cultural and social norms, traumas endured in Myanmar and the nature of humanitarian interventions. In particular, social and cultural norms severely restrict Rohingya women's and adolescent girls' mobility, both through the practice of purdah⁶ – screening women from men and strangers by using a curtain in the home or by way of clothing – and the burden of care work. Research from Rakhine state has found that women had limited access to public spaces and little meaningful involvement in public decision making prior to displacement.

The unexpected mass displacement of Rohingya, which saw hundreds of thousands of women, men, girls and boys flee into Bangladesh in a matter of weeks, meant that camps sprang up without proper planning, on steep land, without enough room for adequate shelters or latrines, let alone communal structures to provide safe spaces for women and girls. While this quick action undoubtedly saved lives, we know that if humanitarian interventions are not planned with gender dynamics in mind, the needs of those most under threat may not be adequately met, and opportunities to support positive change may be lost.⁷

This report is based on primary research Oxfam has carried out or participated in over the past year.⁸ Altogether these assessments were based on 104 focus group discussions (FGDs) with women and men from host and refugee communities; 134 interviews with male and female formal and informal community leaders and representatives from refugee and host communities; and a survey of 482 households in refugee and host communities. In addition, this report has drawn on the regular discussions Oxfam's protection, gender, and public health promotion and community engagement teams are having with refugee and host communities, including through women's groups, community-based volunteers, protection monitoring and post-distribution monitoring.⁹

The data shows that one year on, the response is still not adequately meeting women's needs, providing them with dignified access to services, or addressing the gender-specific issues that are critical to preventing further harm. Today women's and girls' ability to access services, voice their challenges and concerns or influence decisions is still limited. One year into the crisis, it is time for the humanitarian community to ensure that its response delivers not only lifesaving infrastructure and services, but addresses the specific needs of women and girls by supporting them to proactively overcome the gendered barriers they face and creating an environment where women and girls are listened to and valued.

The findings identify a need to design, fund and implement a response that is sensitive to existing gender norms and social practices within the Rohingya community; that can create a foundation for a more inclusive and effective response for Rohingya women and girls seeking protection in Bangladesh; and that can support Rohingya women to realize and secure their rights during displacement and in the longer term.

RECOMMENDATIONS



A Rohingya mother with her two-month-old daughter in their tent. Photo: Farzana Hossen/Oxfam.

1. Improve protection of women and girls through a genuine commitment to mainstreaming of gender equality across the response.

Humanitarian actors should:

- Recruit more female staff, particularly for services and assistance targeted primarily at women and girls.
- Hold community engagement and information dissemination activities in spaces women can easily access, to proactively create opportunities for women to receive information directly and contribute to needs assessments.
- Work with women in the design of community structures to ensure these are gender-sensitive.
- Provide targeted labour support to help female-headed households to transport relief supplies from distribution points back to their homes.

Donors should:

- Ensure that, in line with recommendations in the 2015 global report on UNSC resolution 1325, all future funding for the response allocates at least 15% to gender in emergencies programming,¹⁰ and encourage the use of gender budgeting in all calls for funding proposals.
- Require compliance with the *IASC Accountability Framework on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*¹¹ to strengthen the accountability of humanitarian actors.

The Inter Sector Coordination Group should:

- Ensure that, in accordance with the *IASC Gender Handbook for Humanitarian Action*,¹² each sector has a gender action plan and routinely reports against gendered indicators.
- Work with *majhis* and community leaders to increase women's access to existing communal spaces, including schools and mosques, when they are not in use for their primary purpose. They should also work to identify alternative spaces within the camps that can be re-purposed as safe spaces for women.
- Work with the Government of Bangladesh to ensure adequate land is allocated to the camps for infrastructure, including latrines, bathing points and water points as well as for the construction of women-friendly spaces.

2. Introduce stand-alone gender programming in order to prevent, not only respond to, gender-based violence, to increase female empowerment and to address the practical needs of women and men, girls and boys.

Humanitarian actors should:

- Create income-generating opportunities for women in refugee and host communities, potentially through formal recognition of care work, i.e. the introduction of 'cash for care-work'. This would need to be done in line with in-depth community consultation, and potentially link with other services that support work outside the home, such as working in child-friendly spaces.

Donors should:

- Fully fund the protection component of the UN's *Joint Response Plan for the Rohingya Refugee Crisis: March – December 2018*.
- Provide multi-year funding for stand-alone gender programming that aims to address some of the root causes of gender inequality and gender-based violence.

3. Increase protection of women, men and children through provision of recognized protective status.

The Government of Bangladesh and UNHCR should:

- Work together to create a foundation for a more inclusive and effective response for Rohingya women, girls, men and boys seeking protection in Bangladesh that can support them to realize their rights during displacement and in the longer term, including by providing them with protective status while longer-term solutions to the crisis are sought.

4. Create opportunities to enable women and men refugees to contribute to the transformation of gendered power relations.

Humanitarian actors should:

- Provide awareness-raising sessions on gender equality and women's rights for community leaders, including *majhis* and imams.

- Work with informal religious and community leaders and key persons within the community, such as schoolteachers, including both male and female leaders to promote gender equality.
- Use the recognition of care work as an entry point to ensuring that women's work in the home is properly valued by families and the wider community.

5. Promote the participation and leadership of women and girls, men and boys, in all aspects of programming – from planning to evaluation – and invest in the capacity of local organizations with expertise on gender (particularly women's rights organizations).

Humanitarian actors should:

- Work with local women's groups to create spaces for refugee women and foster culturally sensitive, appropriate approaches to female empowerment as a form of gender-based violence prevention – remembering that many of these women are survivors of sexual and gender-based violence, torture and trauma.
- Ensure that humanitarian action in the Rohingya response links to the newly established Women's Humanitarian Platform in Bangladesh.
- Empower informal women leaders in the Rohingya community alongside men and engage with formal women leaders in the host community – while ensuring support for women to fulfil these roles safely.
- Promote the active involvement of women in decision making processes, especially within existing structures created by the wider humanitarian response.
- Support women-only self-help groups to provide collective support and life skills, and sensitize families on the benefits of allowing women to participate in public life.

Donors should:

- Create a pooled fund for local humanitarian actors for gender specialist work.

1 INTRODUCTION

***'The crisis situation disproportionately affects women, girls and the most vulnerable and marginalized Rohingya refugee population groups by reinforcing, perpetuating and exacerbating pre-existing, persistent gender inequalities, gender-based violence and discrimination.'* – UN Women¹³**



Unchiprang refugee camp as night approaches. Photo: Maruf Hasan/Oxfam.

One year ago, just over 700,000 people fled Myanmar for Bangladesh in fear of their lives.¹⁴ They endured terrible journeys of up to two months or more: on the move constantly, sleeping rough, fleeing attacks along the route, and some even losing children in the confusion of flight. They joined the over 200,000 Rohingya who were already living in refugee camps and host communities in Bangladesh.

Women and girls have since recalled stories of rape, torture and killings in Myanmar. The immense trauma and suffering experienced by so many is apparent in the testimonies shared by the media, reported to UN officials and fact-finding missions, and documented by human rights organizations.¹⁵

For many women, their distress did not end when they reached the border. Over the past year, multiple assessments, media reports¹⁶ and testimonies from Rohingya refugees have revealed high levels of gender-based violence (GBV) in the camps, child and forced marriage, and the existence of criminal networks that are trafficking women and girls into sex work.¹⁷

It is clear that the humanitarian community is still not adequately meeting the needs of women and girls. Over one-third of women surveyed in a recent joint agency gender analysis said they did not feel safe or comfortable going to collect water or using toilets and shower cubicles.¹⁸ Half the women and three-quarters of adolescent girls said they did not have what they needed to manage their periods, and many women said they were unwilling to leave their shelter due to lack of appropriate clothing alongside concerns around dignity and safety.

With the unexpected mass movement of refugees into Bangladesh – already one of the world's most densely populated countries – the camps sprang up without proper planning, on unsuitable, steep land, without room to install enough toilets and shelters, let alone community structures to provide safe spaces for women and girls. In the initial days of the response, the slopes of Cox's Bazar were rapidly transformed into the fourth largest 'city' in Bangladesh.¹⁹

The Rohingya refugee crisis is now one of the biggest in the world today, and requires one of the biggest humanitarian responses, with a UN appeal for \$1.2bn to meet this vulnerable population's most basic needs for 2018. Halfway through the appeal period, the appeal has secured only 33.7% of the required funds.²⁰ As the size of the appeal suggests, the scale and complexity of this crisis cannot be underestimated. A key challenge in mounting such a rapid response at scale is that it requires quick action on the ground in order to save lives. This is often at the expense of thoughtful programme design that takes into account cultural sensitivities, practices and norms, including those pertaining to gender, that if built in, can reduce violence.

Despite international standards and frameworks to better guide humanitarian policy and to ensure that gender is mainstreamed in the first phase of humanitarian response, in reality this often only happens much later – usually after lessons have been learned the hard way. The experiences of the many Rohingya women and girls Oxfam has consulted over the last year illustrate the consequences of not adequately considering gender dynamics from the outset.

Global research has shown that some interventions – particularly water, sanitation and hygiene (WASH) facilities – when combined with the heightened vulnerability of refugees, potentially put women and girls at increased risk of GBV.²¹ Rohingya women and girls in Bangladesh report hundreds of cases of GBV, including sexual harassment and assault, every week.²² At the same time, their lack of status means that, despite the concerted efforts of agencies working in the camp, women's access to basic services, as well as justice and other protective frameworks, is limited.²³

Protection interventions must not only respond to and prevent the immediate protection risks, including GBV, but should complement efforts to tackle their root causes. Despite the acknowledgement in the UN Joint Response Plan that 'The Rohingya refugee crisis is at its core a protection crisis',²⁴ protection programming accounts for just 7.5% of the overall appeal. The protection sector has responsibility for mainstreaming and stand-alone protection programming, GBV prevention and response, and child protection.

The focus has been on services to support survivors of GBV, with little attention paid to preventative measures that could address some of the fundamental drivers of GBV. Gender is also a small component of the UN's Joint Response Plan, with no stand-alone budget for programming. The space and funding for innovative programming that seeks to explore how gender equality could contribute to a better protection environment is therefore almost zero.

The pre-existing social and cultural norms of the Rohingya community that affect women's mobility and their roles within the household and the community need to be understood in this crisis setting, and must be central to the response to ensure that it does not exacerbate vulnerabilities or reinforce gender inequalities.

While the international community continues to advocate for an environment in which Rohingya refugees can return to Myanmar, it is critical that all actors take stock of what has been learned and explore new ways to better protect Rohingya women and girls, men and boys while they remain in Bangladesh. With new streams of multi-year funding being made available to the Government of Bangladesh, a significant portion should be dedicated to delivering real impact and positive change in the lives of Rohingya women and girls.

2 HOW GENDER IS VIEWED IN THE ROHINGYA COMMUNITY AND CONSIDERED IN THE RESPONSE

***'Not everyone is getting equal opportunities or support. Widows and separated women usually can't leave their homes. Majhis [camp leaders] give support as they wish... They are not paying enough attention to really needy people. Those who have no money, have nothing.'* – Female interviewee**

In response to Oxfam's protection baseline survey in February 2018, refugees were unanimous in their feedback that women and men are not treated equally in the Rohingya community. A key example cited was the practice of 'purdah'²⁵ – screening women from men and strangers, either using a curtain in the home or by way of clothing. This was practised to varying degrees in Northern Rakhine State in Myanmar, from where the majority of refugees fled.

***'Men are more powerful and we should maintain their rules.'* – Female focus group respondent**

There is limited public research that analyses gender roles in Northern Rakhine State. However, research into gender roles in Central Rakhine reveals that there has been little meaningful involvement of women and girls in public decision making, and that this is often rooted in deeply held religious or cultural beliefs.²⁶ Political representation and civic participation have been almost non-existent for Rohingya women in Rakhine.²⁷

An Oxfam-led joint agency gender analysis conducted in Bangladesh in April 2018²⁸ found that there is a low understanding of gender inequality and women's rights among Rohingya communities, and that women's and men's roles and responsibilities are seen as being biologically defined rather than socially prescribed. However, it should be noted that this finding could be due in part to language and translation issues.²⁹ Oxfam and CARE are working with Translators Without Borders on a glossary of gender terms to address this.

Rohingya women's traditional role in the home is well documented. In 2015, research conducted with UNHCR-registered Rohingya refugees in Bangladesh found that 95% of them said that the main role of women is cooking, and 53% believed women should not be allowed to leave the house (42% of surveyed women reported spending an average of 21 to 24 hours a day inside their house).³⁰

In the current refugee influx, an Oxfam rapid care analysis has found that women are still shouldering the vast majority of care work.³¹ Rohingya women spend 72 hours per week on care work as their main activity, compared to the five hours per week spent by men, according to that analysis. This is supported by findings from the joint agency gender analysis. Some 78% of refugee respondents say that it is women's responsibility to cook, 75% to clean and to supervise children, and 59% to collect water.³² However, the rapid care analysis also showed that men's changing roles and lack of job opportunities have led to some positive changes in care patterns since displacement, with men now making greater contributions through water collection, childcare and children's education.³³ This could present an opportunity to use shifting practices resulting from displacement to advocate for a more equitable distribution of care work between household members.

The consequences for women who fail to uphold traditional gender roles can be serious. According to several FGD participants, it is common for a woman to be beaten

by her husband if she does not perform care work. Oxfam and partners have found that domestic violence is seen as the norm. The recent joint agency gender analysis found that there has also been a reported increase in domestic violence in Rohingya communities since the displacement in August 2017.³⁴ This has been attributed to the fact that men have no employment and financial pressure is putting extra strain on them and their families.

The amount of time women are expected to spend on care work, along with the many other factors that limit women's freedom to move beyond their shelters, has significant consequences for women's and girls' equitable access to services in the camps.

Oxfam's analysis from various assessments is that women need permission from their husbands to go to distribution points, which can be a source of domestic tension. This limits women's direct interaction with humanitarian service providers, and thus their access to information on services available. This is of particular significance when it comes to women's ability to seek protection-related services.

Men are also the key decision makers in the family when it comes to purchasing food or groceries (65%).³⁵ High levels of malnutrition in Rohingya women in Northern Rakhine State were found to be prevalent in a 2015 nutrition assessment, with one NGO stating, 'There is a double burden in women's marginalization within the population of Northern Rakhine State: the Government's and that of their own cultural background.'³⁶ Although some agencies in Bangladesh are prioritizing women for food aid, it is primarily men who retain the food vouchers and men who usually manage aid items and other resources.³⁷ Women have told Oxfam that while organizations often identify women as aid beneficiaries, they do not provide sufficient support to ensure resources can be safely obtained (i.e. they are too heavy or awkward to carry home), meaning collection of relief goods has created an extra burden for women. This is of particular concern for female-headed households.³⁸

A clear message from refugees irrespective of gender is the need for access to income-generating activities. However, when asked about the possibility of women engaging in such activities there was strong resistance from male respondents.³⁹ It was unclear whether this was because it would require women to go outside of the home to work, and whether activities such as tailoring or handicrafts, which would not require women to move out of traditional roles or leave the home, would be acceptable. Clearly there is more work to be done with men and women on the types of roles that would be considered appropriate in this setting, and to explore opportunities which could enable women to build their self-sufficiency safely. At present, income-generating activities are currently restricted by the Government of Bangladesh, adding to the challenges of meeting this need.

3 WOMEN'S EXPERIENCES AND LIMITED MOBILITY IN CAMPS

***'Women do not need to go outside. If they have anything to say, they can tell their family members.'* – Male FGD participant⁴⁰**



Arofa Begum*, a single mother, sits with her three children. Photo: Maruf Hasan/Oxfam.

A key concern highlighted in Oxfam's research is that women face a range of barriers to leaving their shelters. These include cultural respect for the practice of purdah, fears around safety, the burden of care work, lack of public lighting, lack of appropriate clothing, feelings of 'shame' around using WASH facilities, and lack of women-only spaces. These issues are explored in greater detail in this section.

Recent research in Central Rakhine has shown that displacement, intercommunal tensions and insecure livelihoods have the potential to increase women's mobility, as some women, particularly female-headed households, increasingly take up livelihood opportunities in the public sphere. This is seen by the community as a necessary coping mechanism in the current environment.⁴¹ This suggests that alongside the many challenges displacement creates, the changed circumstances also provide opportunities for positive change.

However, as will be explored below, Rohingya women and adolescent girls are, as yet, unable to take advantage of these opportunities. International agencies should learn from and work with local women's groups to shape their engagement with women and girls, in ways that are culturally and trauma-sensitive in order to reach all members of the Rohingya community and leverage opportunities to increase women's mobility.

LACK OF APPROPRIATE CLOTHING

***'When I go out, I have to borrow a burqa hood from my neighbour so I'm covered in public. I worry also for my daughter – she feels embarrassed and cries about going to school because she only has one old dress to wear.'* – Ayesha*, 35, female head of household**

Women FGD participants repeatedly mention having to share burqas with their relatives and neighbours so they can access markets and attend aid distributions. Oxfam has also been informed of pressure from men and community figures for women to not leave the house without an *abayas* (a traditional robe-like dress).⁴²

Oxfam's protection baseline survey in February found that 97% of those surveyed (men and women) felt they did not have enough appropriate clothes to wear outside of their shelters; 49% of the total respondents were women.⁴³ Some 55% of women said they borrow burqas from other female family members if they need to go out, while 30% shared that they limit their movements to locations close to the tent. A further 15% refrain from going to public places where they can be seen by many people – this includes distribution centres and other key facilities such as hospitals, clinics and markets.

Both female and male respondents explained that back in Rakhine, women did not need a burqa to access latrines and water points, as these were close to their homes and they lived with their relatives. Women would wear a burqa in all other situations which required being in the presence of non-relative men. However, studies from Northern Rakhine State would suggest that women also had fairly limited movement and access to services.⁴⁴ Therefore, as the camp situation forces many women (particularly those from female-headed households) to move outside the 'home', it is important to ensure they have access to the clothing that helps them feel safe and dignified. An Oxfam initiative to address this issue has had encouraging results (see box).

Box 1: Oxfam cloth and tailoring vouchers



A Rohingya girl makes a blouse on a sewing machine. Photo: Maruf Hasan/Oxfam.

Based on the evidence of our protection baseline survey in February 2018, Oxfam launched a protection programme to distribute multi-purpose cloth to Rohingya women and men. Following the pilot distribution, Oxfam's post-distribution monitoring revealed that while most households were able to afford tailoring for most items, many could not afford to have *abayas* made. Families that were able to afford *abayas* reported increased mobility for women. As a result, Oxfam is providing families with a tailoring voucher to cover the additional costs. Oxfam uses local vendors from the host community as part of the scheme.

Since launching the programme in a selection of camps, we have seen positive results in terms of women's movement outside of their shelters. Our June 2018 survey revealed that 95%* of women respondents now feel safe and comfortable going outside the home.

* Survey of baseline of 370 participants.

FEELING UNSAFE – ESPECIALLY AT NIGHT

***'I'm afraid, worrying mostly for the safety of my daughters, especially at night that someone will rob or stab us. I'm able to leave our home to collect aid distributions and do other errands, but I am always worried about leaving my daughters home alone, and hurry back.'* – Ayesha*, female head of household**

The findings from our surveys suggest a high number of women in the camp are still observing their community's traditional practice of purdah.⁴⁵ However, it is important to acknowledge that women's restricted mobility is also inevitably linked with concerns about GBV and women's overall feelings of safety – both perceived (i.e. based on social concepts and notions of women's vulnerability) and in relation to actual dangers (based on women's previous experiences of trauma, and very high rates of GBV in the home and at the hands of security forces in Myanmar, etc.)

Having endured terrifying journeys to reach the relative safety of Bangladesh, nearly a quarter (24%) of women surveyed said they do not feel safe in their living spaces.⁴⁶ Participants in FGDs agreed, reporting that the lack of privacy and fear of assault result in women remaining in their shelters. When asked whether they felt safe walking alone in the camp, 29% of women said 'no', compared with 5% of men. Furthermore, over a third of female respondents did not feel they had safe access to a water point, bathing facility or latrines.



A Rohingya woman looks outside through the little window in her tent. Photo: Maruf Hasan/Oxfam.

***'We have our torches, but you can only see so far. We are scared of elephants, because they come into the camp at night. We are also scared of traffickers. We have heard of women and girls disappearing in the camp.'* – Female FGD respondent**

Oxfam's protection assessments with Rohingya communities have concluded that there is not a common understanding across female respondents on exactly what the word 'safety' encapsulates, meaning that the number of women who feel unsafe could in fact be far higher. What we do understand is that lighting plays a key role in increasing both women's and men's feelings of security. Providing public lighting was included as part of general site management in the UN's Joint Response Plan, but not as part of the general protection sector's response.

To support a protection-centred approach to public and household lighting, Oxfam instigated a solar lighting project, using an inclusive, community-based approach to ensure a clear understanding of differential gender needs and to avoid exacerbating

women's feelings of insecurity and potentially exposing them to further risk. Oxfam's needs assessment found that in places that are often considered unsafe for women and girls – such as water points and latrines – partial lighting is actually perceived as harmful, as it could highlight and expose users of the facility by acting as a beacon in the darkness. It also found that household and community power dynamics affect who controls and has use of lights – i.e. just because a household receives a solar lamp, it does not mean that all members of the household have equal access to it.

Box 2: A community-based approach to lighting

Building on its global research on lighting and GBV in refugee and internally displaced person (IDP) camps, Oxfam has led the production of a guidance note on solar lighting at communal, household and individual levels for the Rohingya refugee response in Cox's Bazar. This aims to ensure coordination between humanitarian actors implementing such facilities and a consistent, community-based approach. The early engagement of the user community in the process of lighting provision encourages community ownership of the facilities and has shown positive benefits such as better positioning of lighting, reduction of theft and vandalism, and better maintenance of solar lamp posts. The guidance note has been endorsed by the protection, shelter/non-food item and site management sectors, with the International Organization for Migration (IOM) indicating that this guidance note will be part of the binding agreement to access IOM funding of 3,000 solar lamp posts.

Providing appropriate lighting is just one element of alleviating women's feelings of insecurity in the camps and enabling them to enjoy greater mobility and better access to services. Understanding how women perceive safety and risks, and how these perceptions interact with cultural norms around women's mobility, is essential if the humanitarian response is to truly address the needs of women and girls.

INADEQUATE OR INAPPROPRIATE HYGIENE FACILITIES

***'We eat less so we won't have to use the latrine as much. We used to eat three times a day but now we eat twice a day and we don't eat as much rice. We're hungry and we're losing weight, but what can we do? We don't allow our children to use the latrines because they're not hygienic, so even when the children cry for food, we don't give them food, and they're becoming so thin. Our children cry when they can't use the latrine. Little children can defecate openly and we would throw it in the latrine, but we can't even do that anymore and there isn't even a place to bury it. The heavy rains are only making this worse.'* – Monwara*, 28, FGD participant**

In the initial days of the response, women reported having to defecate behind umbrellas or behind cloths held by friends to avoid being seen.⁴⁷ Given the breakneck speed at which the refugee camps were erected, water and sanitation facilities were rapidly constructed based on available space and not properly planned. With the urgent need to get structures in place to mitigate the risk of waterborne diseases spreading among the hundreds of thousands of new residents, emergency latrines and bathing facilities were hastily erected. The design of many of the emergency latrines did not afford the desired levels of privacy or dignity, and used perishable materials that were easily torn.

By not taking into account gender and cultural dynamics at the outset, WASH actors, including Oxfam, missed potential opportunities to provide simple solutions that would have supported women's privacy needs. One significant problem has been the lack of gender segregation of facilities, particularly bathing cubicles, which are also used to wash clothes. Women FGD participants have said that they are unable to wash clothing thoroughly because of long queues, and that they feel uncomfortable washing reusable sanitary pads if they think a man may use the facility after them. Despite women's clear fear of using facilities at night, Oxfam has also heard how the lack of

segregation has led to some women opting to use WASH facilities or collect water *only* at night or to avoid using them altogether, in order not to be seen by men.

‘When I can’t get to use the latrine, I tolerate it and I hold it back and my whole body hurts and I have abdominal pain.’ – Female FGD participant

Focus groups show that women continue to adopt practices such as washing inside cramped shelters or less frequently, and urinating inside shelters and washing urine away with water, in order to guarantee privacy. Given the cultural beliefs and social practices of the Rohingya community, lack of privacy is undoubtedly a key driver behind some of these unsafe hygiene practices.

‘We have to share toilets with men and we don’t like that. There are always long queues, and it’s undignified and embarrassing standing there waiting while men come and go.’ – Female FGD participant

Such practices obviously have health implications – not only for women themselves, but also for the wider community, given the possible spread of disease due to contamination of water supplies. Women have also reported reducing their own and their children’s food intake to avoid the family having to use the latrines in the dark.⁴⁸ With child malnutrition rates at WHO-ascribed ‘critical’ levels (40%) across the camps,⁴⁹ such measures are all the more concerning.

Staff from one of Oxfam’s local partners told us that in one area of the camp where they are working there are not enough functioning latrines. For example, in one camp ‘block’, more than 100 households were sharing one latrine and water point. This means residents have to use the facilities in neighbouring blocks, which is causing major tensions.

‘I have heard from women who are suffering from pain and bladder infections because they don’t feel safe to use the latrines and because of the long queues that are there 24 hours a day. They are drinking less water so they don’t have to use the latrine at night.’ – Project Coordinator, Help Cox’s Bazar



A woman carries a jar of water up a muddy slope in Balukhali refugee camp. Photo: Tommy Trenchard/Panos.

In FGDs, women have told us in Myanmar they had access to latrines directly outside or close by their homes. However, research from Northern Rakhine suggests that unsafe hygiene practices were also highly prevalent there.⁵⁰ The crisis situation and lack of space throughout the camp makes the impact of these unsafe hygiene practices something that must be urgently addressed – particularly in the monsoon months.

Clearly, more needs to be done to overcome the barriers women face in using WASH facilities. Oxfam is already starting. Taking on board the feedback received from women, Oxfam is making latrines out of more durable materials, including iron sheeting. Oxfam is also working to increase the number of latrines so that there are fewer users and households have more control over who uses the toilets. There is still more to be done to find a combination of solutions to create an environment that upholds women's dignity.

Box 3: Women refugees co-design hygiene facilities

In April 2018, Oxfam collaborated with two architecture students from Edinburgh University and the University of Newcastle to work with Rohingya refugee women on user-centred designs for toilets and laundry areas to improve women's experience of using these facilities. They considered not only the structural design, but the footprint of the facilities in the difficult camp environment where space is so limited. Rohingya women's feedback included a suggestion to position a screen in front of the latrines so the doors do not open directly on to the camp, giving users more privacy as they enter and leave the facilities.

In early September 2018, Oxfam began collaborating with Bangladeshi architects to transform the findings of these initial consultations into pilot designs. Oxfam will then build two of the proposed facilities, each in a different camp context, to see whether women are more satisfied with them than the standard designs.

Oxfam is leading this initiative to demonstrate to the WASH sector the importance of consultation and engagement with users in facility design – an essential part of humanitarian work which is too often missing from the planning cycle. Initial findings have been presented to the WASH sector. The pilot will hopefully demonstrate that a user-led approach is both effective and possible in a response of this size and scale.



Imogen McAndrew, 21, an Edinburgh University architecture student, worked in Cox's Bazar with Oxfam staff and Rohingya refugee women on new designs for toilets, showers and laundry areas. Photo: Maruf Hasan/Oxfam.

THE CHALLENGES POSED BY PERIODS

Lack of access to adequate materials and facilities for managing menstruation poses further problems for women and girls in the Rohingya camps. This often-neglected challenge can be a huge threat to women's and girls' feelings of dignity and security, and has wider implications for their mobility.

In the Oxfam-led joint agency gender analysis of April 2018,⁵¹ 50% of women and up to 75% of adolescent girls said they were unable to meet their menstrual hygiene needs. Recent reports in some camps suggest the situation is improving, but more

needs to be done. Overall, there has not been detailed research into the types of materials Rohingya women prefer to use to manage their menstruation, both in terms of the products they use, the laundering and drying of these, or the cultural stigmas and myths around menstruation in the Rohingya community.

‘Women find it very difficult to wash their menstrual cloths in bathing spaces. As one bathing space is shared by both men and women, they feel afraid and ashamed if any man sees them washing.’⁵² – FGD enumerator

Not changing or washing sanitary pads often causes discomfort, and the women also blame this for infections. It is clear from FGDs that women often do not seek treatment for such infections due to feelings of embarrassment and shame.⁵³

Lack of appropriate services and sanitary cloths are not the only reasons for women’s restricted mobility during menstruation. Cultural and religious beliefs among the Rohingya community further limit women’s mobility during their periods due to taboos and notions of uncleanness.⁵⁴ Indeed, alongside these taboos, some Rohingya communities in Rakhine State uphold a practice whereby adolescent girls do not leave their shelters once they reach the age of menstruation, in line with the practice of purdah. According to Save the Children, when girls reach puberty they are taken out of the public space which ‘belongs to men, boys, children and to some extent married women’.⁵⁵

Oxfam has been working with UN Women to better understand the restrictions faced by women and girls during their periods, using art to discuss sensitive topics. The social architecture project also improved Oxfam’s understanding of women’s needs for cleaning and drying menstrual clothes, which will be incorporated into the new designs. More research and work should be done with the community to understand whether removing some of the stigma around menstruation through better menstrual hygiene management could enable girls to maintain stronger participation in life outside the home after they reach adolescence.

ALONE AND VULNERABLE: THE CASE OF FEMALE-HEADED HOUSEHOLDS

‘If I were a man, I would have power and would be able to protect my family, and collect aid donations, firewood, water and other things more easily.’ – Ayesha*, female head of household



Ayesha*, a single mother with two children, walks alone in the camp. Photo: Maruf Hasan/Oxfam.

When asked who the most vulnerable people are in the community, focus groups and community leaders overwhelmingly identify female-headed households because of the tensions between restrictive gender norms and the additional burdens imposed on women who are alone.

In the camps, women generally do not talk openly to men unless they are relatives or are from their old neighbourhood in Myanmar. For single female-headed households, the burden of care and the need to collect food and other distributions is likely to fall solely on their shoulders. This can bring about its own social stigma, alongside risks, for these women. However, if they are supported, there is also an opportunity to challenge traditional gender roles in the community.

The UN's Joint Response Plan reported that 62% of refugees are unable to communicate with aid providers⁵⁶ – a figure which is likely to be higher for women, given the traditional expectation that they should stay at home and not interact with men outside their immediate family.⁵⁷ The illiteracy rate among the Rohingya is reported to be 73%,⁵⁸ with the preferred method of communication being face-to-face, and *majhis* (Rohingya camp leaders, appointed by the Bangladeshi Army)⁵⁹ the most common source of information.⁶⁰

Oxfam has heard repeatedly from women that they feel shame around accessing particular services and raising concerns directly with humanitarian aid providers. Almost all *majhis* are men, which means that the voices of women and girls are often not heard. A recent snapshot of complaints data suggested that women's complaints are not being resolved as effectively as men's.⁶¹ Female-headed households or households with no male relatives are also least likely to receive information or support.⁶²

***'It is hard without a man around. Sometimes the aid donations are too heavy for me to carry, so I have to pay a porter 10 taka to take it to the house for me. I can't always afford this, so I have to borrow money from my neighbour.'* Shamsun*, 50, single mother.**

Female-headed households often live in isolation, making them vulnerable to exploitation. There have been a number of reports⁶³ that suggest it is not uncommon for *majhis* to provide help in exchange for money or as a family 'favour'. Considering that all NGOs are working directly with *majhis* for community aid distributions, it is very likely that the number of such cases is much higher than reported. In order to avoid instances of abuse of power in accessing assistance and services, and to respect the humanitarian principles of impartiality and do no harm, it is important that humanitarian agencies do not uniquely rely on lists provided by the *majhis* and refrain from using cards distributed by the *majhis* themselves as the only proof of entitlement to access services.

4 PROMOTING WOMEN'S AGENCY

'I think that things would be better if women could make more decisions and learn more.' – Ayesha*, 35, female head of household



A Rohingya woman voting to choose leaders at a women's group. Photo: Lauren Harttnet/Oxfam.

In addition to presenting dangers and barriers to meeting basic needs, crises radically affect social, cultural and political structures across private and public spheres. While such events create risk and can exacerbate inequalities, they can also provide opportunities for change.⁶⁴

Promoting women's leadership and participation in humanitarian programmes and policy making spaces is critical to ensure that responses support women in their efforts to challenge gender inequality. There are currently limited opportunities for female leadership within the Rohingya camps, partly due to limited spaces for refugee women to engage in leadership activities and partly due to the cultural and religious views prevalent in the refugee community.

From all of Oxfam's assessments, it is clear that community decision making in the camps rests in the hands of a small number of men. The *majhis* represent one of the few structures through which women are able to register concerns and grievances about services. Because the Rohingya refugees do not have formal refugee status, they do not have access to the rights and protections that go along with this status, including freedom of movement which would enable them to leave the camps, the right to work and access to a wider range of services such as formal education and justice.

There is a clear need for greater opportunities for female leadership in the Rohingya community, to inform and address some of the flaws in the current humanitarian approach as well as to better represent the majority experience of the refugees as the displacement persists. Women's traditional roles as carers and providers for families means they are well placed to advise agencies on appropriate sanitation, water, feeding and healthcare services. Oxfam has found that leadership opportunities, the formation of women's groups and women-friendly spaces has been consistently requested by the community.

Box 4: The potential for women's leadership

'Women can get knowledge and they can advance – and then other women will also come forward simply by seeing these role models.'

Rajiah*, 46, fled Myanmar for Bangladesh with her youngest daughter. Her husband disappeared when the violence broke out, and she has no way of knowing where he is. Like many women, she has to lead her household alone.

Born into a comparatively affluent family in Myanmar, she is well educated, trusted by her community and an experienced midwife – she estimates she has delivered some 10,000 babies over the years. Rajiah* honed her leadership skills from a young age, starting at school as a class leader. She continued developing these skills through her work providing healthcare.

Now, as she continues her life as a refugee in Bangladesh, she is putting her experience to good use, and supports and provides information to pregnant women in her community.

Oxfam began speaking with Rajiah during a study to assess the Rohingya community's most urgent needs, when she was unanimously selected to represent her community.

Oxfam is organizing women's groups in the camps, and Rajiah* is the ideal person to lead this process in her community when one forms in her area.



Rajiah*, an experienced midwife and female head of household. Photo: Maruf Hasan/Oxfam.

However, there is a lack of research into what types of opportunities for women's empowerment and leadership are desired and considered appropriate by Rohingya women themselves when looking to the longer term – particularly when trying to address the gender inequalities that lie behind the disturbingly high prevalence of GBV.

In June, UNHCR organized one of the first camp committee elections within the camps as a pilot and 50% of elected block leaders were women.⁶⁵ Gender parity in the camp representation was a desire expressed by the refugees during the consultation phase. The outcome of the election is a significant step and indicates a clear wish for women to be involved in leadership and decision making positions in the community.

Such activities should be encouraged, but supporting women's election into these positions is just the first step. Particularly in the context of Rohingya cultural dynamics, there need to be concerted efforts to support women leaders to maintain their new roles – including by ensuring protection from possible repercussions. This will require a dedicated budget in every programme or election process to ensure the safety of women who may face threats because they choose to participate in decision making and leadership roles.

The humanitarian community also needs to foster an enabling environment for women's leadership. This can include supporting women with skills and training to speak up and take part in decision making, and also working with their families and men in the community so that they support women's efforts and avoid negative consequences, such as violence or further repression of women.

As a priority, more female staff need to be recruited into services for women and girls.⁶⁶ The response should also engage religious leaders, traditional and spiritual healers, midwives and women *Háfes* (people who have memorized the whole Qu'ran) where available, to promote and champion messaging around women's empowerment that leads to greater mobility, ability to access services and promotes women's voices.

Local and national women's rights actors play an important role in humanitarian action in Bangladesh. There are opportunities to critically engage women's rights groups in working with Rohingya communities to design culturally appropriate, gender-responsive approaches within the response.

Box 5: Bangladesh Women's Humanitarian Platform⁶⁷

Women's rights organizations in Bangladesh have recently formed the Bangladesh Women's Humanitarian Platform in an effort to work systematically together, learn and build their capacity, and influence the humanitarian community in Bangladesh to adopt a strong focus on gender equality and women's rights.

Some organizations in the platform have been able to support gender-sensitive local disaster responses with their in-depth knowledge of the contexts. Others are influential actors on the issue of violence against women and girls and would like to see greater attention paid to this in humanitarian action.

Although it is relatively new, the platform has already been able to influence the humanitarian community in Bangladesh and provided an avenue to include women's rights organizations in a national policy review. Moreover, platform members visited Cox's Bazar to document the experiences of Rohingya women refugees, and held a press conference to call for a stronger focus on gender and women's rights in the humanitarian response.

The Bangladesh Women's Humanitarian Platform has identified joint priorities, which include capacity building in humanitarian practices and principles, influencing humanitarian policies from a women's rights perspective and increasing the support they provide in emergency responses.

It is also critical to engage men and boys in challenging the attitudes and beliefs that undermine women's rights, and to promote positive masculinity (traits) and acceptance of gender equality.⁶⁸ This will help to avoid causing further harm and ensure that interventions targeting women do not have unintended consequences for women (such as increasing domestic violence) or for men (e.g. perceived loss of role, identity or purpose).

There is the opportunity within this response to work with men to help to shift the narrative, but it must be considered carefully, and start from a realistic baseline. For example, evidence from Oxfam's rapid care analysis showed that younger men were more open to women engaging in home-based livelihood activities than older men.⁶⁹ Likewise, following the facilitated discussions Rohingya men reported a better understanding of women's care burden.

5 CONCLUSION



Ayesha* with her two daughters. Photo: Maruf Hasan/Oxfam.

Gender inequalities exist even before a humanitarian crisis. However, it is clear that some of these inequalities, including women's limited access to basic services, are being exacerbated in the Rohingya crisis because the humanitarian response has not adequately taken into account women's and girls' particular needs and the barriers they face due to cultural norms.

There is a need for culturally sensitive approaches to female empowerment – both as a preventative measure to reduce GBV, and to tackle gender inequality in the Rohingya community. This requires better understanding of women's and men's roles in Rohingya society and how these could stand in the way of their ability to seek assistance.

The Government of Bangladesh is a signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which guarantees women the exercise of all human rights and fundamental freedoms on a basis of equality with men. Humanitarian actors have an obligation to promote gender equality in line with the IASC Gender Equality Policy Statement (2008), the Agenda for Humanity from the World Humanitarian Summit (2016), and the Grand Bargain.⁷⁰ They also have a duty to support women's and girls' protection, participation and empowerment through targeted actions, as articulated in the Women, Peace and Security thematic agenda.⁷¹

Given the wealth of evidence that now exists on the barriers to women's mobility and direct interaction with service providers in the Rohingya response – the burden of care work, traditional practice of purdah, inappropriate design of WASH facilities, etc. – we must work with both Rohingya women and men to seek change.

There are opportunities for local and national actors to play a significant role in addressing these issues. The Women's Humanitarian Platform in Bangladesh provides a clear opportunity to engage at a national level those organizations with local expertise who can navigate the cultural sensitivities and be strong advocates within their communities, as well as providing a much-needed bridge between the refugee and host community.

Now, one year into the crisis, it is time for the humanitarian community to ensure that its response delivers not only the infrastructure and services that will keep this community alive and healthy, but also seeks to provide people with access to the

protection and rights to which they are entitled. Granting Rohingya women and men a protective status would help to ensure equitable access to essential services and improve their prospects of building a more sustainable future for themselves and their families.

With new streams of multi-year funding being made available to the Government of Bangladesh, there is an opportunity to ensure stand-alone gender-in-emergencies programming alongside gender mainstreaming. Together these can deliver real impact and positive change in the lives of Rohingya women and girls.

RECOMMENDATIONS

1. Improve protection of women and girls through a genuine commitment to mainstreaming of gender equality across the response.

Humanitarian actors should:

- Recruit more female staff, particularly for services and assistance targeted primarily at women and girls.
- Hold community engagement and information dissemination activities in spaces women can easily access, to proactively create opportunities for women to receive information directly and contribute to needs assessments.
- Work with women in the design of community structures to ensure these are gender-sensitive.
- Provide targeted labour support to help female-headed households to transport relief supplies from distribution points back to their homes.

Donors should:

- Ensure that, in line with recommendations in the 2015 global report on UNSC resolution 1325, all future funding for the response allocates at least 15% to gender in emergencies programming,⁷² and encourage the use of gender budgeting in all calls for funding proposals.
- Require compliance with the IASC *Accountability Framework on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*⁷³ to strengthen the accountability of humanitarian actors.

The Inter Sector Coordination Group should:

- Ensure that, in accordance with the *IASC Gender Handbook for Humanitarian Action*,⁷⁴ each sector has a gender action plan and routinely reports against gendered indicators.
- Work with *majhis* and community leaders to increase women's access to existing communal spaces, including schools and mosques, when they are not in use for their primary purpose. They should also work to identify alternative spaces within the camps that can be re-purposed as safe spaces for women.
- Work with the Government of Bangladesh to ensure adequate land is allocated to the camps for infrastructure, including latrines, bathing points and water points as well as for the construction of women-friendly spaces.

2. Introduce stand-alone gender programming in order to prevent, not only respond to, gender-based violence, to increase female empowerment and to address the practical needs of women and men, girls and boys.

Humanitarian actors should:

- Create income-generating opportunities for women in refugee and host communities, potentially through formal recognition of care work, i.e. the introduction of 'cash for care-work'. This would need to be done in line with in-

depth community consultation, and potentially link with other services that support work outside the home, such as working in child-friendly spaces.

Donors should:

- Fully fund the protection component of the UN's *Joint Response Plan for the Rohingya Refugee Crisis: March – December 2018*.
- Provide multi-year funding for stand-alone gender programming that aims to address some of the root causes of gender inequality and gender-based violence.

3. Increase protection of women, men and children through provision of recognized protective status.

The Government of Bangladesh and UNHCR should:

- Work together to create a foundation for a more inclusive and effective response for Rohingya women, girls, men and boys seeking protection in Bangladesh that can support them to realize their rights during displacement and in the longer term, including by providing them with protective status while longer-term solutions to the crisis are sought.

4. Create opportunities to enable women and men refugees to contribute to the transformation of gendered power relations.

Humanitarian actors should:

- Provide awareness-raising sessions on gender equality and women's rights for community leaders, including *majhis* and imams.
- Work with informal religious and community leaders and key persons within the community, such as schoolteachers, including both male and female leaders to promote gender equality.
- Use the recognition of care work as an entry point to ensuring that women's work in the home is properly valued by families and the wider community.

5. Promote the participation and leadership of women and girls, men and boys, in all aspects of programming – from planning to evaluation – and invest in the capacity of local organizations with expertise on gender (particularly women's rights organizations).

Humanitarian actors should:

- Work with local women's groups to create spaces for refugee women and foster culturally sensitive, appropriate approaches to female empowerment as a form of gender-based violence prevention – remembering that many of these women are survivors of sexual and gender-based violence, torture and trauma.
- Ensure that humanitarian action in the Rohingya response links to the newly established Women's Humanitarian Platform in Bangladesh.
- Empower informal women leaders in the Rohingya community alongside men and engage with formal women leaders in the host community – while ensuring support for women to fulfil these roles safely.
- Promote the active involvement of women in decision making processes, especially within existing structures created by the wider humanitarian response.
- Support women-only self-help groups to provide collective support and life skills, and sensitize families on the benefits of allowing women to participate in public life.

Donors should:

- Create a pooled fund for local humanitarian actors for gender specialist work.

NOTES

*Names have been changed throughout the paper.

- 1 Inter Sector Coordination Group. (2018). *Situation Report Rohingya Refugee Crisis*. 02 August 2018. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/iscg_situation_report_02_august_2018.pdf
- 2 UN. (2018, 16 March). *Secretary General Urges Justice for Rohingya Community, in Video Message on Refugee Joint Response Plan*. UN press release. <https://www.un.org/press/en/2018/sgsm18939.doc.htm>
- 3 52% of the Rohingya refugees are women and girls, according to the *UN Joint Response Plan March – December 2018*. <http://www.unhcr.org/uk/partners/donors/5ab8e23a7/2018-joint-response-plan-rohingya-humanitarian-crisis-march-december-2018.html>
- 4 16% of families, according to UNHCR's population statistics, 15 July 2018. *Bangladesh Refugee Emergency: Population Factsheet*. <https://data2.unhcr.org/en/documents/download/64838>
- 5 Oxfam Policy & Practice. *Our Work. Humanitarian: Protection*. 'Protection is about keeping people safe; whether from violence and coercion or from being deprived of the assistance they need. Oxfam's protection work aims to improve the safety of civilians in the face of the threats that commonly occur after a disaster, taking active steps to prevent and reduce risk as well as to restore wellbeing and dignity. We work to ensure that people affected by crises are able to access assistance without it exposing them to greater risks or forcing them to do dangerous things.' For more details see https://policy-practice.oxfam.org.uk/our-work/humanitarian/protection#contentprimary_0_ctl00_FirstTab
- 6 Purdah is the practice in certain Muslim and Hindu societies of screening women from men or strangers, especially by means of a curtain. This can be in the form of clothing, or women physically staying behind screens in their homes, to avoid being seen by men. This was found to be practised in Northern Rakhine State prior to displacement, and was regarded as a symbol of individual pride and of a family's status.
- 7 Oxfam. (2013). *Gender Issues in Conflict and Humanitarian Action*. <https://www.oxfam.org/sites/www.oxfam.org/files/hpn-gender-conflict-humanitarian-action-291113-en.pdf>
- 8 These include the joint agency *Rohingya Refugee Response Gender Analysis* (August 2018); inter-agency *Protection Needs and Trends Assessment for Refugee and Host Communities in Teknaf Sub-District* (July 2018); Oxfam's *Rapid Care Analysis in a Rapid-Onset Emergency* (June 2018); and Oxfam's *Rapid Protection, Food Security and Market Assessment* (November 2017).
- 9 Post-distribution monitoring refers to the process of collecting feedback from beneficiaries a few weeks after a distribution of goods or services. It usually includes a series of questions about satisfaction with the distribution process and the quality and relevance of items and services provided. The findings are used by programme teams to improve the ways assistance is designed and delivered. It is an essential component of our accountability to beneficiaries.
- 10 Coomaraswamy, R. (2015). *Preventing Conflict, Transforming Justice, Securing the Peace: A Global Study on the Implementation of United Nations Security Council Resolution 1325*, p.90. <http://wps.unwomen.org/>
- 11 Inter-Agency Standing Committee. (2018). *Accountability Framework for the Inter-Agency Standing Committee Policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action*. <https://interagencystandingcommittee.org/gender-and-humanitarian-action/documents-public/accountability-framework-iasc-policy-gender-equality>
- 12 Inter-Agency Standing Committee. (2017). *Gender Handbook for Humanitarian Action*, p.82. <https://interagencystandingcommittee.org/gender-and-humanitarian-action/content/iasc-2017-gender-handbook-humanitarian-action-english>
- 13 UN Women. (2018). *Gender Brief on Rohingya Refugee Crisis Response in Bangladesh*. <http://asiapacific.unwomen.org/en/digital-library/publications/2017/10/gender-brief-on-rohingya-refugee-crisis#view>
- 14 Inter Sector Coordination Group. (2018). *Situation Report Rohingya Refugee Crisis*. 02 August 2018, op. cit.

- 15 Amnesty International. (2017, 18 October). *Myanmar: Crimes against Humanity terrorize and drive out Rohingya*. <https://www.amnesty.org/en/latest/news/2017/10/myanmar-new-evidence-of-systematic-campaign-to-terrorize-and-drive-rohingya-out/>
- 16 Al Jazeera. (2018, March 8). *Brides and Brothels: The Rohingya Trade. Thousands of Rohingya girls continue to face sexual exploitation, forced marriage and trafficking in refugee camps*. <https://www.aljazeera.com/programmes/101east/2018/03/brides-brothels-rohingya-trade-180308070438854.html>
- 17 Ibid.
- 18 Toma, et al. (2018). *Rohingya Refugee Response Gender Analysis: Recognizing and responding to gender inequalities*. Oxfam, Action Against Hunger and Save the Children. <https://policy-practice.oxfam.org.uk/publications/rohingya-refugee-response-gender-analysis-recognizing-and-responding-to-gender-620528>. DOI: <https://doi.org/10.21201/2018.3125>
- 19 Amnesty International. (2018, 20 June). *Bangladesh: International Assistance Urgently Needed for Rohingya Refugees*. <https://www.amnesty.org/en/latest/news/2018/06/refugee-day-bangladesh-rohingya/>
- 20 The figure was correct on 31 August 2018, according to the Financial Tracking Service: <https://fts.unocha.org/appeals/656/summary>
- 21 Inter-Agency Standing Committee (IASC). (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action*. https://qbgvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf
- 22 Strategic Executive Group and partners. (2018). *Joint Response Plan for Rohingya Humanitarian Crisis March – December 2018*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/jrp_for_rohingya_humanitarian_crisis_-_for_distribution_0.pdf
- 23 Echegut, F. and Sissons, C. (2017). *Rapid Protection, Food Security and Market Assessment: Cox's Bazar, Bangladesh, November 2017*. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/oxfam_rapid_assessment_report_cb_nov_2017_.pdf
- 24 Strategic Executive Group and partners. (2018). *Joint Response Plan*, op. cit, p.54.
- 25 See endnote 6.
- 26 INGO Rakhine Initiative. (2018). *Gender and Age Analysis: Sociocultural and Structural Barriers to Essential Services in Central Rakhine State*. June 2018.
- 27 Ibid.
- 28 Toma, et al. (2018). *Rohingya Refugee Response Gender Analysis*, op. cit.
- 29 The Rohingya language does not have a consistent written script and several words have dual meanings. For example, the translation of 'gender' is mostly taken to mean the biological differences between a man and a woman. These language issues have limited our ability to fully understand some of the experiences and concerns of the Rohingya community.
- 30 Quoted in UN Women. (2017). *Gender Brief on Rohingya Refugee Crisis in Bangladesh*, p.2. <https://reliefweb.int/sites/reliefweb.int/files/resources/gender-advocacy-paper-for-rohingya-refugee-crisis-response-in-bangladesh-r09s.pdf>
- 31 'Unpaid care work' refers to care of persons and housework performed within households without pay, and unpaid community work.
- 32 Toma, et al. (2018). *Rohingya Refugee Response Gender Analysis*, op. cit.
- 33 Toma, I. (2018). *Rapid Care Analysis in a Rapid-Onset Emergency: Cox's Bazar, Bangladesh*. June 2018. <https://policy-practice.oxfam.org.uk/publications/rapid-care-analysis-in-a-rapid-onset-emergencycoxs-bazar-bangladesh-620499>
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- 35 Ibid.
- 36 Action Contre la Faim. (2012). *Nutrition Programmes in the Maungdaw and Buthidaung Townships: Northern Rakhine State*, p.13. <https://www.alnap.org/system/files/content/resource/files/main/acf-2012-myanmar-nutrition-%28a1y%29-evaluation-2012-full-report.pdf>
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- 40 Inter-Agency Report. (2018). *Protection Needs and Trends Assessment for Refugee and Host Communities in Teknaf Sub-district*, July 2018 (publication pending), op. cit.
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- 46 Toma, et al. (2018). *Rohingya Refugee Response Gender Analysis*, op. cit., p.28.
- 47 Key informant interview on social architecture work conducted in June 2018.
- 48 Key informant interview on social architecture work conducted in June 2018.
- 49 Chronic malnutrition (stunting) among children aged 6–59 months remains at or near the WHO critical threshold (40%) in both Ukhia and Teknaf. See: Nutrition sector, Cox's Bazar. (2018). *Emergency Nutrition Assessment, Cox's Bazar, Bangladesh. April 28 – May 28, 2018*. https://reliefweb.int/sites/reliefweb.int/files/resources/180612_nutrition_assessment_infograp hic.pdf
- 50 Government of Myanmar. Department of Population – Ministry of Labour, Immigration and Population. (2017). *The 2014 Myanmar Population and Housing Census: Thematic Report on Housing Conditions and Household Amenities: Census Report. Volume 4-1*. p.117. http://www.dop.gov.mm/sites/dop.gov.mm/files/publication_docs/thematic_report_on_housing_conditions_and_household_amenities.pdf
- 51 Toma et al. (2018). *Rohingya Refugee Response Gender Analysis*, op. cit.
- 52 Key informant interview on social architecture work, Oxfam WASH team.
- 53 Social architecture FGDs conducted in June 2018.
- 54 INGO Rakhine Initiative (2018) *Gender and Age Analysis*, op. cit.
- 55 Ripoll, S. (2017). *Social and cultural factors shaping health and nutrition, wellbeing and protection of the Rohingya within a humanitarian context*, op. cit.
- 56 Strategic Executive Group and partners. (2018). *Joint Response Plan for Rohingya Humanitarian Crisis*, op. cit.
- 57 Inter Sector Coordination Group. *Gender Profile No.1 For Rohingya Refugee Crisis Response*, op. cit.
- 58 Strategic Executive Group and Partners. (2018). *Joint Response Plan for Rohingya Humanitarian Crisis*, op. cit., p.67 (see footnote 2).
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