

Rohingya Seek Refuge in Bangladesh



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Since targeted by violent attacks in August 2017, an estimated 745,000 Rohingya people – mostly women and children – have fled their homes in Myanmar to find refuge in Cox’s Bazar, a district in Chittagong, Bangladesh. Almost 913,000 Rohingya refugees are living in Bangladesh, including many previously displaced. More than 1.2 million people are in need of humanitarian assistance in refugee as well as host communities. UNFPA ensures that women and girls from both Rohingya and Bangladeshi communities have access to quality, lifesaving services for sexual and reproductive health (SRH) and gender-based violence (GBV) response and prevention, integrated with mental health and psychosocial support (MHPSS).

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Women and girls at risk on the move and in refugee camps

Among the mounting sources of trauma in this protracted crisis is gender-based violence, which poses a disproportionate and constant threat to women and girls on the move and to those in refugee camps in Cox's Bazar. Issues include forced marriage, sexual exploitation and trafficking, and domestic violence and abuse perpetrated by people within the camps as well as from the host communities. Women living in female-headed households as well as adolescent girls and children are most at risk, rendered even more vulnerable by the lack of educational and livelihood opportunities for economic security.

Living conditions limit protection

Increased overcrowding, limited privacy and lack of lighting across the 34 extremely congested camps, including the largest site, Kutupalong-Balukhali, exacerbate existing safety and security risks for refugee women and girls. Up to one in five households are female-headed, and the burden of care that women assume for children and others makes it difficult for them to care

for themselves. Some community-based protection mechanisms have a negative impact, such as keeping women and girls inside households and the increasingly common practice of child, early and forced marriage. For many women and girls, the trauma they experienced during their forced displacement from Myanmar and in their current living conditions in refugee sites creates pressing protection needs.

Long-lasting impact of trauma

Results of the MHPSS needs assessment conducted by the Swedish Development Agency (SIDA) and the Royal Tropical Institute (KIT) in December 2018 suggested a high prevalence of a range of concerns among the Rohingya community, including signs of depression, anxiety and symptoms associated with post-traumatic stress disorder. The assessment concluded that MHPSS services are scarce in Bangladesh, and that the Rohingya influx has put immense pressure on health systems in the Cox's Bazar district. Recent reports show increasing rates of suicide among GBV survivors.

STRATEGIES AND INTERVENTIONS

For close to a decade, UNFPA has supported vital lifesaving services for refugees residing within the camps and settlements. UNFPA is the lead agency of both the GBV Sub-Sector and SRH Sub-Sector of the Inter Sector Coordination Group (ISCG) in Cox's Bazar.

Women Friendly Spaces extend GBV services to Rohingya refugees

UNFPA supports 21 Women Friendly Spaces, providing survivor-centred case management services for GBV survivors, psychosocial support services for women and girls affected by the emergency and information provision and awareness-raising activities throughout the camps. Rohingya women call these spaces "shanti khana", a home of peace. Each WFS is equipped with a midwifery room where women and adolescent girls can access family planning, clinical management of rape services and general information about sexual and reproductive health and rights. Each health facility supported by UNFPA is staffed by a GBV focal point who is trained to provide information, safe referrals and support medical staff to ensure a survivor-friendly approach. In addition, UNFPA supports 10 Women Led Community Centres where women and girls can enroll in livelihood activities such as vocational training.

Community centres engage men and boys

Mental health and psychosocial issues experienced by boys and men have significant impact on the safety and well-being of women and girls in their families and communities. While women and girls visit community centres, male members of their family are invited to participate in life skills and information sessions to prevent GBV and ensure gender equitable relations.

UNFPA RESPONSE OBJECTIVES

To support populations in need in Bangladesh, UNFPA is working to:

- Build on UNFPA's presence in Bangladesh, established prior to the present crisis
- Develop Women Friendly Spaces (WFS) to provide support and survivor-centred case management
- Engage adolescent boys as advocates against gender-based violence
- Provide and advance MHPSS interventions as needed through WFS staff



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Through community mobilization activities, UNFPA is rolling out a social engagement methodology known as SASA! across all GBV programming. The approach brings men and boys fully into activist roles on prevention and mitigation of GBV, and also includes psychosocial support services. Sasa is a Kiswahili word for "now!" and also serves as an acronym for the key components of the programme: Start, Awareness, Support and Action.

Building MHPSS through case workers

UNFPA has engaged the services of an International Mental Health and Psychosocial Support Specialist and will hire and deploy a National MHPSS Officer to work alongside and be coached by the international specialist.

Developing a training module on suicide prevention

UNFPA has been working closely with the Danish Refugee Council and World Health Organization to develop a training module for front-line workers, particularly case workers, on preventing suicide among GBV survivors and dealing with suicide ideations of this community.

PROGRESS AND RESULTS

- **21 Women Friendly Spaces** are supported by UNFPA in Bangladesh, providing psychosocial support services, access to family planning, clinical management of rape services, and general information about sexual and reproductive health and rights.
- **10 Women Led Community Centres** offer livelihood activities such as vocational training for women and girls, with UNFPA support.
- **46,515 women and girls** received MHPSS services from April 2018 to July 2019 in both individual and group activities at the Women Friendly Spaces.
- **16 case managers** and senior case managers working in Women Friendly Spaces have provided training of trainers (ToT) and completed a training package for community-based services. In another ToT initiative, 22 implementing partner (IP) staff learned how to develop self-care sessions.
- **Men and boys** are offered opportunities to attend life skills and information sessions through the safe spaces

"We reached the Kutupalong camp, where we met outreach workers who told us about the Women-Friendly Space. We went there, had a bath, ate, slept. ...I knew there were rape survivors in our community, and brought them to the Women Friendly Space. They got immediate treatment. I also brought pregnant women for referrals to health facilities for safe deliveries."

-Arwa, Rohingya community volunteer

LESSONS AND CONCLUSIONS

MHPSS has been integrated with GBV programming in Bangladesh. Lessons learned include:

- It is important to understand the traditions, cultural norms and values of the Rohingya community and develop culturally-sensitive service responses for MHPSS, and to avoid assumptions about commonalities of language between the Rohingya community and Bangladeshi service providers.
- Recruitment of national MHPSS staff to align with shorter-term international MHPSS specialists is part of pre-planning for service sustainability.
- Establishing groups for men and boys with MHPSS approaches ultimately creates a path for them to report GBV, as their trust develops in UNFPA's trained staff and partners.

MHPSS requires stronger response in the Rohingya refugee population. Among GBV survivors in particular, psychosocial support is one of the most critical services that GBV programming provides. Services supported by UNFPA in Women Friendly Spaces, including MHPSS, are making a difference to refugee Rohingya women and children.

"Because of this safe space, I rested and was able to breastfeed my children. I lost my husband and one child. Here I've received mental health support, and have a place to talk about my suffering on this journey. This is a place of peace for women like us."

—Recipient of services at a Women Friendly Space in Cox's Bazar

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