



BANGLADESH

Refugee Response
Phase Three Evaluation

GENDER-BASED VIOLENCE – IMPACT OF THE AHP BANGLADESH PHASE III RESPONSE



Background

Gender-based violence (GBV) activities under the AHP3 Bangladesh Consortium sought to ensure that Rohingya and host communities were safer, so that women and girls could live in dignity, with improved and more equitable access to protection services that support the safety and wellbeing of affected communities. These services included: engaging community members through Community Based Protection Committees; facilitating awareness sessions on GBV; providing safe spaces for women and girls; running comprehensive GBV case management and referral systems; and providing need-based support.

During March 2023, focus group discussions (FGDs) were conducted among Rohingya refugees with three women-only groups and three men-only groups. These discussions provided an opportunity to better understand from the perspective of the community the key concerns and challenges in relation to gender-based violence, and how effective the services delivered through the AHP response were in responding to them.

The discussions identified that women and girls frequently feel unsafe through violence in the home and being sexually harassed in public. This is exacerbated by financial instability and illness.

"At present, there is no income in our camp, so there are regular quarrels in our family. Because we are not able to meet our needs with the food that we get from WFP. As a result, there is scarcity and chaos in our family."

- Across all respondents, violence in the home - particularly perpetrated by a husband against his wife - was a common part of daily life. Respondents outlined that wives (particularly in the early years of the marriage) have very little power within the home and practices around dowries still continue (despite being illegal).
- Harassment and feeling unsafe were commonly raised by all female focus groups. Adolescent girls identified 'eve teasing' [sexual harassment] as being a key contributor to feeling unsafe outside of the home, even during daylight hours.
- Both men and women highlighted that stress due to financial instability and illness were drivers of increased violence. Respondents said that when members of the family are sick (either children or parents) it adds to overall stress and financial hardship, increasing risk of arguments which can become violent.



Impact of the AHP program

"We didn't know what women's rights were before. But now we know what women's rights are."

Intimate partner violence

"Like a car needs petrol to keep moving, we need these messages to change the behaviour."

Respondents outlined that it had become common practice to report GBV to authorities, rather than considering it a personal issue that should be left for the family to resolve. "If there is violence between a husband and wife, we go to Majhi [Rohingya community leader]. If the Majhi can't resolve it then we go to Camp-in-Charge [Bangladesh Government official]. Domestic violence has reduced a lot in families."

Both male and female respondents highlighted that GBV awareness raising sessions were helping the community to understand that intimate partner violence should not be considered normal. In the beginning of the response, services mostly targeted women through Women and Girls Safe Spaces, however respondents commented that male outreach programs had made significant contributions to behaviour change. "Earlier many families in our community used to quarrel and fight, now it has reduced a lot".

Men living in Camp 15 reported they argue less with their wives. In the past when they first arrived in the camps, they used to argue with each other every day, now they feel that disagreements are weekly rather than daily. It is worth noting that these activities commenced six years ago, and changes started to be observed two years ago. Perception and behaviour change takes time through building trust and understanding in the community.

Harassment

Addressing harassment has been challenging to progress. However, some women reported that participating in community-based protection committees has made them feel more confident to report harassment and speak out against it.

While there is increased awareness of the risks and the need to protect women and children, much of the focus is still on potential victims being kept safe, rather than targeting perpetrators to change their behaviour.

"We are taught numerous things upon arriving here, including not to send our elder girls somewhere unaccompanied and not to go out alone at night and before leaving the house, inform the rest of the family."

Trafficking

Awareness-raising sessions on the dangers of trafficking and how to identify risks were highlighted as being very useful to the community. As one Rohingya respondent stated: *"in the beginning, the amount of trafficking was very high but now it has reduced as the community are more aware about the trafficking tricks/system and how to protect themselves."*

Recommendations

- Given that focus group discussion indicated that interventions have had a positive impact on reducing GBV in some households, and that these gains are very precarious, NGOs should continue and scale up GBV-focused activities such as awareness raising, referrals, counselling and case management.
- As agencies leave camps at 3pm, NGOs should consider completing further research to understand the capacity of protection committees to respond 'after hours' and how those committees can be further strengthened.
- Donors should consider providing multi-year funding to support these social norm change activities, which take significant time to see impact and build trust, to see sustained reductions in GBV rates.



Photos: AHP Bangladesh Consortium Management Unit