

Gender in Humanitarian Action

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Rohingya Refugee Crisis Response
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Developed by the Inter-Sector Gender in Humanitarian Action Working Group under the Inter-Sector Coordination Group
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Gender Equality Interventions with Adolescent Rohingya Girls and Boys

Adolescence, the period of life between childhood and adulthood, is defined by the transition from parental dependence to relative autonomy.¹ Reaching puberty brings about gendered restrictions and the associated vulnerability. It is also an age where girls and boys start forming their own identity and understanding of their role in the family and community through influence of gender. Gender is thus an important variable and lens through which vulnerability, needs and aspirations of adolescent girls and boys should be considered. For instance, while Rohingya adolescent girls are vulnerable to child marriage, sexual exploitation and trafficking for the purpose of sex work, boys face heightened risk of child labour, exploitation and human trafficking for the purpose of labour.² These vulnerabilities and violations are linked to the social and cultural disadvantages Rohingya girls and boys deal with in their daily lives, now exacerbated by their refugee status.

Thus, while all refugees need access to basic humanitarian services to ensure survival,³ adolescents are a distinct group with distinct vulnerabilities. They also have the potential to contribute to the emergency response. Their survival, protection, health, education and participation contribute to ensuring gender equality and should be taken into consideration during humanitarian response.

There are different ways to define who adolescents are. The World Health Organisation (WHO) defines adolescents as those aged 10-19 years¹. They (mostly) fit as a sub-group within the UN definition of 'child' as a person up to the age of 18 years. The United Nations Convention of the Rights of the Child (CRC) defines children as under 18. Hence, adolescents may be included in the definition of 'children' in programming efforts. Whilst 'adolescence' is a term that is used to describe people of an age group, it is also a term that carries other associated meanings, and these meanings differ from culture to culture. For Rohingya girls, reaching puberty, 12 years onwards, imposes certain restrictions.

Engaging Adolescent Girls and Boys in Humanitarian Interventions

UNHCR's child protection interventions for children and adolescents at risk address physical violence, marginalization and neglect through both remedial and preventative actions. Remedial services include psychosocial support services, whereas preventative interventions entail behavior change of persons of concern i.e. refugees through awareness raising and capacity building activities of the local stakeholders involved in child protection. This includes building strong linkages between Child Protection and Community Based Protection responses as well as the Inter Sector Coordination Group.

UNHCR trains volunteers from the refugee community who will conduct risk analysis and refer protection cases. Trained volunteers support refugees, including adolescent girls and boys. Adolescents are consulted and invited to participate in decision-making, planning and implementation of interventions.

UNHCR and its partners implement interventions focusing on adolescent girls and boys, including:

- Formation and capacity building of adolescent girls and boys' clubs as peer groups for awareness raising, and SGBV prevention and response mechanisms.
- Sports and life-skills activities and mobile out-reach activities to promote adolescent's self-esteem, participation and sense of ownership
- Community based protection activities and training on child protection
- Provision of secondary education for secondary school-aged youth and recruitment of female teachers to encourage adolescent girls to continue education



Zubaida 9 (Left), Shahidulislam 11 (Centre), and Husnia 11 (Right), in 5th Grade, Bright Star Primary School at Kutupalong Refugee Settlement. (Photo by Firas Al-Khateeb, UNHCR)

¹ Available at: <https://www.unicef-irc.org/article/1149-the-adolescent-brain-vulnerability-and-opportunity.html>

² UN Women 20/10/2017; IOM 28/11/2017

³ Such as supply of water, food, shelter, clothing, sanitation and medical care.

- Introduction of community sharing/ parenting sessions and increasing the number of women support networks.
- Establishing girls' friendly spaces, which includes information sharing and psycho-social support
- Awareness raising campaigns with all members of the community, including community leaders
- Community center for outreach activities and child friendly spaces

Addressing Major Risks and Protection Concerns for Adolescent Girls

Since women and girls constitute 53% of Rohingya refugees in Bangladesh, their vulnerability is an important factor to consider in ensuring protection. Some of the reasons why this group is more vulnerable than men and boys are because they lack awareness about their rights, have limited mobility, lack access to information, are illiterate, and in majority of the households, men dominate household resources.

To address this problem, BRAC⁴ is exploring the needs, challenges and opportunities to engaging men and boys both as survivors and agents of change of sexual and gender-based violence (SGBV) in the Rohingya refugee response. Learning from a pilot situation assessment and a series of capacity building activities with community leaders (e.g. Imams), members and mobilizers have, so far, uncovered some underlying issues and challenges.

Since adolescent boys rely heavily on religious leaders for guidance, engaging Imams as a sub group that has significant influence in the community is crucial. Although some Rohingya Imams are currently resistant to change, others have expressed readiness to engage and participate in efforts to fight SGBV and other gender justice issues.



BRAC Consultant (center) on men and boys' in a Healthy Relationships Sensitization Session with 27 Rohingya Imams (Photo by Eva Buzo, BRAC)

Making Life-Skills Available to Adolescent Girls

For Rohingya girls and women fleeing from violence in Myanmar, safe spaces in camps are an entry point for reproductive health information and services including family planning and psychosocial counselling for gender-based violence (GBV). These gathering places also build resilience by offering women and girls opportunities to acquire skills and engage with others to rebuild community networks.

UNFPA, from the very outset of the Rohingya refugee crisis, implemented interventions to support the immediate needs of women and adolescent girls. Currently, in the intermediate phase, UNFPA is strengthening the agency's response to support adolescent girls and boys to ensure that they are provided with the necessary information and skills to improve their wellbeing.

UNFPA has trained caseworkers and volunteers who liaise with adolescent girls through the Women Friendly Spaces (WFS) and provide them with a range of psychosocial activities. In addition, UNFPA has trained caseworkers to implement a life-skills curriculum for Rohingya adolescents focusing on issues such as gender equality, pubertal changes and hygiene, managing emotions, relationships, conflict management and violence. The curriculum is an adaptation of the Gender Equity Movement in Schools (GEMS) Manual, developed by UNFPA in partnership with the Ministry of Education, to the humanitarian context. The manual was modified to work with very young adolescents of 10-14 years, and address the low literacy levels of Rohingya adolescents through a workshop involving most organizations working with adolescents and children in Rohingya camps and host communities.

The adapted manual was then used to train 100 case workers on conducting life skills sessions with adolescent girls either in groups with their friends or with their mothers and/or caretakers. Simultaneously, 100 adolescent volunteers, both young men and women from the Rohingya camps and host communities were also trained on various life skills based on the adapted manual. The trained caseworkers will conduct life skills sessions with adolescent girls at UNFPA's WFS while the volunteers will use these skills in their community engagement efforts. Community volunteers will also learn how to

Women friendly spaces provide adolescent girls with life skills, psychosocial counselling for GBV, access to sexual and reproductive health information and referral to services. By offering opportunities for girls to acquire livelihood skills and learning for literacy and numeracy, safe spaces can help meet girls' needs and respect girls' rights.

Mobile clinics and mobile outreach teams bring life-saving services and supplies, including contraceptives, to adolescent girls in hard-to-reach locations when health systems are damaged or destroyed and not functional.

Engagement and participation of adolescents and youth, especially female, is a strategy that empowers and respects adolescents and youth to be part of humanitarian response – as first responders, agents of change and volunteers – who are consulted and engaged in planning, programme development and implementation.

⁴ BRAC, an international development and humanitarian organisation based in Bangladesh, has programs across the sectors of Rohingya response.

discuss and critically reflect on the issues related to inequitable gender norms and violence with their peers thus creating a critical mass of community members who are effectively sensitized and will show respect to and accept all people.

UN Women is operating a Multi-Purpose Women Centre (MPWC) in camp 18 and close to 70 women and adolescent girls visit it daily to receive a variety of services. Close to 15,000 girls and women of all ages have received various services through MPWC and the second one is under construction in Camp 4. Services available at the centre include:

- Livelihoods training: adolescent girls receive a two-month tailoring training in the MPWC. Already 360 women and adolescent girls have completed training since February.
- Information and awareness: Useful information around health, menstrual hygiene, nutrition, water purification, disaster preparedness, and gender-based violence (domestic violence, child marriage, sexual exploitation and trafficking). are provided
- A safe space: MPWC serves as a haven for Rohingya girls to meet other girls and make friends.
- Psycho-social first aid: where women and girls bring forward their problems and they are referred to specialized GBV consultation services when necessary.



Nur Kaida (forefront) is an adolescent Rohingya Refugee girl who has completed the two-month tailoring course at UN Women's MPWC. Besides stitching clothes for herself and her family, Nur is taking care of the tailoring needs of many of her neighbors. So far, she has earned up to 2000 Taka. She aspires to be economically and socially empowered through her work.

Photo by Zefroon, UN Women

The girls coming to the MPWC feel safe and are happy that they are gaining skills and awareness.

WFP has developed the 'Self-Reliance' project that combines cash-for-training and cash-for-work activities, targeting 10,000 of the most vulnerable Rohingya women and adolescent girls over a span of 11 months. Delivering life-skills and vocational training, WFP in partnership with multiple UN agencies such as UN Women, UNFPA and UNICEF aims at a gender-transformative livelihood project aimed at enhancing skills of women and girls.

Recognizing and Responding to Gender Differences among Adolescents

A gender analysis¹ led by Oxfam and jointly conducted by ACF and Save the Children in May 2018 explored, among many other issues, adolescents' safety, protection and needs. The analysis noted the following:

- Children and adolescents raised safety concerns in accessing sanitation and water facilities
- Girls pointed out the lack of gender segregation and privacy in the use of latrines which prevents them from using the facilities
- The presence of men at the wells makes adolescent girls uncomfortable
- Adults sometimes prevent adolescent girls from collecting water and extort money from them
- Only 25% of girls who took part in the study can meet their menstrual hygiene needs
- More boys than girls are experiencing corporal punishments or criticism from volunteers and are more vulnerable to extortion
- Adolescent girls feel unsafe due to lack of locks in their houses
- Some girls and boys also identified health facilities as unsafe due to overcrowding, with little or no privacy
- Three top most unsafe places identified by adolescents are bazaar, bridge and roads due to its linkage with trafficking and accidents
- Children and adolescents reported feeling safe when in learning centers and Girl Friendly Spaces
- Adolescent girls proposed their safety & security needs are met by their parents, other family members and teachers while adolescent boys felt that in addition to parents and family members, organizations working in the camp can also offer safety and security

Vulnerabilities of Rohingya Adolescent Girls and Boys and Recommended Response

While adolescent girls and boys fall within the UN CRC's consideration of all children, significant developmental, emotional, psychosocial and physiological differences make them uniquely different cohort and have different needs and concerns than those of younger children. Their vulnerabilities and aspirations should thus be understood, and appropriate interventions developed to address them. Some of the vulnerabilities of the adolescent group in different sectors and recommended responses are outlined below:

Area of analysis	Vulnerabilities/Aspirations	Recommended Response
Gender and Protection	<p>More than boys, adolescent girls are:</p> <ul style="list-style-type: none"> • Burdened with childcare and other domestic responsibilities; • Vulnerable to trafficking for sexual exploitation; • At a greater risk of encountering sexual violence. • Under pressure to conform to religious/cultural norms; • Less likely to have skills or opportunity to flee/ fight danger; • At greater risk of psychological disorders; • Economically vulnerable; and • Less likely to attend school. <p>Adolescent boys are more vulnerable to:</p> <ul style="list-style-type: none"> • Trafficking for labor; • Acceptance/uptake of aggressive behaviors; and • Risky drug use. 	<ul style="list-style-type: none"> • Consult adolescent girls and boys about their specific needs. • Include childcare support in activities which adolescent girls attend. • Maintain/expand safe spaces for adolescent girls where they can perform routine activities privately. • Include GBV and PSEA programming at all stages of emergency response • Ensure gender-sensitivity of interventions • Involve girls in vocational and life-skills education. • Involve girls in peer education to support other girls. • Organize girls in groups for fetching water, firewood etc. • Engage adolescent boys both as survivors and change agents.
Sexual and Reproductive Health (SRH)	<p>Adolescent subgroups particularly at risk include:</p> <ul style="list-style-type: none"> • Young adolescents (10-14 years); • Pregnant girls; • Girls and boys separated from their families (parents/partner); • Adolescent (both girls and boys) heads of household; • Adolescent survivors of sexual/gender-based violence; • Girls involved in sex work (if known) 	<ul style="list-style-type: none"> • SRH approaches should be culturally acceptable, accessible and appropriate for Rohingya community. • Ensure community and parental consent, acceptance and involvement in SRH programmes for adolescents. • While girls are identified as more vulnerable than boys, boys should be engaged in SRH programs. • Involve adolescents in the design, implementation and monitoring of programme activities, so that they are more likely to respond to their needs and to ensure they are acceptable.
Education and Livelihoods	<p>While young children are currently attending learning centers regularly, adolescent girls and boys are not:</p> <ul style="list-style-type: none"> • Economic (for boys) and family (for girls) responsibilities prevent adolescents from attending school; • Adolescent girls are more likely to miss out on education than adolescent boys after puberty; • Adolescent boys may be expected/required to generate income for their families; and • Safe labor market opportunities are currently not available to Rohingya. 	<ul style="list-style-type: none"> • Adapt current education programmes to constraints and needs of adolescent girls and boys. • Provide age-appropriate life skills and vocational training in adolescent friendly spaces. • In consideration of the traumatic experiences of Rohingya, relate education to psychosocial healing. • Employ informal education approaches for older adolescents who have been out of schooling or failed to attain literacy. • Train/orient teaching staff to the needs of adolescent girls and boys. • Encourage peer-education initiatives. • With consideration of labor restrictions, give job/work opportunities to adolescents of appropriate age.
Participation	<ul style="list-style-type: none"> • Like young children, adolescents are often/may be assumed to be ‘passive victims’ not active contributors. • Girls are less likely to participate in political and economic areas than boys. 	<ul style="list-style-type: none"> • Recognize adolescents’ potential to contribute in the Rohingya Refugee response. • Consult with adolescents about their needs and include them in the processes that meet their needs. • Integrate emergency response preparedness messaging into the school curriculum. • Involve adolescents as active participants in the design, implementation, monitoring and evaluation of initiatives. • Involve a diversity of adolescents in terms of gender (girls and boys) and age (younger and older). • Ensure young people see the results of their participation. <p>Encourage the wider community to recognize the value of young people’s participation.</p>