CASE STUDY: BANGLADESH

FUNDING FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN AND GIRLS IN HUMANITARIAN PROGRAMMING

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Cover Photo: Rohingya women engaged in the production of masks in UN Women-BRAC Multi-Purpose Women Centre to protect their community from COVID-19 and earn an income to support their families. ©UN Women/Nadira Islam

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JUNE 2020

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ACRONYMS

BALIKA	Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents
BCC	Behaviour change communication
BCR	Benefit cost ratio
BRAC	Building Resources Across Communities
CFW	Cash for work
CBPF	Community-based pooled funds
CERF	Central Emergency Response Fund
CHW	Community Health Workers
DAC	Development Assistance Committee
DC	Deputy Commissioner
FTS	Financial Tracking Service
GEEWG	Gender Equality and Empowerment of Women and Girls
GAM	Gender with Age Marker
GBV	Gender-based violence
GBVIMS	Gender-Based Violence Information Management System
GDP	Gross domestic product
GEM	Gender Equality Marker
GIHA	Gender in Humanitarian Action
HIV	Human immunodeficiency Virus
IASC	Inter-Agency Standing Committee
INGO	International non-governmental organization

IOM	International Organization for Migration
IPV	Intimate partner violence
ISCG	Inter-Sector Coordination Group
JMSNA	Joint Multi-Sector Needs Assessment
JRP	Joint Response Plan
MCH	Maternal and child health
NGO	Non-governmental organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Co-operation and Development
PSEA	Prevention of Sexual Exploitation and Abuse
PSS	Psychosocial support services
RCT	Randomized control trial
RRRC	Refugee Relief and Repatriation Commissioner
SEG	Strategic Executive Group
SRH	Sexual and reproductive health
TLC	Temporary learning centre
UNFPA	United Nations Fund for Population Activities
UNHCR	The UN Refugee Agency
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene

CONTENTS

Photo: Afroza poses for a photo in front of a collection of Khanta blankets made by Rohingya women at the Women Friendly Center. Afroza, 29, is taking a BRAC course on peace-building. She works with RWEAN and wants every single Rohingya woman to be educated, she said:. "By coming together we can be very strong and achieve our goals. By standing united, we can do anything." © UN Women/Louie Pacardo.

SUMMARY

Overview of the case study

Since August 2017, an estimated 745,000 Rohingya have crossed from Myanmar into Cox's Bazar, Bangladesh, fleeing the systematic discrimination and violence of Myanmar security forces. Including the Rohingya from previous diasporas, 52 per cent of the over 900,000 Rohingya refugees in the camps are women and girls. Some 646,000 women and girls, from both the refugee and the host communities, are in need of assistance.[1] In Cox's Bazar, many Rohingya women and girls are often confined to their shelters, which limits their access to humanitarian relief, services, information, markets and education. These restrictions on their freedoms and movement are in place due to both pre-existing gender dynamics and sociocultural norms that have been exacerbated by the crisis and due to high levels of sexual and gender-based violence (GBV) women and girls experienced in Rakhine, and which is still prevalent now in the camps to shield women and girls from harassment, abduction and sexual violence. Domestic violence, rape, early, forced and child marriage, polygamy, human trafficking, drug smuggling, sexual exploitation, abuse, harassment and femicide as well as limited economic self-reliance, education, leadership and decision-making opportunities for women and girls are prevalent.

Yet, Rohingya women and girls are not merely vulnerable victims. They play a key role in increasing the resilience of families and communities. Family structures have changed, and all persons in the household now face new duties and must engage in new activities and this is giving space for new gender roles to emerge. There are Rohingya women leaders, including survivors of cconflict-related

sexual and gender-based violence, that are self-organizing and forming their own groups in the camps to advocate for their rights and call for justice. Humanitarian responses often miss opportunities to transform sociocultural gender norms and relations through the leadership and empowerment of women and girls, as well as by promoting positive forms of masculinities – notwithstanding the fact that these are key to a right-based and effective response and to communities' longer-term resilience and social cohesion. Leveraging women's participation and leadership capacities is not only a way to ensure humanitarian efforts respond to the specific needs and vulnerabilities of affected communities – whether women, men, girls or boys – but also a strategic investment in whole community resilience.

This case study reviews the current context for funding for Gender Equality and Empowerment of Women and Girls (GEEWG) in Cox's Bazar, Bangladesh, including the levels of funding requested, funding received and the consequences of the funding gap. The study relies on funding reported to: 1) the Financial Tracking Service (FTS) of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), which includes the Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) and earlier Gender Marker, and 2) data on funding flows from the Organisation for Economic Co-operation and Development (OECD) using their Gender Equality Marker (GEM). The study specifically focuses on funding for women and girls, though the findings are very applicable for GEEWG writ large, as the research found little programming that explicitly targeted gender equality more broadly.

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1   Joint Response Plan for Rohingya Humanitarian Crisis, January-December 2019. Strategic Executive Group (IOM and UNHCR).

Approach to analysis

The analysis is unique because it not only distinguishes between the amount of funding requested and the amount of funding received to ascertain the funding gap, but it also audits and recodes project gender markers to specifically determine the amount of tailored and targeted funding that is actually available for women and girls.

One of the first steps undertaken was to audit the data, available through the FTS, for the project documents that support the Bangladesh Joint Response Plan (JRP). This analysis was undertaken for both 2018 and 2019. The Inter-Agency Standing Committee (IASC) introduced a revised version of the 2011 Gender Marker in 2018, now the 2019 Gender with Age Marker (GAM), and due to significant changes in the way that this marker was applied, the 2019 analysis was used to audit how accurately it reflects data on funding flows to women and girls.

Data was audited and recoded to identify projects as follows:

- **Projects that "tailor" their activities to women and girls.** In this category, the project aims to contribute significantly to outcomes for women and girls. Projects that received a tailored code had to indicate that they not only assessed the specific needs of women and girls, but tailored activities towards those needs, for example by modifying the design of WASH facilities, ensuring that health programmes had tailored activities to meet the health needs of women and girls, or by investing in GBV programmes that tailored activities differently for boys and girls affected by violence.

- **Projects that "target" their activities to women and girls.** In this category, the principal purpose of the project is to primarily and explicitly target women and girls with relevant activities. Projects with this code were most often GBV or sexual and reproductive health projects that explicitly targeted women and girls in their entirety (men and boys could be part of the programme, for example in the case of GBV programmes that engage men and boys for social norms change). They also included, for example, projects with livelihood activities targeted entirely at the needs of women and girls.

Importantly, these two categories should not be seen as exclusive of each other. For example, a targeted sexual and reproductive health programme could be integrated into a wider health programme, in which case it would receive a code of "tailored". The intention was to adhere to the language and guidance around the existing IASC gender coding, by differentiating between programmes whose principle purpose is to primarily and explicitly target women and girls, and programmes that aim to contribute significantly to outcomes for women and girls within a broader set of activities by tailoring activities for women and girls.

Further, projects that do not receive a tailored or targeted code may still be benefiting women and girls. They are differentiated in that they deliver services to men, women, boys and girls but with no indication of tailoring or targeting their services to these different groups.

Funding for women and girls

The 2018 Joint Response Plan for the Rohingya Humanitarian Crisis had a total requested amount of $950.8 million, of which 69 per cent, or $656 million, was received. The 2019 JRP had a total requested amount of $921 million (data on coverage is not yet available).

The recoding exercise indicates that existing data reported against the gender marker significantly overstates the number of projects, amount of funding requested, and amount of funding received for programmes for women and girls (Figure E1). The audit of data reported to the FTS reveals that there is a large discrepancy between projects that report a GAM score in FTS, and projects that actually completed the GAM online assessment. Further, whereas self-reported GAM data in 2019 indicated $902 million requested for projects with a targeted or tailored focus on women and girls, the reclassification reduced this figure to $665 million requested for women and girls.

Data audit: Total funding requested for programmes for women and girls as a percentage of the total JRP, 2018 and 2019
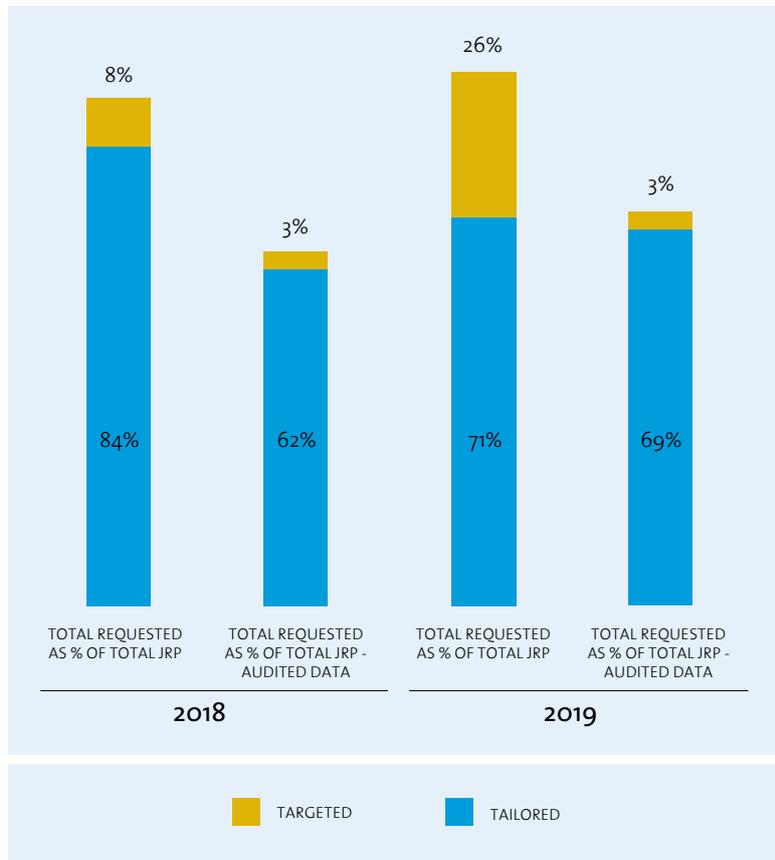
While the amount of funding requested for women and girls has increased, it still falls short of the overall response. In 2018, 65 per cent of funding requests had either a targeted or tailored focus on women and girls. Of those requests, 62 per cent were tailored within broader activities while only 3 per cent explicitly targeted women and girls. In 2019, the percentage of funding requests increased to 72 per cent and 69 per cent were tailored while 3 per cent targeted women and girls.

Funding requested, as a percentage of total JRP amount, 2018 and 2019

A comparison of the amount of funding received indicates that **coverage for programmes focused on women and girls is disproportionately underfunded compared to the overall response; coverage is lowest for targeted programmes (Figure E3).** Whereas the overall response in 2018 was 69 per cent funded, funding coverage for programmes with a tailored or targeted focus on women and girls was 54 per cent. Funding for programmes targeting women and girls has the least coverage, with only 42 per cent of funding requested reported as funded, compared with coverage for tailored programmes estimated at 55 per cent.

Comparison of funding coverage, 2018
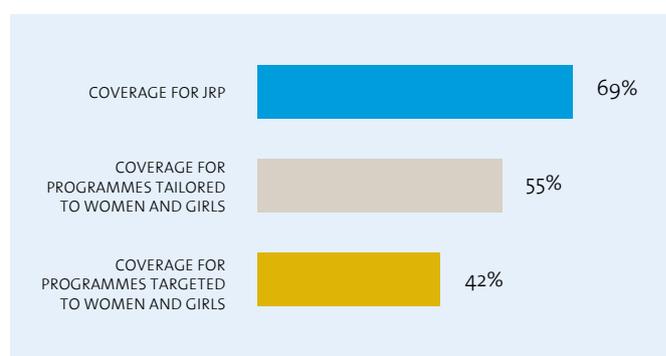
COVERAGE FOR JRP — 69%

COVERAGE FOR PROGRAMMES TAILORED TO WOMEN AND GIRLS — 55%

COVERAGE FOR PROGRAMMES TARGETED TO WOMEN AND GIRLS — 42%

The combined effect of low levels of funding requested and received signifies a double threat for programming for women and girls – programming that is often life-saving and yet not receiving adequate support (Figure E4). Not only is the amount of funding requested for women and girls falling significantly short of the overall request, but it is then disproportionately underfunded.

Funding requested and received for tailored/targeted programming for women and girls, as compared with overall response, 2018

The majority of funds requested for programmes, according to the FTS, was for livelihoods, WASH and health projects (these covered a variety of health services and may have included responses to epidemics that occurred) with a tailored gender focus, while projects with a targeted gender focus were dominated by GBV and health. The amount of funding received was highest for livelihoods, nutrition, health and GBV programmes though these figures should be interpreted with some caution due to the low number of projects by sector on which to base this data.

$951

$619

$289

TOTAL AMOUNT JRP

TOTAL AMOUNT REQUESTED WOMEN AND GIRLS TAILORED

TOTAL AMOUNT REQUESTED WOMEN AND GIRLS TARGETED

BANGLADESH, JRP, 2018 (US$ MILLIONS)
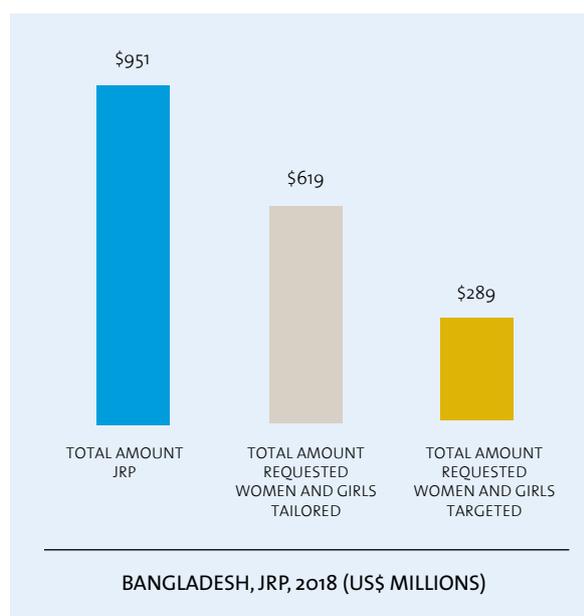
The benefits of action

A review of the evidence for Bangladesh clearly indicates a strong return on investment for programmes that target GEEWG. The literature was reviewed to understand not only the ongoing needs and gaps in programming, but also the consequences of these gaps and the benefits of action to ensure that funding and programming are meeting the needs of women and girls. The evidence is clear that ensuring delivery of programmes for women and girls – including GBV, health, life skills and education – clearly deliver more benefits than they cost (Table 8 includes a quantitative summary of the range of benefits that can be achieved through greater investment). While these studies are taken from Bangladesh as a whole (due to a lack of impact evaluation of programming in the camps), they provide a robust proxy for the types of returns that could be realized with greater investment in programming. Even more so, the cost of inaction could be exceptionally high – for the Government of Bangladesh, the donor community and the affected population. For example, the cost of inaction on gender-responsive latrines, or women's access to health care, in such a densely populated area, runs the risk of triggering a public health emergency that could have far reaching consequences.

Discussion of findings

Tracking funding to gender by overall funding categories under the JRP is very useful for providing an overview, but does not reveal the specific types of programming for women and girls that are receiving funding, as well as the more specific gaps. Despite a clear evidence base that the benefits of action far outweigh the costs, significant gaps in funding and hence programming continue to persist.

- The Rohingya crisis is considered a protection crisis with a strong gendered nature, and as such addressing GBV has been a strong focus in the response. The crisis has also been relatively well funded compared with other crises, and the focus on gender related issues is notable.
- However, a number of important gaps in funding and consequently programming were noted, including a lack of women's participation in camp and community leadership and decision-making structures, lack of support to women's self-mobilized and self-organized networks and grassroots groups as well as local women's rights organisations, women and adolescent girls' lack of access to economic self-reliance and education opportunities, lack of access to WASH and health facilities by women and girls (due to both design and cultural reasons), GBV and child protection issues related to early, forced and child marriage, trafficking, drug smuggling and other gendered security and protection issues, access to justice for GBV survivors, psychosocial support services (PSS) and mental health programming, culturally appropriate solutions addressing menstruation as well as sexual and reproductive health and related stigma and hygiene/health issues, lack of social norms change and community and male engagement initiatives, lack of services targeting and overall focus on male GBV survivors, transgender populations and sex workers.
- Various structural challenges make Cox's Bazar a difficult place to implement, irrespective of funding availability. Government restrictions on programming, including formal education, economic empowerment, livelihoods, life skills and cash transfers, limit the ability of funding to address concerns related to women and girls. The camps are very densely populated, which can make service delivery a challenge (for example, gender-responsive WASH facilities). Rohingya culture is very conservative and the design of culturally sensitive interventions for women take time, creativity and anthropological nuance. And finally, local capacity is constrained; organizations expressed difficulty finding staff and accessing resources to properly train staff and volunteers, particularly in a context where female staff are required to work with female clients.
- Social norms and behaviour change programming is significantly lacking. Not seen as "life-saving", this type of programming falls outside of a traditional humanitarian remit, and yet is core to gender transformative programming. Further, this type of programming often requires multi-year funding, which is less readily available in emergency contexts. A lack of funding for

social norms change is fundamentally preventing the effective delivery of basic services, and is key to longer term durable solutions addressing the root causes of gender inequality.
• The response is now transitioning from the emergency stage and actors are beginning to think more strategically with a greater focus on more sustainable and durable solutions, presenting an ideal opportunity to begin to integrate some of the components of the response that have been less well funded.

Recommendations

• **Increase investment to close the funding gap on programming for women and girls.** The response in Bangladesh has made clear progress in integrating women and girls more explicitly across the humanitarian response plan. However, the data presented clearly indicates a funding gap for tailored and targeted programmes for women and girls. The consequence is insufficient services, including life-saving services, to meet the needs of women and girls. The under-financing of interventions for women and girls is a barrier for GEEWG in humanitarian crises. From a gender equality perspective, there is also a clear and urgent need to address violence against men and boys, which has been significantly overlooked in the response.

• **Expand the types of programming for women and girls that fit under a humanitarian mandate.** This expansion is critical to build durable solutions as part of the Humanitarian Reform Agenda, and should include greater investment in: **(1) gender transformative programming around social norms and behaviour change; (2) programming that intentionally targets women and girls in the design or decision making around humanitarian response; and (3) investment in local women's organizations.**

• **Strengthen the GAM and use audited data for programming, advocacy and transparency.** The IASC GAM has been developed, reiterated, and is gaining ground in its consistent use across humanitarian appeals. However, there is significant confusion around what the GAM score indicates, and ongoing auditing of GAM scores will be essential to have a more accurate picture of funding flows to women and girls, alongside continued strengthening and capacity building for organizations to use the tool effectively.

• **Consultation feedback was consistent that new tracking mechanisms should not be introduced; existing mechanisms need to be adjusted to be fit for purpose.** Along similar lines, consultation feedback was clear that tracking mechanisms should not result in more earmarking or segregation of project activities.

• **Track funding alongside impact.** As highlighted throughout this report, increased levels of funding need to be tracked alongside improved outcomes for women and girls. Tracking effectiveness of programming will depend on a gender equality results chain that includes a robust gender analysis, planning, identification of outcomes and indicators and budget allocation, and will be key for successful interventions.

Photo: Children play at the Women's Centre in Balukhali camp in March 2018 in Cox's Bazar, Bangladesh.
© UN Women/Allison Joyce.

INTRODUCTION

Aim of this report

This case study reviews the current context for funding for Gender Equality and Empowerment of Women and Girls (GEEWG) in Cox's Bazar, Bangladesh. This report complements a global evidence review, as well as three other country case studies – Jordan, Nigeria and Somalia. The overall aim of this case study is to track funding for programming for women and girls in Cox's Bazar, within the context of the specific opportunities and constraints to the overall humanitarian response. The research team conducted a detailed review of literature, analysis of the Financial Tracking Service (FTS) of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), analysis of data on funding for GEEWG from the Organisation for Economic Co-Operation and Development (OCED). In addition extensive consultation and a one-week field visit to Cox's Bazar and Dhaka were used to build this analysis.

The report is structured as follows:

- **Section 1** provides an overview of the humanitarian context in Cox's Bazar, particularly as it relates to GEEWG, including an overview of the crisis, population in need and the coordination of the response.
- **Section 2** describes the approach to the analysis.
- **Section 3** presents the main findings.
- **Section 4** summarizes conclusions and presents recommendations based on consultation and the overall analysis.

1

CONTEXT

Overview of the crisis

Since August 2017, an estimated 745,000 Rohingya have crossed from Myanmar into Bangladesh, fleeing the systematic discrimination and violence of Myanmar security forces. In the widespread attacks launched in Kachin, Rakhine and Shan States, the Myanmar army used violence against women and girls as one of their primary weapons. Rape was used as a systematic form of torture, described by the Rohingya as a psychological and social intimidation tactic used against them.[2] Women have been set on fire, mutilated, forcibly detained, enslaved and killed.[3] Many Rohingya, both men and women, have either experienced or witnessed some form of sexual violence, resulting in a significant protection crisis.

As of September 2019, there are an estimated 915,000 Rohingya refugees in Cox's Bazar.[4] Once in Bangladesh, refugees have faced another set of challenges, struggling to move freely and safely about the camps. Many women and girls are not allowed to leave their shelters, which restricts their access to humanitarian services, markets and education.[5] This lack of movement[6] is due to both pre-existing gender dynamics that have been exacerbated by the crisis[7] and to shield women and girls from harassment, abduction and sexual violence. According to the Gender-Based Violence Information Management System (GBVIMS), 74 per cent of the gender-based violence (GBV) incidents reported by refugees in Cox's Bazaar were by intimate partners at the beginning

of 2019. The majority of cases were physical assault, and GBV happened most frequently at the survivor's residence.[8] Child marriage is practiced within the refugee community and is increasingly common because parents see marriage as a way to protect their daughters from sexual abuse and harassment. Preliminary findings for the Joint Multi-Sector Needs Assessment (JMSNA) from October 2019 show that there is a 55 per cent drop in girls attending a temporary learning centre (TLC) between the ages of 12 to 14, as compared with a 32 per cent drop for the boys for that same age range. The main reported barrier towards school attendance for girls was marriage.

Yet, Rohingya women and girls are not merely vulnerable victims. They play a key role in increasing the resilience of families and communities. Family structures have changed, and all persons in the household now face new duties and must engage in new activities and this is giving space for new gender roles to emerge. There are Rohingya women leaders, including survivors of conflict-related GBV, that are self-organizing and forming their own groups in the camps to advocate for their rights and call for justice. Humanitarian responses often miss opportunities to transform sociocultural gender norms and relations through the leadership and empowerment of women and girls, as well as by promoting positive forms of masculinities – notwithstanding the fact that these are key to a rights-based and effective response and to communities' longer-term resilience and social cohesion. Leveraging women's participation and leadership capacities is not only a way to ensure humanitarian efforts respond to the specific needs and vulnerabilities of affected communities – whether women, men, girls or boys – but also a strategic investment in whole community resilience.

2   Goodman and Mahmood (2019). "The Rohingya Refugee Crisis of Bangladesh: Gender Based Violence and the Humanitarian Response." Open Journal of Political Science 9: 490-501

3   Vigaud-Walsh, Francisca (2018). "Still at Risk: Restrictions ndanger Rohingya Women and Girls in Bangladesh." Refugees International

4   ISCG (2019). "Situation Report Rohingya Refugee Crisis: Cox's Bazar, September 2019."

5   ISCG (2019). "Gender Profile No.2: For Rohingya Refugee Response, Cox's Bazar, Bangladesh (as of March 2019)."

6   Plan International (2019). "Adolescent Girls in Crisis: Voices of the Rohingya."

7   Oxfam (2018). "One Year On: Time to Put Women and Girls at the Heart of the Rohingya Response."

8   Gender-Based Violence Information Management System (GBV IMS). "Quarterly Factsheet: 2019 – (January-March)." UNFPA.

1.2
Population in need

According to the 2019 Joint Response Plan for the Rohingya humanitarian crisis, 340,800 girls and 305,200 women from both the Rohingya and host community are in need of humanitarian assistance (Table 1). In total, 471,400 are Rohingya refugees, 52 per cent of whom are under 18 years of age.

Targeted Rohingya and host community women and girls by sector[9]

Sector	Total Female	Girls	Women	Elderly Women
Protection	646,070	340,834	281,865	23,371
Child Protection	147,742	76,713	65,347	5,682
GBV	317,261	164,732	140,327	12,202
Food Security	646,070	340,834	281,865	23,371
Education	233,865	228,469	901	0
Site Management and Site Development	646,070	340,834	281,865	23,371
Health	646,070	340,834	281,865	23,371
Nutrition	201,312	158,080	43,232	0
Water, Sanitation and Hygiene	547,298	288,721	238,777	19,800
Shelter and Non-Food Items	536,386	280,508	235,798	20,080
Communication with Communities	646,070	340,834	281,865	23,371
Emergency Telecommunications	0	0	0	0
Logistics	0	0	0	0
Coordination	646,070	340,834	281,865	23,371

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9 "Joint Response Plan for Rohingya Humanitarian Crisis, January-December 2019." Strategic Executive Group (IOM and UNHCR).

1.3
Coordination of the response

Within the scope of the 2019 JRP, 132 partners are delivering assistance – this includes 11 government agencies, 9 United Nations agencies, 54 international non-governmental organizations (INGOs) and 58 national NGOs. The Government of Bangladesh is leading and coordinating the humanitarian response; strategic guidance and national level government engagement is provided by the Strategic Executive Group (SEG) in Dhaka, co-chaired by the UN Resident Coordinator, the International Organization for Migration (IOM) and he United Nations High Commissioner for Refugees (UNHCR). In Cox's Bazar, the Senior Coordinator leads the Inter-Sector Coordination Group (ISCG) and ensures coordination with the Government, particularly the Refugee Relief and Repatriation Commissioner and the Deputy Commissioner.

Gender equality and empowerment of women and girls is coordinated by the Protection Sector, Gender in Humanitarian Action (GIHA) Working Group, the GBV Sub-Sector, the Sexual and Reproductive Health (SRH) Working Group and the Prevention of Sexual Exploitation and Abuse (PSEA) Network. They share information and coordinate partners. A Gender Hub, located in the ISCG Secretariat and led by UN Women, has recently launched to strengthen the accountability and leadership for GEEWG by humanitarian actors through providing technical guidance, building capacity and supporting knowledge management and dissemination. (See Box 1.)

Photo: Rohingya Women Volunteers are oriented on Covid-19 precautions and consulted on what they think are the key concerns and needs in their community. © UN Photo/Albert Gonzalez Farran.

BOX 1:

Gender coordination mechanisms

The **GIHA Working Group** is co-chaired by UN Women and UNHCR and provides cross-sectoral support to ensure the integration of gender aspects in humanitarian action. It focuses on coordination, technical advice, guidance and capacity development, advocacy, assessment, analysis and monitoring, and information sharing and management. Members are the main and alternate gender focal points from each sector, as well as additional gender advocates, experts and resource persons from select agencies/organizations, as standing members.

The **GBV Sub Sector** has been in place since the beginning of the crisis and is led by UNFPA, the United Nations Population Fund. It works alongside the Child Protection Sub-Sector (led by UNICEF) within the Protection Sector (led by UNHCR). It has more than 28 standing member organizations, including the UN, INGOs, NGOs and government agencies. The sub sector works to prevent and respond to GBV through strengthening community-based GBV programming. The key strategic objectives of the GBV Sub Sector include ensuring access to quality multisector GBV response services for survivors, building capacity of GBV service providers and other stakeholders to deliver quality care in line with best practices and minimum standards for humanitarian settings; enabling active participation of affected communities in GBV awareness raising, response, prevention and risk mitigation; enhancing GBV risk mitigation across humanitarian sectors and with the government, and strengthening co-ordination and planning for sustainability of the GBV response.

The **SRH Working Group** led by UNFPA comprises 53 partners working together to meet the sexual and reproductive health needs of the Rohingya population. Its objective is to provide life-saving sexual and reproductive health services including family planning.

The **PSEA Network** is co-chaired by IOM and UNICEF. It was explicitly called out in the 2019 JRP as a priority for the Rohingya response. It creates community-based complaint mechanisms in the camps, strengthens referral and inter-agency coordination. It also trains humanitarian actors and relevant authorities on codes of conduct and safeguards.

The Gender Hub is a new initiative led by UN Women that was launched in mid-2019. Recognizing gaps in capacity from humanitarian actors to mainstream gender in the response, the Gender Hub is designed to translate policies into action, develop standardized training and facilitate knowledge management and exchange. It supports and strengthens gender, GBV and PSEA mainstreaming across the response through training, awareness raising and technical support, and by drawing together the technical guidance and data from all the gender coordination mechanisms. It will put in place greater accountability for mainstreaming GEEWG and promote concrete actions to address issues of gender in humanitarian action.

2

APPROACH TO DATA ANALYSIS

2.1
Objective of the research

The aim of this work is to gather evidence and undertake research regarding funding for GEEWG in humanitarian action. The study specifically focuses on funding for women and girls, though the findings are very applicable for GEEWG writ large, as the research found little programming that explicitly targeted gender equality more broadly.

Specifically, this research aims to answer the following four questions:

• Funding required: What is the level of funding required to ensure delivery of the global and interagency commitments made to GEEWG – and specifically women and girls – in humanitarian action?

• Current funding: What is the current level of funding across all major humanitarian funding sources notably Humanitarian Response Plans and the Central Emergency Response Fund (CERF), country-based pooled funds (CBPF) and other humanitarian pooled funds that can be designated as supporting women and girls?

• Funding gap: Where are the gaps when comparing the funding support that exists against what is needed?

• Consequences of the funding gap: What are the consequences of those gaps for humanitarian outcomes for women and girls, their dependents and their wider communities?

2.2
Approach

The approach to this research used three components:

• Field visit and consultation
• Literature review
• Data analysis

Field visit and consultation

In October 2019, the research team met with key stakeholders in Cox's Bazar and Dhaka over the course of one week and spoke with 75 people representing 39 different agencies/organizations. Most meetings were focus group discussions, with representation from the GIHA Working Group, the Protection Sector, the Gender Hub, the GBV Sub Sector, SRH Working Group, UN heads of sub-offices, INGOs, the ISCG, the Government of Bangladesh, local organizations that do gender equality programming, and donors. Annex A contains a full list of those people and organizations met during the consultation process.

The objective of the field visit was not to evaluate in any way the response to women and girls within the crisis. Rather, the intention was to gather enough information to contextualize the overall analysis of funding for women and girls in the crisis, the gaps and the implications of those gaps.

Literature review

A thorough review of the literature was used to build an understanding of the local context, as well as identify evidence related to the amount of funding required for gender programming, and the cost of inaction and/or the benefits of action. All relevant humanitarian response plans and needs assessment, as well as any updates pertaining to gender, were reviewed. The snowball protocol outlined in Annex D of the main report was used for the country studies to identify as many studies as possible, using a systematic process related to costs and benefits of action.

Data analysis

An audit of the individual project documents reported to OCHA's Financial Tracking Service and their associated IASC Gender Marker/Gender with Age Marker scores was undertaken to analyse the amount of funding requested and the amount of funding received for gender programming. The intention was twofold: 1) to verify the applicability of projects to programming for women and girls, highlighting any discrepancies in what is reported by project implementers, and 2) to facilitate a more detailed and accurate assessment of the amount of funding requested for programming for women and girls.

The JRP is used as the most comprehensive estimate of funding required. The JRP represents the amount requested for humanitarian response each year and is bound by limits to sector budgets. It is likely, therefore, to underestimate the total funding required for women and girls. However, it is the best and most comprehensive estimate available of funding requirements. Further, all project documents that support the JRP are reported on in the FTS, with the IASC Gender Marker/GAM score, data on the amount of funding requested, as well as the amount of funding received, and hence offers one of the more comprehensive ways to assess funding flows to programming for women and girls.

The data, however, is not fully comprehensive or accurate:

- The FTS is voluntary. While all projects under the JRP are listed on FTS – including any funding via the CERF or CBPFs – the data on funding received requires that projects are updated and therefore much of this data may be missing or incomplete.
- The FTS only covers projects under the JRP and does not represent any private or other funding flows outside of the JRP. For example, the Government of Bangladesh approved a $480 million grant over three years under the World

Bank's DA 18 regional sub-window for refugees, in addition to the Asian Development Bank's initial approved $100 million grant (the first of an envisaged total package of $200 million). Several multi- and bi-lateral donors are providing funding as part of wider development programming.[10] Other funding flows, such as private funding, could be substantial but amounts are unknown, and not included in this analysis.

- Further, during the course of consultation, it became clear that the Gender Marker is being applied fairly subjectively, with inconsistencies in the data.

With this context in mind, the data was analysed for funding flows to women and girls as follows:

- FTS data was audited for both 2018 and 2019.
- Both years contain data on each of the projects under the JRP, their IASC Gender Marker score, and the amount of funding requested.
- 2018 data is more complete. Project reports have had the opportunity to complete any data on funding received, to the extent that they have made the effort to enter this data into the FTS. 2019 data is still being uploaded as the year is not yet finished, and therefore 2019 data can only be assessed for funding requested, not funding received.
- 2018 data uses the Gender Marker, while 2019 uses the new GAM, and hence the two years offer different perspectives on the usefulness of the IASC marker for tracking funding flows to women and girls.
- 2017 data on funding requested and funding received under the OECD DAC is used to triangulate the findings from the FTS data (this is the latest year for which it is available). This data should be viewed with some caution as the crisis only

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10 "Joint Response Plan for Rohingya Humanitarian Crisis, March-December 2018." Final Report.

escalated in August 2017 and hence this data is only representation of four months of response.

Each of these data sets uses different classifications for gender equality programming. To standardize the language across data sets, the research team re-classified data according to whether it "targeted" or "tailored" programming to women and girls.

Data was audited and recoded to identify projects as follows:

- **Projects that "tailor" their activities to women and girls**. In this category, the project aims to contribute significantly to outcomes for women and girls. Projects that received a tailored code had to indicate that they not only assessed the specific needs of women and girls, but tailored activities towards those needs, for example by modifying the design of WASH facilities, ensuring that health programmes had tailored activities to meet the health needs of women and girls, or by investing in GBV programmes that tailored activities differently for boys and girls affected by violence.

- **Projects that "target" their activities to women and girls.** In this category, the principal purpose of the project is to primarily and explicitly target women and girls with relevant activities. Projects with this code were most often GBV or sexual and reproductive health projects that explicitly targeted women and girls in their entirety (men and boys could be part of the programme, for example in the case of GBV programmes that engage men and boys for social norms change). They also included, for example, projects with livelihood activities targeted entirely at the needs of women and girls.

Importantly, these two categories should not be seen as exclusive of each other. For example, a targeted sexual and reproductive health programme could be integrated into a wider health programme, in which case it would receive a code of "tailored". The intention was to adhere to the language and guidance around the existing IASC gender coding, by differentiating between programmes whose principle purpose is to primarily and explicitly target women and girls, and programmes that aim to contribute significantly to outcomes for women and girls within a broader set of activities by tailoring activities for women and girls.

Further, projects that do not receive a tailored or targeted code are still benefiting women and girls. They are differentiated in that they deliver services to men, women, boys and girls but with no indication of tailoring or targeting their services to these different groups.

The corresponding classification across each dataset is presented in Table 2.

TABLE 2:

Summary of classifications for each dataset

FTS Classification - 2018	FTS Classification - 2019	OECD DAC Classification	Re-Classification
2a – Principal	4T/3T	Primarily Focused	Targeted
2b - Significant	4M/3M	Significant	Tailored

2018 data analysis

The Gender Marker used in 2018 scores projects according to the following scale:

- 2b: the <u>principal purpose</u> of the project is to advance gender equality.
- 2a: the project has the potential to <u>contribute significantly</u> to gender equality.

- 1: the project has the potential to contribute in some limited way to gender equality.
- 0: no visible potential to contribute to gender equality.

Because this research is specifically focused on funding for women and girls, the research team

recoded projects based on a review of the project reports provided on the FTS database. It is important to note that there was not the scope to investigate the detailed project reports for each project, and hence it is possible that details that would further support a Gender Marker score were not incorporated into the analysis.

Projects that were scored as either a 2a or 2b were reviewed and reclassified according to the following criteria:

- 2b: the project targets activities specifically to women and girls. In other words, the principal

purpose of the project is to primarily and explicitly target women and girls with relevant activities.
- 2a: the project explicitly tailors activities to women and girls. In other words, the project aims to contribute significantly to outcomes for women and girls. Projects that indicated tailored or adapted activities for women and girls were included here. Projects that indicated that they will deliver activities to both men and women, but with no indication of tailoring or adapting activities, did not receive this score.

2019 data analysis

In 2018, the IASC Gender Marker was revised to become the Gender with Age Marker. The revised tool assesses projects based on 12 elements called the Gender Equality Measures.[11] Importantly, the GAM is a process tool – it is intended to ensure that implementing partners consider gender and age throughout the project design and implementation. It does not provide an indication of whether a project is focused on gender equality or empowerment of women and girls.

The GAM scores projects on a 0 to 4 scale, with further coding to indicate whether the project is mainstreamed ("M") or targeted ("T").

- 4 indicates that the project is likely to contribute to gender equality, including across age groups.
- 3 indicates that the project is likely to contribute to gender equality, but without attention to age groups.
- 2/1 indicates that the project is unlikely to contribute to gender equality.
- A gender mainstreamed project (M) indicates that the project targets everyone, whereas a gender targeted project (T) considers that it is responds to "social gendered discrimination and barriers."

Projects were reviewed and re-classified according to the following criteria:

- Projects that primarily and explicitly **target** women and girls with activities (equivalent to a 2b score in the 2018 analysis).
- Projects that indicate **tailored** or adapted activities for women and girls (equivalent to a 2a score in the 2018 analysis).
- Projects that **consider** women, girls, men and boys. These are projects that consider sex disaggregated data in their project design but do not specifically indicate tailored or adapted activities.
- Projects that do not consider gender.

Further to this, the FTS Gender Marker score and the IASC GAM database were compared to look at the fidelity of GAM scores being reported. The online GAM tool records data for the 12 different components that make up the GAM score. Once an organization has completed the GAM tool, they are given a GAM score, and a GAM reference number. The implementing organization then manually transfers these two pieces of information to the FTS.

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11   There are three elements considered during the design phase: gender analysis, tailored activities and benefits for beneficiaries and beneficiary influence on project decisions. In the monitoring phase, the remaining elements are: collection and analysis of sex- and age-disaggregated data (SADD), appropriate targeting, protection from GBV, coordination with other sector members and sectors, appropriate feedback channels, transparency, beneficiary satisfaction and an awareness of project shortfalls.

3
DATA ANALYSIS

3.1
Data audit

As a result of the data reclassification described in the methodology section, much of the data was audited and recoded. **The recoding exercise indicates that existing data reported against the gender marker significantly overstates the number of projects, amount of funding requested, and amount of funding received for programmes for women and girls (Figure 1).**

The reclassification also reveals that there is a large discrepancy between projects that report a GAM score in FTS, and projects that actually completed

the GAM online assessment. The 2019 JRP had 167 projects. Fifty-one of these are not found in the GAM database, but reported a GAM score, indicating that they classified themselves subjectively rather than using the GAM tool. This leaves 116 projects in FTS with a valid GAM reference number (69 per cent). Three of these are duplicates, so the completion rate is actually 68 per cent. In addition, 25 of 116 projects (22 per cent) made transcription errors when entering their GAM code in FTS, the majority of which upgraded their score during transcription.

FIGURE 1:

Data audit: Total funding requested for programmes for women and girls as a percentage of the total JRP, 2018 and 2019
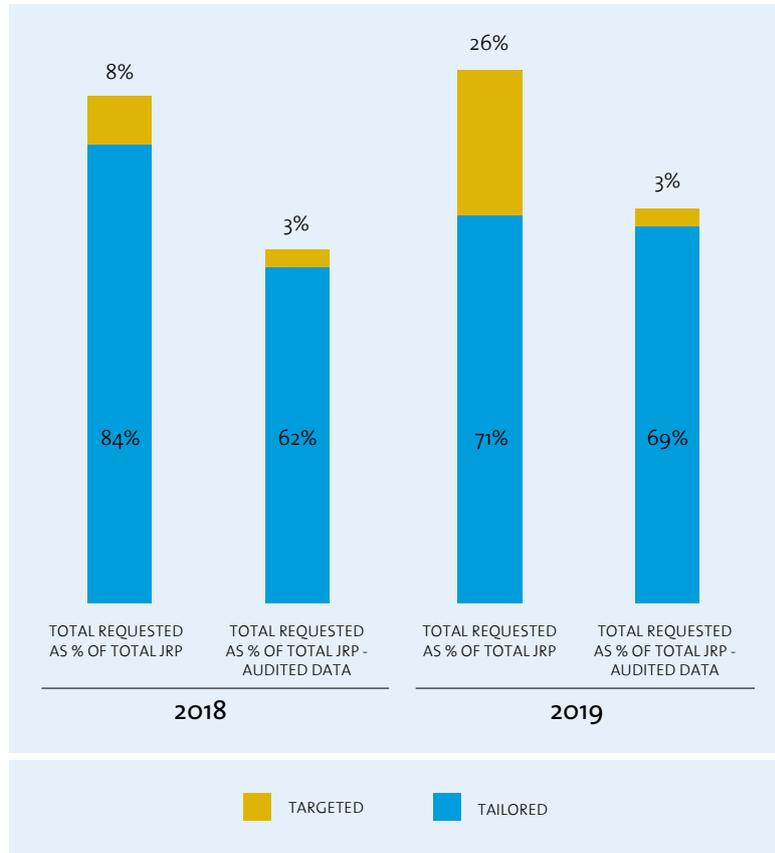
Photo: Rohingya women leaders discuss strategy at a meeting of an umbrella network of civil society organizations supported by UN Women in camps. © UN Women/Allison Joyce.

Funding flows

Summary of funding for women and girls

This section provides a short summary of the main findings from the analysis of funding for women and girls; the detailed analysis that underpins these figures is presented in the sections that follow.

The 2018 JRP had a total requested amount of $950.8 million, of which 69 per cent, or $656 million, was received. The 2019 JRP had a total requested amount of $921 million (data on coverage is not yet complete).

- Of the total amount of funding requested in 2018, 65 per cent had a tailored (significant) (62 per cent) or targeted (principal) (3 per cent) focus on women and girls. In 2019, the figure increased, with 72 per cent of funding requested having a tailored (69 per cent) or targeted (3 per cent) focus on women and girls (see Figure 2).
- Further to this, a comparison of the amount of funding received indicates that coverage for programmes focused on women and girls is disproportionately underfunded compared to the

overall response. Whereas the overall response was 69 per cent funded, funding coverage for programmes with a tailored or targeted focus on women and girls was 54 per cent. Funding for programmes targeting women and girls has the least coverage, with only 42 per cent of funding requested reported as funded, compared with coverage for tailored programmes estimated at 55 per cent (see Figures 3 and 4).

The majority of funding requested in 2018 for projects with a tailored focus on programming for women and girls was for self-reliance/skills building programmes, WASH and health. In 2019 these projects were dominated by WASH and food security. In both 2018 and 2019, projects with a targeted focus on women and girls were dominated by GBV and health/SRH. The amount of funding received in 2019 was highest for livelihoods, nutrition, health and GBV projects though these figures should be interpreted with some caution due to the low number of projects by sector on which to base this data.

Funding requested

2018 data analysis

The Bangladesh JRP for 2018 included 187 project documents, reflecting the JRP requirements of $951 million. Table 4 summarizes the number/value of projects that classified as either significant or principal as reported to the FTS, and then the number/value of projects reclassified as either tailored or targeted according to the above criteria.

Summary of findings: Audit and reclassification of 2018 JRP gender marker codes

	# Projects	Total Requested (US$ millions)	% of Total JRP	Audited Data # Projects	Audited Data Total Requested (US$ millions)	% of Total JRP
Significant or Tailored	124	$794	84%	86	$587	62%
Principal or Targeted	38	$80	8%	17	$32	4%
TOTAL	162	$874	92%	103	$619	65%

Note: Numbers have been rounded

The audit indicates that the 2018 funding data significantly overstates the amount of funding targeted to programmes for women and girls. Whereas the self-reported figures suggest that 92 per cent of projects had a strong gender focus, accounting for $874 million in requested funding (out of a total amount requested of $951 million), the reclassification indicates that this figure is much smaller, with 65 per cent of projects having a significant or principal focus on women and girls, representing $619 million in funding requested.

Of the total amount of funding requested for tailored and targeted programming, which represented 65 per cent of the total JRP:

- 35 per cent was requested for Livelihoods;
- 20 per cent was requested for WASH;
- 15 per cent was requested for Health;
- less than 10 per cent of funding requested with a significant focus on women and was requested for programmes for shelter, nutrition, GBV, education, protection and life skills.

Of the funding for targeted programming alone, which only represented 4 per cent of the JRP, 52 per cent related to GBV programmes, 42 per cent health, 3 per cent livelihoods and 2 per cent life skills/education for adolescents.

2019 data analysis

The Bangladesh JRP for 2019 included 167 project documents, reflecting the JRP requirements of $921 million. Table 5 summarizes the number/value of projects that classified as either targeted or tailored as reported to the FTS, and then the number/value of projects audited and reclassified according to the above criteria.

Summary of findings: reclassification of 2018 JRP gender marker codes

	# Projects	Total Value (US$ millions)	% of Total HRP	Audited Data # Projects	Audited Data Value (US$ millions)	% of Total JRP
Tailored	133	$658	71%	99	$635	69%
Targeted	20	$244	26%	15	$30	3%
TOTAL	153	$902	98%	114	$665	72%

Note: Numbers have been rounded

The recoding indicates that the 2019 funding data also significantly overstates the amount of funding targeted to programmes for women and girls. Whereas the self-reported figures suggest that 98 per cent of projects had a strong gender focus, accounting for $902 million in requested funding (out of a total amount requested of $921 million), the reclassification indicates that this figure is much smaller, with 72 per cent of funding having a targeted or tailored focus on women and girls, representing $665 million in funding requested. Of note, 26 per cent of projects classified themselves as targeted, whereas this figure dropped very significantly to 3 per cent in the reclassification.

Of the total amount of funding requested for both tailored and targeted programming, which represented 72 per cent of total funding requested under the JRP:

- 33 per cent was requested for food security;
- 18 per cent was requested for WASH; and
- 9 per cent was requested for shelter and health.

Of the funding for targeted programming alone, which only represented 3 per cent of the funding requested under the JRP, the vast majority went to GBV and sexual and reproductive health (44 per cent of total funding requested each).

Summary of data analysis: Funding requested for programmes for women and girls, 2018 and 2019

	Amount of Funding Requested (US$ millions)	Funding Requested, % of Total JRP	Amount of Funding Requested (US$ millions)	Funding Requested, % of Total JRP
	2018		**2019**	
Tailored	$587	62%	$635	69%
Targeted	$32	3%	$30	3%
TOTAL	$619	65%	$665	72%

Funding requested, as percentage of total JRP amount, 2018 and 2019
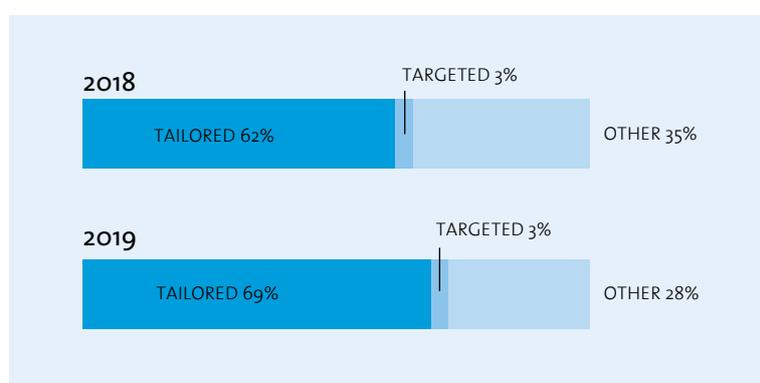
Funding received and the funding gap

FTS data

Funding flows are reported here for 2018 only, as 2019 is still ongoing and hence total amounts of funding for the year are not yet complete. The 2018 JRP requested $950.8 million, and was 69 per cent funded, with $656 million being received.

Overall, the JRP reports on the coverage (funding received) by cluster, as described in Table 6. Interestingly, according to this data, child protection was 118 per cent funded while GBV programming was only 51 per cent funded.

2018 JRP, funding coverage by sector[12]

Sectors	Coverage (%)
Communication with Communities	72.7
Coordination	40.1
Education	80.3
Emergency Telecommunications	43.3
Food Security	69.2
Health	41.4
Logistics	109.1
Nutrition	63.5
Protection	39.7
Protection - Child Protection	117.7
Protection - Gender-Based Violence	50.6
Shelter and Non-Food Items	25.0
Site Management	33.1
Water, Sanitation and Hygiene (WASH)	26.5

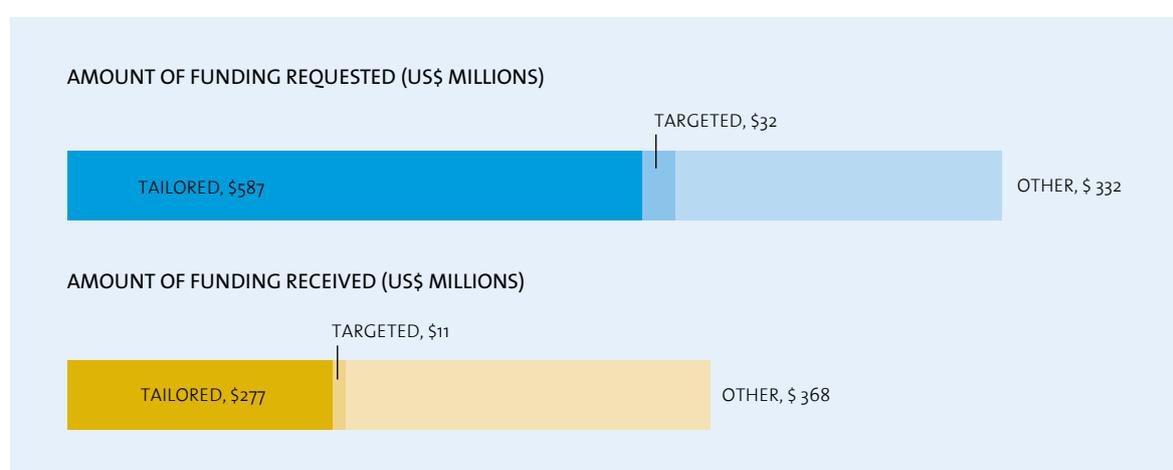12 https://fts.unocha.org/appeals/656/clusters

In order to look at funding to gender targeted programming more specifically, the FTS data on funding coverage was calculated for the specific sectors relevant to GEEWG included in this study, using the data reclassification described above.

According to the FTS data, and as reported above, $619 million was requested under the 2018 JRP for projects with either a targeted or tailored focus on women and girls (based on the audited data). Of this amount, $289 million of this was received, equivalent to 47 per cent of funding requested. Of this total:

• $587 million was requested for projects with a tailored focus on women and girls, and 47 per cent of this – or $277 million – was reported as funded; and
• $32 million was requested for projects with a targeted focus on women and girls, and 35 per cent of this – or $11 million – was reported as funded.

Funding requested and funding received, 2018

AMOUNT OF FUNDING REQUESTED (US$ MILLIONS)

TARGETED, $32

TAILORED, $587   OTHER, $ 332

AMOUNT OF FUNDING RECEIVED (US$ MILLIONS)

TARGETED, $11

TAILORED, $277   OTHER, $ 368

As mentioned previously, there is a risk that these figures are overstating the gap in funding, due a lack of reporting. In other words, many projects do not report on the amount of funding received, and this may make the gap appear larger than it is.
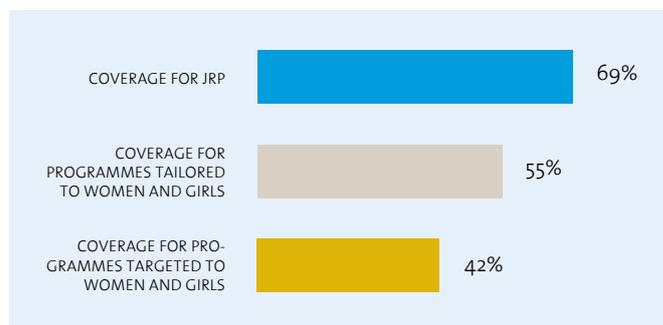
In order to address this bias, the figures were re-evaluated, eliminating all projects that only reported funding requested, and did not report funding received. Coverage was therefore calculated only for projects that reported both funding requested and funding received. The expectation was that this would result in a much higher percentage of funding received by removing all of those projects that did not report funding received.

Interestingly, while the number of projects that report both figures is only 35 per cent of the total number of projects reported into the FTS that have a tailored or targeted focus on women and girls, they represent 86 per cent of the total funding requested. And while the figures did increase, they are consistent with those reported across the full subset of projects.

Projects with a tailored or targeted focus on women and girls were 54 per cent funded (coverage for projects with a tailored focus was 55 per cent, and coverage for projects with a targeted focus was 42 per cent). This data indicates that coverage for programmes focused on women and girls is disproportionately underfunded compared to the overall response (Figure 4).

Comparison of unding coverage, 2018

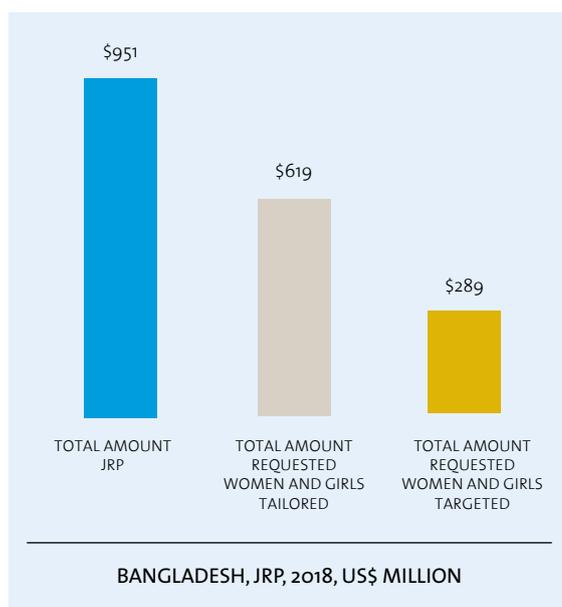|	
COVERAGE FOR JRP	69%
COVERAGE FOR PROGRAMMES TAILORED TO WOMEN AND GIRLS	55%
COVERAGE FOR PRO-GRAMMES TARGETED TO WOMEN AND GIRLS	42%

The combined effect of low levels of funding requested and received signifies a double threat for programming for women and girls – programming that is often life-saving and yet not receiving adequate support **(Figure 5)**. Not only is the amount of funding requested for women and girls falling significantly short of the overall request, but it is then disproportionately underfunded.

Funding requested and received for tailored/targeted programming for women and girls, as compared to the overall response, 2018

It is also possible to look at the gap in funding for specific sectors – though this data should be viewed with some caution as it is sometimes representative of only one or two projects. For the main types of projects funded, coverage rates were reported as follows:

- Four livelihoods projects were funded at 75 per cent.
- Four nutrition projects were funded at 73 per cent.
- Nine health projects were funded at 47 per cent.
- Nine GBV projects were funded at 39 per cent.

$951	$619	$289
TOTAL AMOUNT JRP	TOTAL AMOUNT REQUESTED WOMEN AND GIRLS TAILORED	TOTAL AMOUNT REQUESTED WOMEN AND GIRLS TARGETED

BANGLADESH, JRP, 2018, US$ MILLION

OECD DAC data

OECD DAC also provides data on the amount of funding received. While this data is for OECD DAC donors, and therefore does not cover the same data as the OCHA FTS, there is a great deal of overlap. Further OECD DAC is mandatory and therefore the data can be more reliable. The latest OECD DAC data available is for 2017, and hence only covers the first four months of response to the Rohingya influx, which took place in August of 2017.

Total OECD DAC humanitarian assistance committed to Bangladesh in 2017 was $275 million; $102 million of this commitment, or 37 per cent, was classified as gender significant (equivalent to "tailored'), and $5.9 million, or 2 per cent, was classified as focused primarily on gender (equivalent to "targeted").[13] Total humanitarian assistance disbursed by DAC members to Bangladesh in 2017 was $254 million (or 92 per cent of the committed). Of these gross disbursements, $132 million, or 52 per cent of the total disbursed, was classified as gender significant, and $1.4 million, or 0.6 per cent, as focused primarily on gender.[14]

Comparing with the FTS data, while the figures on coverage for tailored programming are very similar, the FTS data shows a much higher percentage of coverage for targeted programming, compared to a very low coverage for OECD DAC.

13 "Gender-related aid data at a glance" OECD. https://www.oecd.org/dac/stats/gender-related-aid-data.htm
14 "Aid projects targeting gender equality and women's empowerment (CRS)." OECD.Stat https://stats.oecd.org/Index.aspx?DataSetCode=DV_DCD_GENDER

Comparison of OECD 2017 and FTS 2018 disbursements

	OECD Disbursed Gender (US$ millions)	OECD Gender as a % of Total Aid Disbursed	FTS Funding Received Women and Girls (US$ millions)	FTS Funding Received as % of Total Requested (US$ millions)
Significant or Tailored	$132	52%	$277	55%
Primarily or Targeted	$1.4	0.6%	$11	42%

However, these numbers are representative only for DAC members who are required to report. It should also be noted that OECD uses the Gender Equality Marker (GEM) which is different from the IASC marker. Further, it was not possible to audit the OECD data as was done with the FTS data.

3.3
Benefits of action

Introduction

When funding falls short of the total amounts required, the impact on women and girls can be significant. In a humanitarian emergency, the initial focus is necessarily on providing access to basic services and durable solutions. However, the consequences of underfunding for gender targeted and gender mainstreamed programming can directly impact the access to and uptake of basic services, as well as wider outcomes for women and girls.

Measuring the human cost of the gap in funding is a complex exercise. The gap in funding is clearly indicative that the full range and depth of services are not being provided. However, the cost of inaction can only be measured by understanding the impact

of a gap in services for women and girls. In other words, a programme that is fully funded but does not tailor activities to women and girls may not actually result in positive outcomes for women and girls. Even more so, where funding is only partially provided, the type of programming undertaken with those funds, and the impact of the gap in activities is critical to measure the cost of inaction.

It is not possible to draw direct evidence on the benefits of action in the refugee camps in Cox's Bazar – the crisis is still very early days and this type of impact analysis has not yet been undertaken.

However, there is a significant body of literature for Bangladesh more broadly that demonstrates significant returns on investment in a range of programming related to women and girls. Clearly, the impact of programming in Bangladesh can be very different to the impact of programming in the camps; however, in the absence of more specific data, it is the next closest proxy for potential impact.

The following sections describe ongoing needs for women and girls, followed by the evidence in the literature on the benefits of action to fill that gap.

Ongoing needs

GBV

According to the 2019 JRP, one third of refugee families have at least one specific protection vulnerability that requires specialized protection attention.

According to the latest needs assessment, 84 per cent of females report that the Majhi is the first point of contact if they need to refer an assault case (legal aid providers, police and security, and health centers all report below 10 per cent).[15] The Majhi is a Rohingya community representative, primarily responsible for information dissemination, coordination of distributions, estimating population numbers, conflict mediation and linking the needs of Rohingya to humanitarian aid. The Army, as a way of organizing humanitarian assistance, established the Majhi system at the time of the last major refugee influx in the 1990s. By 2015 this system was replaced with elected camp/block committees due to allegations of abuse. The Majhi system was revived however during the recent influx due to sheer numbers of newcomers.[16] During consultation, the significant reliance on Majhis was highlighted as problematic, due to issues over confidentiality and corruption. They are not formally trained though they are frequently dealing with highly sensitive cases, and most are male. Majhis have been treated as the sole community representative by actors on the ground, and 87 per cent of Rohingya identify the

Majhi as the primary trusted source of information. This has given them immense power that they have repeatedly been accused of abusing.[17]

GBV continues to be a significant issue. Some 74 per cent of the GBV incidents reported in the camps were by intimate partners. The majority of cases were physical assault, and GBV happened most frequently at the survivor's residence.[18] Despite large investment and focus on women's safe spaces and centers, women struggle to access their basic needs, especially at night, due to a sense of insecurity, threat of violence and lack of lighting. Twenty-nine per cent per cent of women report they do not feel safe walking alone in the camp, relative to 5 per cent of men.[19] GBV stops people from accessing the basic services they need and leads to negative coping mechanisms such as reduced food consumption and defecation in the home. Access to justice and legal services was frequently mentioned as a gap. Perpetrators tend to stay within the community, and it is not uncommon for them to repeat offenses. Although most refugees have experienced horrific violence, few services are available for men and boys particularly in GBV programming and response services.

15 GIHA (2019). "Joint Multi-Sector Needs Assessment: Refugees and Host Communities." Preliminary findings October 2019.
16 Krehm, Emily and Dr. Asif Shahan (2019). "Access to Justice for Rohingya and Host Community in Cox's Bazar." International Rescue Committee
17 Krehm, Emily and Dr. Asif Shahan (2019). "Access to Justice for Rohingya and Host Community in Cox's Bazar." International Rescue Committee
18 Gender-Based Violence Information Management System (GBV IMS). "Quarterly Factsheet: 2019 – (January-March)." UNFPA
19 Oxfam (2018). "One Year On: Time to Put Women and Girls at the Heart of the Rohingya Response."

Sexual and reproductive health

Despite the availability of health care services in the camps, the service uptake for maternal and sexual reproductive health is limited, mostly due to a long-standing practice of restricted mobility for girls and women outside of the home. Issues with cultural norms, poor road conditions, barriers to transportation and shyness among adolescents were also reported by service providers as reasons for limited service uptake among Rohingya adolescents. Service providers identified outreach as an effective strategy for reaching them.[20] Few women can make the decision to seek health facility service, as husbands and mothers-in-law are the decision makers. According to the latest needs assessment, only 27 per cent of women report directly receiving menstrual hygiene items at a distribution site in the last 12 months. As of June 2019, only 13 per cent of the JRP target coverage of female-only toilets had been reached.[21]

Chowdhury et al. 2018 used a cross-sectional quantitative study design to interview 16,588 people about the state of sexual and reproductive health and maternal and child health (MCH) for the Rohingya population in Bangladesh. The study found that although about 86 per cent of currently married women had heard of at least one method of family planning, the contraceptive prevalence rate was only about 34 per cent. Injection (70.5 per cent) and oral contraceptives (28.9 per cent) were the two most popular family planning methods reported by current contraceptive users.[22] Deep-rooted stigma and misconceptions about contraceptive methods and their side effects lead to low uptake, as well as cultural preference for large family size, and societal/family expectations for women to become pregnant shortly after marriage. Family members, especially husbands and mothers-in-law, play a crucial role in decisions related to the child-bearing and contraceptive choices of a married girl, often forbidding the use of contraception. However, despite these barriers, awareness of the benefits of using contraception seems to be growing among the younger generation living in the camps. [23]

20 Ainul, Sigma, Iqbal Ehsan, Eashita F. Haque, Sajeda Amin, Ubaidur Rob, Andrea J. Melnikas, and Joseph Falcone (2018). "Marriage and Sexual and Reproductive Health of Rohingya Adolescents and Youth in Bangladesh: A Qualitative Study." Population Council
21 Strategic Executive Group (2019). "Joint Response Plan for Rohingya: Mid-Term Review 2019. Humanitarian Crisis. Cox's Bazar." January – June 2019.

22 Chowdhury, Mohiuddin Ahsanul Kabir, Sk. Masum Billah, Farhana Karim, Abdullah Nurus Salam Khan, Sajia Islam and Shams El Arifeen (2018). "Demographic Profiling and Needs Assessment of Maternal and Child Health (MCH) Care for the Rohingya Refugee Population in Cox's Bazar, Bangladesh." icddr,b Special Publication No. 153. Maternal and Child Health Division.
23 Ainul, Sigma, Iqbal Ehsan, Eashita F. Haque, Sajeda Amin, Ubaidur Rob, Andrea J. Melnikas, and Joseph Falcone. 2018. "Marriage and Sexual and Reproductive Health of Rohingya Adolescents and Youth in Bangladesh: A Qualitative Study." Population Council: Dhaka, Bangladesh.

Maternal health

Approximately 300,000 women in the camps are of reproductive age and about 30,000 of those are estimated to be pregnant.[24]

According to the latest needs assessment:

24 "Maternal and Newborn Health: Rohingya Refugee Crisis." Presentation by Geeta Lal and Rondi Anderson, UNFPA. https://www.wilsoncenter.org/sites/default/files/geeta_lal_maternal_and_newborn_health-rohingya_refugee_crisis.pdf

• 61 per cent of households report that pregnant women are enrolled in an antenatal care programme.
• 46.5 per cent of deliveries were assisted by a skilled birth attendant.[25]

25 Community Health Worker Working Group Database (Dec 2019) JRP Mid Term Review 2019.

Women's economic empowerment

Rohingya refugees in Bangladesh are restricted in their ability to work, freedom of movement and access to formal financial mechanisms, which severely limits their livelihood opportunities. Despite all this, one third of refugee households have been found to participate in an income generating activity, although women's work is much more limited due

Photo: Women work with sewing machines at the Women's Centre in Balukhali camp in March 2018 in Cox's Bazar, Bangladesh.

to economic, skill-based and sociocultural barriers.[26] In the month prior to the June 2019 JMSNA, 2 per cent of adult women reported having worked for an income compared with 38 per cent of adult men.[27]

Limitations on multipurpose cash and unconditional grants programming constrain women's access to cash, and, while they do participate in cash for work (CFW) opportunities in a limited capacity, they are often overlooked because the men are preferred for physical labour.[28] The lack of income-generating

opportunities and transferable skills development has catalyzed the exploitation of adolescent girls and women in the form of forced marriage, survival sex, trafficking for commercial sexual exploitation, drug smuggling and forced labour.

According to the latest needs assessment, only 31 per cent of married women and 15 per cent of unmarried women report that they can go to the local market on their own – the majority can never go or have to be accompanied.[29] Fifty-one per cent of respondents to an Oxfam Gender Analysis said men alone decide on how to spend family income.[30]

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26 IRC (2019). "Left in Limbo: The Case for Economic mpowerment of Refugees and Host Communities in Cox's Bazar, Bangladesh." September 2019.
27 ISCG (2019). "Joint Multi-Sector Needs Assessment: Bangladesh, June 2019. Refugee sites: overall."
28 ISCG (2019). "Gender Profile No.2: For Rohingya Refugee Response, Cox's Bazar, Bangladesh (as of March 2019)."

29 GIHA (2019). "Joint Multi-Sector Needs Assessment: Refugees and Host Communities." Preliminary findings October 2019.
30 ISCG (2019). "Gender Profile No.2: For Rohingya Refugee Response, Cox's Bazar, Bangladesh (as of March 2019)."

Women's leadership

The 2019 JRP Midterm Review found that only 12 per cent of camps include women in the representation

system. Targeted harassment, physical assault and sexual and gender-based violence against

women volunteers and staff has prompted women to restrict their mobility, often quitting volunteer positions. Individual women leaders, including women with disabilities, now represent almost half of formal or elected position in 4 out of 34 camps.[31]

There have also been reports of restrictions on independent women's groups who have been asked to seek permission or disband on particular grounds, while equivalent men's groups have not faced the same demands.[32]

31 Oxfam (2019). "Him-mot (Courage): Rohingya women as transformative leaders for women's rights in Bangladesh." Oxfam Gender Analysis on Women's Leadership. October 2019.

32 Women's Empowerment and Leadership Task Force (2019). "Guidance Note on Rohingya Women's Right to Self-Organise in Refugee Camps in Cox's Bazar." Gender in Humanitarian Action Working Group. ISCG. 23 June 2019.

Child protection and education

Fifty-five per cent of all refugees are under 18 years of age (340,800 girls; 342,500 boys). Only 1 per cent of girls compared with 9 per cent of boys aged 6 to 14 were reported to attend temporary learning centres in 2019 due to a prioritization of boys' education by families.[33] According to the most recent needs assessment:

• There is a 55 per cent drop in girls attending a temporary learning centre between the ages

of 12 to 14, as opposed to a 32 per cent drop for the boys for that same age range. Forty per cent of parents of adolescent girls reported that education was not appropriate for children of their age.[34]

• 40 per cent of females report that marriage is the key barrier, and 25 per cent that cultural reasons are the key barrier.[35]

34 ISCG (2019). "Gender Profile No.2: For Rohingya Refugee Response, Cox's Bazar, Bangladesh (as of March 2019)."

35 GIHA (2019). "Joint Multi-Sector Needs Assessment: Refugees and Host Communities." Preliminary findings October 2019.

33 Oxfam (2019). "Him-mot (Courage): Rohingya women as transformative leaders for women's rights in Bangladesh." Oxfam Gender Analysis on Women's Leadership. October 2019.

Benefits of action

A lack of funding results in ongoing needs that are unaddressed. The consequences of this gap in funding/programming for women and girls can be significant. A review of the evidence, presented below, highlights that the benefits of filling this gap far outweigh the costs, and there is a strong economic and moral imperative to ensure that women and girls receive the programming that they need.

The evidence on the benefits of action, presented herein, was entirely reliant on existing studies. Few impact studies have been conducted in Cox's Bazar, and hence the literature draws from the rest of Bangladesh, where a wealth of evidence on benefits of programming is available. The evidence is presented for each relevant sector for which it is available, and this is not always consistent across sectors.

GBV

The evidence base shows that the cost of domestic violence in Bangladesh is high, and that investing in women's autonomy and equality can reduce intimate partner violence (IPV). Further, behaviour change communication can significantly reduce violence.

A Care 2011 report estimates that, in Bangladesh, the cost of domestic violence is $2.3 billion, equivalent to 2.1 per cent of GDP. The total cost to a survivor and her family is $227 (US$, 2010), as compared with an annual income of $1,008. Costs include the

cost to the survivor and her family, namely medical and health support, legal advice and action, as well as loss of income and productivity; the cost to the perpetrator including fines, legal fees and imprisonment; cost to state and non-state actors including prevention and support services. [36]

A study using 2007 Bangladesh Demographic Health Survey Data found that gender inequities were

36 Care (2011). "Counting the Cost: The Price Society Pays for Violence against Women."

a significant predictor of IPV. Women who had a higher level of autonomy, a particularly high level of economic-decision-making autonomy, and a higher level of non-supportive attitudes towards wife beating or rape) were less likely to report having experienced IPV. Education level, age at marriage, and occupational discrepancy between spouses were also found to be significant predictors of IPV.[37]

A study in rural Bangladesh, where IPV is high and social norms are conservative, investigates a cash or food transfer, with or without intensive nutrition behaviour change communication (BCC). Using a randomized impact assessment, the study finds that 6 to 10 months after the programme, women who had received only transfers experienced no significant difference in any dimension of IPV relative to the control group. However, women who had received transfers with BCC experienced significantly less physical violence than either the transfer-only group or the control group. More specifically, women receiving transfers with BCC experienced 26 per cent less physical violence. Evidence on mechanisms suggests sustained effects of BCC on women's "threat points", men's social costs of violence and household well-being.[38] The community programme cost only $50 a year per person, on top of the cash/food costs. The food and cash transfers were substantial: about $19 a month for cash, or $228 annually.[39]

37 Rahman, Mosiur, Keiko Nakamura, Kaoruko Seino, Masashi Kizuki (2013). "Does Gender Inequity Increase the Risk of Intimate Partner Violence among Women? Evidence from a National Bangladeshi Sample." PLOS ONE 9(2): e91448.

38 Roy, S, M Hidrobo, J. Hoddinott, and A Ahmed (2018). "Transfers, Behavior Change Communication, and Intimate Partner Violence: Postpartum Evidence from Rural Bangladesh." The Review of Economics and Statistics, December 2019, 101(5): 1–13.

39 Matthews, Dylan. "How a $50-a-year nutrition programme cut domestic violence in Bangladesh." Vox. Published November 12th, 2018. https://www.vox.com/future-perfect/2018/11/12/18076728/cash-nutrition-counseling-bangaldeshi-study-domestic-violence

Sexual and reproductive health

A 2016 study by Copenhagen Consensus in collaboration with BRAC evaluates the costs and benefits of investment in sexual and reproductive health services in Bangladesh. The costs per year for family planning are estimated at TK 655 per year, and a complete essential package of services (including family planning, maternal health, child health, communicable diseases) is estimated at TK1290 per year. Benefits estimated include a reduction in infant mortality, maternal mortality, and improved education outcomes. The study estimated a benefit cost ratio (BCR) of 1.2 to 4.5 depending on discount rate from investing in sexual and reproductive health.[40]

A 2011 study on the cost of adolescent pregnancy[41] analysed data for 14 countries, including Bangladesh, and estimated the loss in potential earnings due to lower educational attainment as a result of adolescent pregnancy (girls aged 15 to 24). The estimates do not include the costs incurred to women and child health, psychosocial effects, etc. The cost of adolescent pregnancy as a share of GDP in Bangladesh was estimated at 11 per cent (the cost across all 14 countries ranged between 1 per cent and 30 per cent).

40 Ahsanuzzaman (2016). "Benefits and Costs of Sexual and Reproductive Health for Bangladesh." Copenhagen Consensus Center, Bangladesh Priorities project .

41 Chaaban, J and W Cunningham (2011). "Measuring the Economic Gain of Investing in Girls: The Girl Effect Dividend." The World Bank.

Maternal health

The Sexual and Reproductive Health Working Group is coordinated by UNFPA and includes more than 50 partners. Attainment of the 2020 JRP target of > 65 per cent of deliveries occurring in health facilities assisted by a skilled attendant will require considerable effort but as of now the reported number of facility based deliveries is 46.5 per cent (Community Health Workers (CHW) Working Group, Dec 2019), which is a considerable increase from 35 per cent as was reported in the JRP 2019 Mid Term review. UNFPA supported health facilities have contributed to 43 per cent of the facility based deliveries that was reported to the SRH Working Group (SRH WG database 2019). Data from the Sexual and Reproductive

Health Working Group data collection tools, which captures new versus repeat family planning visits, suggests that there has been an overall increase in all family planning visits in 2019. The Sexual and Reproductive Health Working Group also strives to reduce avoidable maternal mortality and 100 per cent of all the reported maternal mortalities to the Working Group in 2019 were investigated within 48 hours.

A 2016 study by Population Council[42] evaluated a voucher programme for pregnant women to receive free antenatal, delivery and postpartum care services as well as free medicine, with financial assistance provided for transportation. Deliveries with skilled service providers were financially incentivized and providers were reimbursed for their services from a special fund.

The study found that the voucher programme had a statistically significant impact:

- Attendance for four or more antenatal visits increased by 21.8 percentage points in high

performing voucher upazilas, compared with 14.6 in control upazilas (a difference in difference of 7.2 percentage points).
- Increase in the facility-based deliveries in high performing voucher was greater than the increase in control upazilas, with the difference in difference estimate of 7.2 percentage points.
- Use of postnatal services were increased remarkably by 50.9 percentage points in high performing voucher upazilas, whereas 37.1 percentage points in control upazilas (DFID estimates of 13.8).

The cost of integrating group antenatal care as a mechanism to improve health care utilization among pregnant women is estimated at $50.7 per beneficiary.[43] A study that evaluated the use of women's participatory groups for health outcomes found that the cost of the women's group per neonatal death averted was $19,810 (US$ $, 2011), and cost per neonatal year of life lost averted was $650.[44]

42 Talukder, M.N., U. Rob, S.A.J.M. Musa, A. Bajracharya, K.T. Keya, F.R. Noor, E. Jahan, M.I. Hossain, J. Saha, B. Bellows (2014). "Evaluation of the Impact of the Voucher Programme for Improving Maternal Health Behavior and Status in Bangladesh." Dhaka: Population Council.

43 Sultana, M, R Mahmud, N Ali, S Ahmed, Z Islam, J Khan, and A Sarker (2017). "Cost of Introducing Group Prenatal Care in Bangladesh: A supply side perspective." Safety in Health (2017) 3:8.

44 Prost, A, et al (2013). "Women's Groups Practicing Participatory Learning and Action to Improve Maternal and Newborn Health in Low-Resource Settings: A systematic review and meta-analysis." Lancet 2013; 381: 1736–46.

Nutrition

A 2013 paper by Hoddinott et al[45] outlines the economic rationale for investing in nutrition globally. The study estimates costs for a package of nutrition interventions, including community based nutrition programmes (breastfeeding, handwashing, etc.),

nutrient supplementation, management of severe acute malnutrition, deworming, etc. The study estimates the cost per child for this full package of interventions in Bangladesh at $97 per child. The study then uses evidence on the direct impacts of stunting in early life on later life outcomes, in terms of schooling, earnings, health and consumption. The study estimates a BCR of $18:1 for Bangladesh.

45 Hoddinott, J, H Alderman, J Behrman, L Haddad, and S Horton. (2013). "The Economic Rationale for Investing in Stunting Reduction." Maternal and Child Nutrition (2013), 9 (Suppl. 2), pp. 69–82.

Women's economic empowerment

The BALIKA (Bangladeshi Association for Life skills, Income and Knowledge for Adolescents: Generating Evidence to Delay Marriage in Bangladesh) project design offered three distinct types of skills training to girls aged 12 to 18 who are at high risk of child marriage and live in the highest child marriage areas in Bangladesh. This paper explores marriage

related outcomes from a four arm randomized controlled trial offering skills training to around 9,000 adolescent girls aged 12 to 18 at 72 village centres (also known as safe spaces) across three districts of Bangladesh. Participants in the three arms met regularly in a safe space to learn basic life skills. A 2016 study of the BALIKA programme demonstrates

that programmes that educate girls, build their skills for modern livelihoods and engage their communities can reduce the likelihood of child marriage by one third and produce better health, educational and social outcomes for girls.[46]

46 Ahmed, J, S Amin and J Saha (2016). "Impact of adolescent's skills building programmes on child marriage in Bangladesh." Population Council.

Education

A BRAC model for reaching out-of-school children offers allowances to children to attend school, with one teacher and one classroom. The cost per BRAC school is $84 per completer compared with $246 for government schools.[47]

A clustered randomized trial in Bangladesh examines alternative strategies to reduce child marriage and teenage childbearing and increase girls' education. Girls in treatment communities received either i) a six-month empowerment programme, ii) a financial incentive to delay marriage, or iii) empowerment plus incentive. Data from 15,464 girls, from 4 to 5 after programme completion, show the following: The conditional incentive translates into 6.3 years of delayed marriage, 1.4 averted child marriages, and 4.3 years of schooling for every $1,000 invested by the implementer, generating $1,078 in Net Present Value for every $1,000 spent (costs to implementer and beneficiary), with a benefit to cost ration of 2.08. The empowerment programme translates into 4.3 years of schooling for every $1,000 invested by the implementer, generating $954 in Net Present Value for every $1,000 spent (costs to implementer and beneficiary), with a BCR of 1.95.[48]

The Bangladesh Female Secondary School Assistance Programme paid a small stipend to eligible girls conditional on their enrollment in school. Evaluations of the programme find significant effects on education and age of marriage. A Copenhagen Consensus review of the programme estimates a BCR of between 3.4 and 3.7.[49]

47 Dang, H, L Sarr, N Asadullah (2011). "School Access, Resources, and Learning Outcomes: Evidence from a Non-Formal School Programme in Bangladesh." Institute for the Study of Labor/World Bank.

48 Buchmann, N, E Field, R Glennerster, S Nazneen, S Pimkina and I Sen (2018). "Power vs Money: Alternative Approaches to Reducing Child Marriage in Bangladesh, a Randomized Control Trial."

49 Field, E, R Glennerster, N Buchmann, K Murphy (2016). "Cost Benefit Analysis of Strategies to Reduce Child Marriage in Bangladesh." Copenhagen Consensus.

Child protection

In collaboration with Save the Children (USA), a large clustered randomized trial examined a conditional stipend programme. Cooking oil was distributed to unmarried girls aged 15 through 17 (the equivalent of roughly $16 per girl per year), as an offset to the financial cost of higher dowry associated with marrying at an older age. Girls who participated in the programme were 21 to 30 per cent less likely to marry under age 16 and 19 to 22 per cent more likely to be in school. The study estimates a benefit to cost ratio of $3.5:1.[50]

A 2019 randomized control trial (RCT) delivered 25 sessions to women at community clinics in Bangladesh with information on how to support their child's development. The study found significant improvement in children's cognition, language and motor skills.[51]

50 Field, E, R Glennerster, N Buchmann, K Murphy (2016). "Cost Benefit Analysis of Strategies to Reduce Child Marriage in Bangladesh." Copenhagen Consensus.

51 Hamadani, J, S Mehrin, F Tofail, M Hasan, S Huda, H Baker-Henningham, D Ridout, S Grantham-McGregor (2019). "Integrating an early childhood development programme into Bangladeshi primary health-care services: an open-label, cluster-randomized controlled trial." Lancet Global Health 2019; 7: e366–75.

Photo: Nurnahar, 35, attends a sewing class at the Women's Centre in Balukhali camp in March 2018 in Cox's Bazar, Bangladesh. © UN Women/Allison Joyce.

Summary: Benefits of action

Types of Programming	Gap in Impact	Evidence on the Benefits of Action
Gender-based violence (GBV)	• 74% of the GBV incidents reported were by intimate partners. The majority of cases were physical assault, and GBV happened most frequently at the survivor's residence. • 84% of females report that the Majhi is the first point of contact if they need to refer an assault case (legal aid providers, police and security, and health centers all report below 10%).	• Cash/food with nutrition behaviour change communication reduces intimate partner violence by 26%. The community programme cost only $50 a year per person, on top of the cash/food costs. The food and cash transfers were substantial: about $19 a month for cash, or $228 annually. • In Bangladesh, the cost of domestic violence is $2.3 billion, equivalent to 2.1% of GDP. The total cost to a survivor and her family is $227 (US$, 2010), as compared with an annual income of $1,008. • Women who had a higher level of autonomy, a particularly high level of economic-decision-making autonomy, and a higher level of non-supportive attitudes towards wife beating or rape were less likely to report having experienced IPV. Education level, age at marriage and occupational discrepancy between spouses were also found to be significant predictors of IPV.

Sexual and reproductive health	• Only 27% of women report directly receiving menstrual hygiene items at a distribution site in the last 12 months • 86% of currently married women had heard of at least one method of family planning but the contraceptive prevalence rate (CPR) was only about 34%. • Injection (70.5%) and oral contraceptives (28.9%) were the two most popular family planning methods reported by current contraceptive users.	The costs per year for family planning are estimated at TK 655 per year, and TK 1290 for a complete EPS (essential package of services, including family planning, maternal health, child health, communicable diseases) BCR of 1.2 to 4.5 depending on discount rate.
Maternal health	61% of households report that pregnant women are enrolled in an antenatal care programme	• The reported number of facility based deliveries is 46.5% CHW Working Group, Dec 2019, which is a considerable increase from 35% as was reported in the JRP 2019 Mid Term Review. UNFPA-supported health facilities have contributed to 43% of the facility- based deliveries that was reported to the SRH Working Group (SRH WG database 2019). • Data from the SRH Working Group data collection tools, which captures new versus repeat family planning visits, suggests that there has been an overall increase in all family planning visits in 2019. • The SRH Working Group also strives to reduce avoidable maternal mortality and 100% of all maternal mortalities reported to the SRH Working Group in 2019 were investigated within 48 hours. • Population Council study of vouchers for pregnant women showed attendance for four or more antenatal care visits increased by 21.8% compared to 14.6% in control (an increase of 7.2%); increase of 7.2% in facility based deliveries; use of postnatal care increase by 50.9% compared with 37.1 in control. • Cost of introducing group prenatal care in Bangladesh is $50.7 per beneficiary. • The cost of women's group per neonatal death averted is $19,810 (US$, 2011) and the cost per neonatal year of life lost averted is $650.
Nutrition	No data provided	The study by Hoddinott et al estimates costs for a package of nutrition interventions, including community-based nutrition programmes (breastfeeding, handwashing, etc.), nutrient supplementation, management of severe acute malnutrition, deworming, etc. Cost of a package of interventions was $97 , with a BCR of 18:1 for Bangladesh.

Women's economic empowerment/ livelihoods	• Only 2% of adult women reported having worked for an income compared with 38% of adult men in the month of May 2019. • Only 31% of married women and 15% of unmarried women report that they can go to the local market on their own – they majority can never go or have to be accompanied.	BALIKA results show that programmes that educate girls, build their skills for modern livelihoods, and engage their communities can reduce the likelihood of child marriage by one third and produce better health, educational and social outcomes for girls. Girls living in BALIKA communities were one third less likely to be married as children.
Education	• 55% drop in girls attending a temporary learning centre between the ages of 12 to 14, as opposed to a 32% drop for the boys for that same age range. • 40% of females report that marriage is the key barrier, and 25 per cent that cultural reasons are the key barrier.	• Reaching Out of School Children project: Allowances offered to children, one teacher with one classroom. Increased enrollment and test scores. Based on BRAC schools, which have shown to outperform public schools. Cost per BRAC school is $84 per completer compared with $246 for government schools. • A clustered randomized trial in Bangladesh examines alternative strategies to reduce child marriage and teenage childbearing and increase girls' education. The conditional incentive translates into 6.3 years of delayed marriage, 1.4 averted child marriages, and 4.3 years of schooling for every $1,000 invested by the implementer, generating $1,078 in Net Present Value for every $1,000 spent (costs to implementer and beneficiary). BCR 2.08. The empowerment programme translates into 4.3 years of schooling for every $1,000 invested by the implementer, generating $954 in Net Present Value for every $1,000 spent (costs to implementer and beneficiary). BCR 1.95. • The Bangladesh Female Secondary School Assistance Programme paid a small stipend to eligible girls conditional on their enrollment in school. Evaluations of the programme find significant effects on education and age of marriage. A Copenhagen Consensus review of the programme estimates a BCR of between 3.4 and 3.7.
Life skills/ adolescent girls	No specific data provided	See women's empowerment and education studies.
Child protection	See education	See Balika study. A large RCT in Bangladesh distributed oil for four months to unmarried girls aged 15 to 17 and found that girls in the programme were 21-30% less likely to marry under age 16, and 19-22% more likely to be in school. BCR of 3.5. A 2019 RCT delivered 25 sessions to women at community clinics with information on how to support their child's development. Found significant improvement in children's cognition, language and motor skills.

4
KEY FINDINGS AND RECOMMENDATIONS

4.1
Summary of key findings

The following key findings are based on the data analysis, alongside extension consultation and review of relevant literature.

The amount of funding requested for women and girls has increased, but still falls short of the overall response. Of the total amount of funding requested under the 2018 JRP, 65 per cent had a tailored or targeted focus on women and girls; in 2019 this increased to 72 per cent. **While only 3.4 per cent (2018) and 1 per cent (2019) of total funding requested was for projects with a targeted focus on women and girls, there is a clear push from partners to ensure that gender is integrated**, and as a result it is hard to judge whether this low percentage is indicative of a lack of funding, or alternatively an increasing focus on integration. The majority of funding requested was for livelihoods, WASH health and food security projects, with GBV and health/sexual and reproductive health dominating projects that have a targeted focus on women and girls (though overall funding for these sectors is nonetheless low).

Further, coverage for programmes focused on women and girls is disproportionately underfunded compared with the overall response; coverage is lowest for targeted programmes. The 2018 JRP had a total requested amount of $950.8 million, and received $656 million in funding, equivalent to a coverage level of 69 per cent. By comparison, coverage for programmes with a targeted or tailored focus on women and girls was only 54 per cent. Funding for programmes targeting women and girls has the least coverage, with only 42 per cent of funding requested reported as funded, compared with coverage for tailored programmes estimated at 55 per cent. It is also worth noting that, while there is a gap in funding across all sectors, the JRP 2018 was designed to target all people in need, and the JRP review indicates that the vast majority of

people targeted were reached. This suggests that the average funding per person was much lower than that required (or that the funding requested was more than that required).

The Rohingya crisis is considered a protection crisis, and as such GBV has been a strong focus in the response. Still, according to FTS, GBV was 50.6 per cent funded under the 2018 JRP. According to the project documents submitted to the 2018 JRP, actors are working on case management, clinical management of rape, GBV awareness building, GBV capacity building for community members and service providers, GBV risk mitigation, building women friendly spaces (WFS) and providing psychosocial support. [52] Cookstoves and solar lights are being distributed to families, so women and girls no longer have to collect firewood in unsafe conditions. There are radio broadcasts being developed to spread information to women and children, as well as interactive popular theatre shows to raise awareness on issues such as child marriage, child labour and the risks of trafficking.[53] There are a number of women-led community centres and learning centres. Much is being done, but there are still significant gaps; increasing funding on prevention measures and addressing root causes are key for durable solutions.[54] Work on social norms change, as highlighted in the points that follow, is also a key gap.

The crisis has also been relatively well funded, and the focus on gender related issues is notable. The

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52 https://www.humanitarianresponse.info/en/operations/bangladesh/gender-based-violence-gbv
53 ISCG. "Situation Report Rohingya Refugee Crisis: Cox's Bazar, September 2019."
54 Dico-Young, Maria Theresa and Marie Toulemonde. "Gender Reflections: Two Years of the Rohingya Refugee Response (September 2019)" Gender Hub, Inter Sector Coordination Group.

presence of numerous working groups related to gender programming, coordination on gender responsive and GBV specific services, as well as the newly formed gender hub (described in Box 1), has made a notable difference in the discourse and capacity around gender focused programming. The influence of these working groups is undeniably having a positive effect on ensuring that gender equality and empowerment of women and girls is a strong focus on the response holding actors and leadership accountable to the Strategic Executive Group-endorsed gender equality commitments.

A number of important gaps in funding and consequently programming were highlighted through consultation as well as interagency monitoring reports, as follows:

• WASH: Despite significant investments in WASH facilities, access for women and girls is very low. Only 13 per cent of latrines are currently reported as being female only.[55] Women are therefore required to stand in line with men while waiting to use facilities, providing a significant cultural barrier to women actually accessing facilities. Even more so, significant security concerns at night mean that women and girls do not access facilities after dark. Many of the toilet facilities are without doors or bolts, and in some places, lighting has not been effective. The consequent safety risk leads community members, especially women and children, to resort to open defecation which, in turn, causes its own health and safety hazards. Inadequacies in WASH are responsible for a number of health problems among the Rohingyas living in camps, including diarrhoea, hepatitis, cholera and typhoid.[56]

• Along similar lines to WASH, women require the permission of their husband to access or deliver in a health facility. As a result, despite strong investment in maternal, sexual and reproductive health, uptake is limited due to sociocultural norms (for example 82 per cent of babies are delivered at home). A common theme running throughout is the lack of work to address social norms change and community and male engagement initiatives.

• A strong focus on GBV risks for women and girls has precluded men and boys who have also suffered from violence. While the focus of this project is on women and girls, the gap for men and boys was repeatedly mentioned as being of significant concern and is highly relevant where a wider remit of gender equality is considered.

• Child protection: The strong focus on GBV has meant that less attention has been devoted to other child protection issues such as child marriage and trafficking.

• There has been a lack of women's participation in camp and community leadership and decision-making structures, and women and adolescent girls' lack access to economic self-reliance and education opportunities.

• Other gaps mentioned were access to justice for GBV survivors, PSS and mental health programming, and culturally appropriate solutions addressing menstruation. Reaching adolescent girls, LGBTQI+ people, those who are HIV positive, the elderly and the disabled were also mentioned as gaps.

Various structural challenges make Cox's Bazar a difficult place to implement, irrespective of funding availability. First, the government pushes back against long-term solutions because it sees the Rohingya's presence as temporary and maintains a strong focus on repatriation. To this end, they have not encouraged or allowed programming that works on formal education, economic empowerment, livelihoods, life skills or cash transfers. In September 2019, mobile services in the camps were cut, and all aid workers must now leave the camps by-5:00 pm, heightening security risks after dark with a decreased presence of international agencies. Funding is restricted to short-term funding (both by the authorities but also within donor budgets; several donors mentioned that they are just shifting to "multi-annual" packages of support) which means that key programmes for women and girls suffer, particularly ones addressing social norms change that need long-term funding to show results.

Second, the camps are very densely populated, which can make service delivery a challenge. It also means that, though updated infrastructure is sorely needed, it can be difficult to find the space to build new structures.

Third, Rohingya culture is very conservative, as is the host population of Cox's Bazar. The Rohingya

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55 "Joint Response Plan for Rohingya Humanitarian Crisis: Mid-Term Review, January-June 2019." Strategic Executive Group (IOM and UNHCR).

56 Banerjee, S (2019) "The Rohingya Crisis: A Health Situation Analysis of Refugee Camps in Bangladesh", Observer Research Foundation, Special Report No. 91.

have a different conception of dignity and it takes time, creativity and anthropological nuance to design interventions that are culturally sensitive and thus maximize impact. For the Rohingya, dignity centres on community and economic self-reliance. An individual's dignity depends on the entire community's dignity, and the burden of upholding the dignity mostly falls on the shoulders of women and girls. "Rohingya men are dignified when Rohingya women can uphold purdah, and Rohingya women are dignified when Rohingya men can [financially] support their families."[57] Dignity also rests in their ability to practice their religion without fear of persecution. By staying at home and covering her body, a woman can show respect for the religion and also demonstrate to the community that her husband is able to care for her without her needing to leave the house.

Gender segregation brings about its own set of challenges: to work with women and girls, organizations must have female staff, ideally local female staff who speak Chittagonian since it is the most similar to the Rohingya language. Men can be resistant to female staff and programmes that empower women and shift traditional gender roles. The host community is also increasingly wary of female NGO workers, with some local men refusing to marry women who have worked in the camps.[58] Organizations expressed difficulty finding staff and accessing resources to properly train staff and volunteers. Funding for capacity building and technical know-how were limited since it is assumed that organizations should already have this; organizations that had gender-focused teams or gender focal points were better able to implement GEEWG programming.

Social norms and behaviour change programming is significantly lacking. Not seen as "life-saving", this type of programming falls outside of a traditional humanitarian remit. And yet, a lack of funding for social norms change is fundamentally preventing the effective delivery of basic services. Despite relatively strong levels of funding for service delivery, women are not accessing services due to cultural and social norms, as highlighted above. Funding for social norms change is lacking – this type of programming requires time, investment and multi-year humanitarian funding, and results are slow to materialize. A focus on short-term, demonstrable impact in what is still an emergency response particularly affects gender programming, which tends to be more qualitative and relies heavily on trained staff, with higher administrative costs. Prevention work, particularly around addressing harmful social norms, takes a long time and while there are several evaluated programmes that have successfully addressed harmful social norms in a development context, such evidence is lacking for the humanitarian context. Therefore, any investment in such work in the Rohingya crisis will be an investment in contributing to the global and regional evidence base and will require a different skill set and expertise of staffing and programming duration.

The response is now transitioning from the emergency stage and actors are beginning to think more strategically with a greater focus on more sustainable and durable solutions. Relating specifically to gender funding, there are ongoing pilot projects to design more gender-sensitive latrines, and there have also been efforts to comprehensively retrain local organizations on PSS for higher quality delivery. As the crisis transitions however, many expressed uncertainties about the future and concern over decreasing funding.

The benefits of action far outweigh the costs. A review of the evidence for Bangladesh clearly indicates a strong return on investment for programmes that target women and girls. Programming across the full range of types of interventions where impact assessment exist – GBV, health, life skills and education – clearly deliver more benefit than they cost. Even more so, the cost of inaction could be exceptionally high – for the Government of Bangladesh, the donor community, humanitarian and development organizations and especially the affected population. For example, the cost of inaction on gender-responsive latrines, or women's access to health care, in such a densely populated area, runs the risk of triggering a public health emergency that could have far-reaching consequences.

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57 Holloway, Kerrie and Lilianne Fan (2018). "Dignity and the displaced Rohingya in Bangladesh." Humanitarian Policy Group, Working Paper, p.7.

58 "What Matters? Humanitarian Feedback Bulletin on Rohingya Response." BBC Media Action and Translators Without Borders Issue 29, October 10th, 2019.

4.2
Recommendations

Increase investment to close the funding gap on programming for women and girls. The response in Bangladesh has made clear progress in integrating women and girls more explicitly across the humanitarian response plan. However, the data presented indicates a funding gap for tailored and targeted programmes for women and girls. The consequence is insufficient services, including life-saving services, to meet the needs of women and girls. The underfinancing of interventions for women and girls is a barrier for GEEWG in humanitarian crises. From a gender equality perspective, there is also a clear and urgent need to address violence against men and boys, which has been significantly overlooked in the response.

Expand the types of programming for women and girls that fit under a humanitarian mandate. This expansion is critical to build durable solutions as part of the Humanitarian Reform Agenda, and to bridge the humanitarian-development divide. More specifically, programming should be expanded as follows:

- **Gender transformative programming should receive significant investment.** Gender transformative work is fundamentally reliant on transforming the norms and behaviours that maintain gender roles, and yet social norms work is one of the least funded areas. While these types of activities are not seen as "life-saving" and fall well outside a short term humanitarian remit, a lack of funding in this space is directly affecting the ability of women and girls to access basic services.
- **Programming that intentionally targets women and girls in the design or decision making around humanitarian response should receive significantly more investment.** The data presented above clearly indicate progress in funding towards programming for women and girls. However, there was next to no indication of women and girls being intentionally included in the design or decision-making processes that underpin projects. Support to women's self-mobilised and self-organized networks and grassroots groups, as well as local women's rights organizations, for their joint actions,

advocacy and activities through these should also be supported including for roll-out of education, awareness raising and services, as well as efforts to strengthen accountability mechanisms including for GBV.

- **Invest in local women's organizations.** Not only are these organizations consistently underfunded, but their role in the response has been seen as one of service delivery. These organizations should be explicitly leading on programme design and delivery, through the humanitarian response.

Strengthen the GAM and use audited data for programming, advocacy and transparency. The IASC GAM has been developed, reiterated, and is gaining ground in its consistent use across humanitarian appeals. However, there is significant confusion around what the GAM score indicates. In part, this is because the old Gender Marker focused very much on whether a project had "a significant or principal focus on gender equality". Hence it was interpreted very much as a gender score. However, the newly redesigned GAM introduced a new mechanism entirely. Its intention is to ensure that any project considers gender and age groups in its design and implementation. This means that a project that is designed entirely for strengthening livelihoods for young males can achieve the highest score.

Ongoing auditing of GAM scores will be essential to have a more accurate picture of funding flows to women and girls, alongside continued strengthening and capacity building for organizations to use the tool effectively.

Consultation feedback was consistent that new tracking mechanisms should not be introduced; existing mechanisms need to be adjusted to be fit for purpose. Along similar lines, consultation feedback was clear that tracking mechanisms should not result in more earmarking or segregation of project activities, as this is directly counter to Grand Bargain principles and effective programming. Feedback was consistent across the board that humanitarian actors are already stretched very thin with the range of reporting that is required of them, and therefore any new mechanism

for tracking would fall flat. The clear advice was to work with the existing GAM and other mechanisms to tailor data collection opportunities for tracking funding to women and girls.

Track funding alongside impact. As highlighted throughout this report, increased levels of funding need to be tracked alongside improved outcomes for women and girls. The analysis presented here analyses the degree to which programmes target or tailor activities to women and girls. The degree to which implementing organizations are actually able to realize these activities in the field can often fall short of their intended aims, and can also supersede their intentions. Therefore, ensuring that gains for women are actually realized is also key. Tracking the effectiveness of programming will depend on a gender equality results chain that includes a robust gender analysis, planning, identification of outcomes and indicators, and budget allocation, allocation; such tracking will be key for successful interventions.

Photo: Ayesha Khatun, 28, is seen in Balukhali camp in March 2018 in Cox's Bazar, Bangladesh.
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ANNEX A: CONSULTATIONS

Name	Organization
Nadira Islam	UN Women
Marie Sophie Sandberg Pettersson	UN Women
Mwajuma Msangi	UNFPA
Roselidah Raphael	UNFPA
Sarah Katherine Baird	UNFPA
Abdul Aziz	Jago Nari Unnayon Sangsta (JNUS)
Farzhana Yeronine	Jago Nari Unnayon Sangsta (JNUS)
Nazmul Haque	Bondhu Welfare Society
Ranjit Roy	MUKTI
AFM Rezaul Kasun	Prantic Unnayan Society (PRANTIC)
Tess (Maria Teresa Dico Young)	Gender Hub - UN Women
Marie Toulemonde	Gender Hub - UN Women
Mohammed Mizanur Rahman	Refugee Relief and Repatriation Commissioner (RRRC)
Abu Toha MRH Bhuiyan	RRRC
Catherine Bean	UNFPA Consultant
Ruth Mutua	CARE
Simon Girmaw	UNHCR
Kaniz Zinath	Relief International
Ershad Ali	Gana Unnayan Kendra (GUK)
Sangjueta Dewan	Relief International
Kasi Shahin Akhtoz	DanChurAid (DCA)
Falguni Rani Das	CARE
Megan Denise Smith	International Organization for Migration
Shaheda Khatun Dali	ActionAidBangladesh (AAB)
Shahnaj Parin	ActionAidBangladesh (AAB)
Sarah Baird	UNFPA

Richa Silvia Biwas	UNICEF
Jacquelyne Wanja	World Vision
Ruth Kimaalhi	World Vision
Girium T Beyene	GBV SS (UNFPA)
Sophie Kavimi	International Rescue Committee (IRC)
Marco Menestrina	European Civil Protection and Humanitarian Aid Operations (ECHO)
Anna Pelosi	UNHCR
Malika Budanaeva	Food and Agriculture Organization of the United Nations
Chissey Mueller	International Office for Migration
Diana Garfe	Health Sector/SRH World Health Organization
Anne Achieng	Health Sector/SRH World Health Organization
Mahtabul Hakim	UNDP
Kate Gunn	BBC Media Action
Petra Weissengruber	DanChurAid (DCA)
Asma Naregis	OXFAM
Shahanoor Akter Chowdhury	Save the Children
Amelie Squercioni	Handicap International
Maya Baulas	Terre des Hommes
Julie Bouvier	Terre des Hommes
Tazin Akter	Helvetas
Mohammed Abdus Salam	Building Resources Across Communities (BRAC)
Thomas Saliou	Terre des Hommes
Paul O'Hagan	United Kingdom Department for International Development (DFID)
Golam Rasul	Save the Children
Golam Mothabbir	Save the Children
Firuza Fazilova	UNFPA Consultant
Caroline Nahegura	International Organization for Migration

Raiyan Kabir	ASRH
Dr. Mohseua	QAO, Hope Foundation *Incomplete attribution*
Saimun Farhara	Hope Foundation
Nasrin Akter Romi	International Rescue Committee (IRC)
Margo Baars	Inter-Sector Coordination Group (ISCG)
Shoko Ishikawa	UN Women
Asa Torkelsson	UNFPA
Giorgi Gigauri	International Organization for Migration
Vincent Koch	OXFAM
Mahmuda Sultana	OXFAM
Mita Rani Roy	Action Contre la Faim (ACF)
Sharmin Apa	Action Aid
Farah Kabir	Action Aid
Nasheeba Salim	Asian Development Bank
Anna Guittet	Embassy of Sweden
Shoko Ishikawa	UN Women
Asa Torkelsson	UNFPA
Amy Sheridan	Australian High Commission
Arash Irangaleb Tehrani	Canadian High Commission
Zarin Zeba Khan	Canadian High Commission
Alexandra Bayfield	United Kingdom Department for International Development (DFID)