

Addressing GBV & health through integrated outreach

Cox's Bazar, Bangladesh

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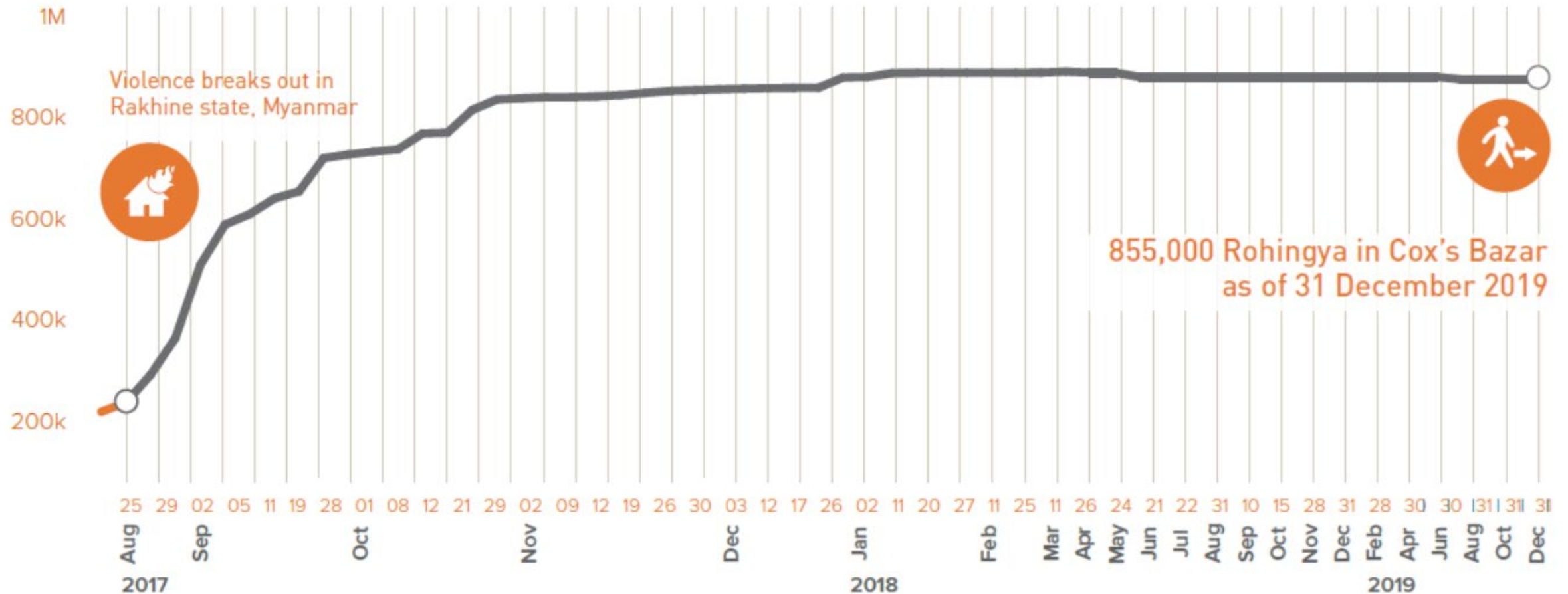
Donors: UNICEF, UNFPA, The German Ministry of Foreign Affairs, ADH, GSK, DFAT, and the Novo Foundation



Photo: CARE Bangladesh, Cox's Bazaar, 2020

History of Influx

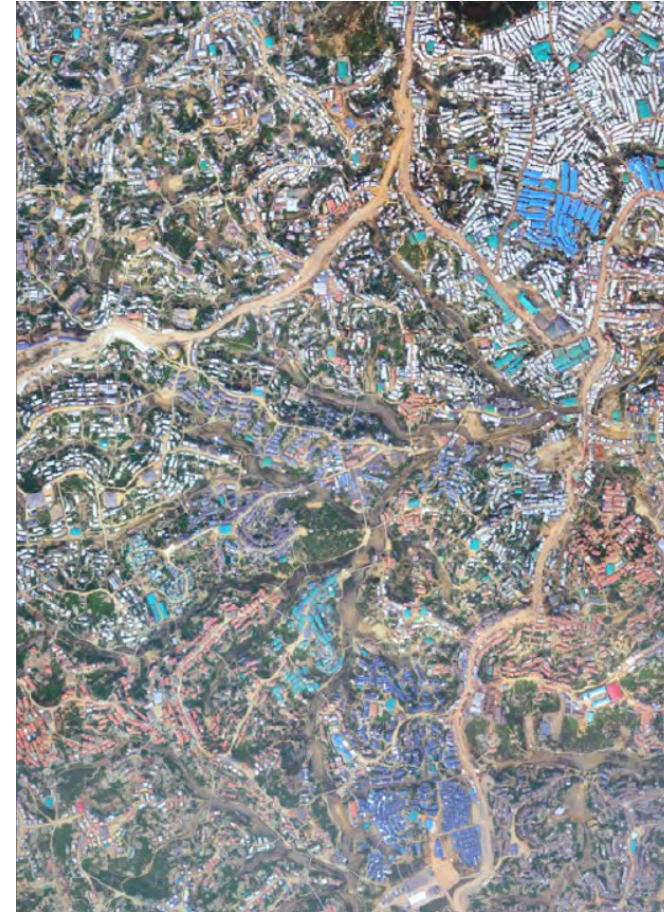
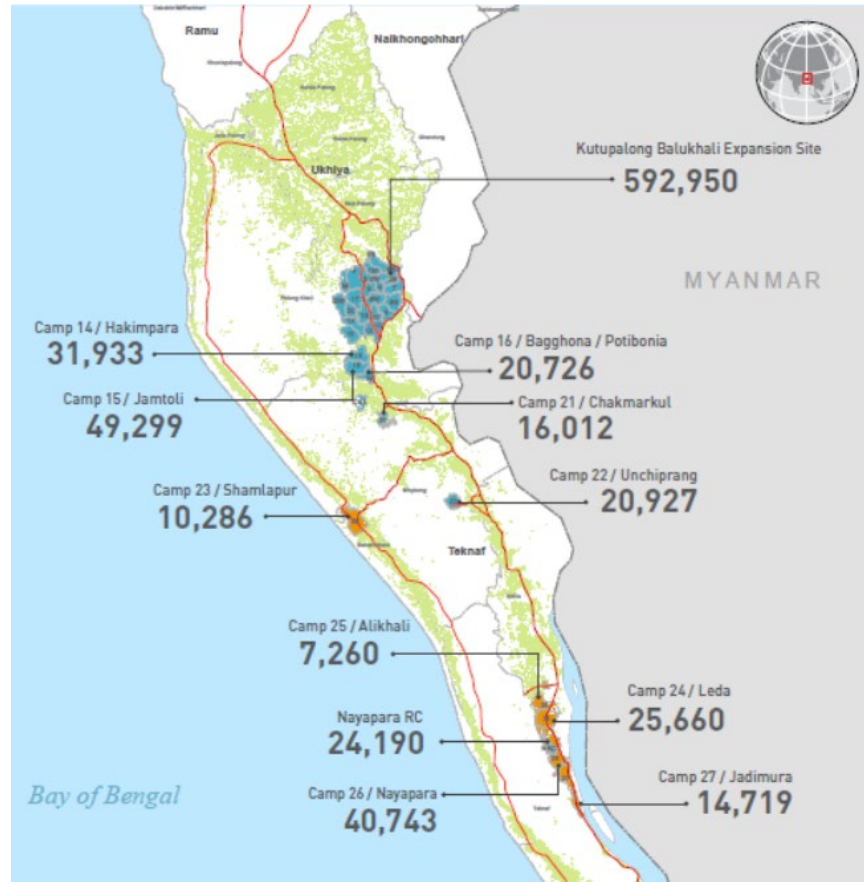
Figure 1: Rohingya influx from August 2017 to December 2019



Source: 2020 Joint Response Plan Rohingya Humanitarian Crisis

Cox's Bazaar Rohingya Population

(Dec 31 2019)



Most population dense humanitarian response

Understanding Population Needs

Rapid Gender Analyses:

- Extreme rates of sexual violence, physical assault, and mutilation during the influx (among women and men)
- Rape against women used as a weapon in the conflict

Formative assessments and site assessments, FGDs highlighted:

- **Little knowledge** of health services
- **Limited mobility** of women and girls
- **Negative coping behaviors:** IPV, child/forced marriage, trafficking, sexual violence

Design of Humanitarian Response

- Core Humanitarian Standards
- Minimum Initial Service Package
- IASC Gender Handbook in Humanitarian Action

Issues highlighted from analyses:

- Patriarchal notions of **gender roles and male control over women** influence women's access to services and care
- Deep stigmatization around FP and IPV
- Population historically excluded from services

Services provided include:

- Primary health care
- Immunization
- Psychosocial support for GBV
- Antenatal care
- Postnatal care
- Family planning
- STI treatment
- Menstrual health
- Referral for GBV

Community and Household Engagement

- [2013 Lancet Series on Bangladesh](#): community engagement essential to uptake of FP and child health programs across Bangladesh

Outreach services at sub-block level: These activities are conducted by host community organizers and Rohingya volunteers.

- **Courtyard sessions** – aim to cover all households in assigned blocks each month for discussions on gender, SRH, GBV and for awareness on where to seek care and services. Sessions are delivered by host community organizers and Rohingya volunteers.
- **Community outreach groups** –group discussions at sub-block with men, women, and adolescents.
- **SRH outreach group** – conducted per mobile outreach spot and includes community leaders such as majhis to encourage acceptance of females seeking services for GBV and SRH.
- **Household visits** –Rohingya volunteers cover 100-400 households per month with host community organizers to discuss integrated messages.

CARE offers GBV and health services through:

- **4 health posts**
- **12 women and girls' safe spaces**
- **mobile outreach**

Key Topics for Group Sessions and Household Visits

- Family planning
- Menstrual hygiene management
- Types of GBV/causes/consequences
- Counseling, mental health, and psychosocial support
- Early marriage
- Polygamy
- Dowry
- Drug addiction
- Dengue
- Trafficking
- Coronavirus
- Communication/feedback mechanism with persons with disabilities
- Women and Girls Safe Spaces service information
- Referral pathways
- Child marriage
- Antenatal care
- Danger signs of pregnancy
- Safe delivery
- Birth planning
- Newborn care
- Breastfeeding
- Neonatal danger signs
- Newborn nutrition and feeding
- Handwashing
- Latrine use/hygiene practices
- Safe water

Outputs and monitoring mechanisms

Coverage of services:

- > 70,000 women through household outreach
- FP availability increased from short-term methods only to also include LARCs
- Health posts: 1000 health services/month, 70% for FP (half LARC)
- 70% of services are provided to women or girls
- 9,321 women with psychosocial support, with 25 cases monthly
- ANC services: 12% of users are adolescents
- mCPR improved to 35% from 30% (Cox's Bazar SRH Sub-sector)

Mechanisms for ongoing feedback

- Anonymous feedback mechanism
- Regular ongoing interactions with beneficiaries



Best Practices for Integration of Health/GBV

- **Standardized messaging** for household visits and community courtyard sessions on handwashing, healthy timing and spacing of pregnancy, gender, safety/ security.
- **Addressing harmful social and gender norms** in messaging, outreach and service delivery.
- **Participation and inclusion of affected populations:** Outreach teams consist of host community staff and volunteers for effective household outreach including to male leaders, rapport building, and messaging in acceptable language.
- **Functional integration:** As one management unit, health and GBV teams co-develop monthly workplans to identify sessions to deliver jointly at each platform



Visual flipbooks highlighting key messages for outreach teams

Adaptations for COVID-19



Photo: CARE Bangladesh, 2020

- CARE successfully advocated with the Govt of Bangladesh that GBV is an essential sector (health, WASH, food security), and prevented the closure of safe spaces for women and girls
- Community dialogues and group sessions on gender, GBV, and health continued with social distancing and mask protocols
- COVID-19 messages integrated into ongoing outreach messaging/ risk communication on GBV and health



Photo: CARE Bangladesh, 2020

Key Learnings

- Combining services through static centers and mobile outreach with community and household outreach is key to enable uptake for services for women and girls.
- Community interaction is key: using outreach models to address concerns and answer questions improves community acceptance of a wider range of services to meet women's health needs.
- Centering the needs of women and girls remains critical
- Enabling environment: Advocacy with Government of Bangladesh for access to LARCs among Rohingya refugees and service provision

Resources on CARE's Work in Cox's Bazaar

- [Full case study on SRH/GBV Integration in CxB](#)
- [Learning brief from case study](#)
- [2020 CARE rapid gender analysis on COVID-19 in CxB](#)
- [Rapid Gender Analysis Highlights Related to Health](#)
- [Rapid Gender Analyses on COVID-19](#)
- [CARE's COVID Health Capacity Statement](#)
- [She Told Us So: Closing the Data Gaps to Build Back Equal](#)
- [Adolescents and COVID-19 Report](#)
- [Rapid Gender Analysis Toolkit](#)
- [2013 Lancet Series on Bangladesh](#)

For more information, please write to shefa.sikder@care.org

Thank you!



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75 YEARS

Annex

Host Community Programming for Health & GBV

- Capacity Building for training on the Minimum Initial Service Package for health services and post-GBV Care
- GBV help desks at sub-district health centers in Cox's Bazar
- **21,119** individuals reached from Host Community on programming



Photo: CARE Bangladesh, 2020