Project Summery

**Achieving Universal Access to SRHR in Host Communities of Cox’s Bazar Project**

**Project Rational:**

## Pre-existing Challenges in SRHR and GBV in Bangladesh

Bangladesh has experienced many public health successes since its independence in 1971, of which, two very critical successes in the domain of Sexual Reproductive Health and Rights (SRHR) are the reductions in maternal mortality and child mortality over the last two decades. Despite these, women in Bangladesh continue to experience gender inequalities and poor SRHR status. Early marriages followed by teenage pregnancy, widespread gender-based violence, inadequate care during pregnancy and childbirth, poor access to family planning continue to be hindrances in female’s attainment of comprehensive and rights-based sexual and reproductive health services in Bangladesh. It is important to highlight that both supply-side factors and demand-side factors are contributing to the poor SRHR status among Bangladeshi females.

As a country, Bangladesh faces significant geographic inequalities in addition to inequities in the quality of health services available; this possibly arises due to geographical remoteness of some places (e.g., isolated islands, hill tracts, *haor, chor,*  etc); differences in the capacity and quality of local governance and stewardship regarding matters of health; skewed political interest in certain geographic areas, as well as differences in presence of parallel health service supplies from private and NGO partners. The inequality in population demand or uptake for health services potentially arises due to differences in socio-economic status (education and income status) across the different districts, as well as socio-cultural practices such as more aggressively patriarchal and conservative societies are likely to prevent women from autonomously seeking out-of-home services such as health services.

These aforementioned issues lead to significant inequalities and inequities in maternal morbidity and mortality and poor sexual and reproductive health status of females of Bangladesh, with a specifically high prevalence among the poorest and most marginalized communities.

## Additional Crisis: Rohingya Influx of August 2017

## On top of its developmental challenges, Bangladesh is currently experiencing a magnanimous refugee hosting crisis since August 2017. Targeted violence against Rohingya communities in Rakhine State, Myanmar, resulted in an unprecedented level of exodus of Rohingya refugees into the Cox’s Bazar district of Bangladesh since 25 August 2017, described as the “fastest growing humanitarian crisis in the world”. Cox’s Bazar is hosting about 700,000 displaced Myanmar nationals as a humanitarian response. The Kutupalong Balukhali expansion site is the primary arrival destination for the majority of new arrivals, making it the largest and most densely populated refugee camp in the world. Many of these refugees are now residing within settlements in Ukhiya and Teknaf Upazilas of Cox’s Bazar district, which has placed an immense strain on the pre-existing infrastructure, health and water services - all of which have been extended to the refugees by the district. This huge number of additional population has created an increased demand on the already fragile and poor quality of SRHR and Maternal, Neonatal, Child and Adolescent Health (MNCAH) services provided by the public facilities. The speed and scale of the Rohingya influx has led to an unprecedented humanitarian emergency. Even after nine months have passed since the outbreak of the most recent influx, there seems no imminent end to this crisis in sight and the needs of the population are still overwhelming, with space, resources, and existing infrastructure under immense pressure, creating a dire humanitarian situation. The proneness of those areas resided by the Rohingya refugees and host communities to severe natural disasters such as cyclones and landslides adds to concern over their lives and dignity, increasingly.

## Impact of the Rohingya Influx on the Host Communities of Bangladesh

Even though Ukhiya and Teknaf are obviously proximal host communitieshaving to shoulder the overwhelming number of beneficiaries (locals and refugees); the rest of the districts of Cox's Bazar, and specifically Upazilas such as Moheskhali and Kutubdia are also impacted by the Rohingya influx, albeit in a more indirect manner, and as such we have defined the entire district of Cox’s Bazar as “Host Communities” for the purpose of this project.

## Gender-based Violence in the Host Community of Cox’s Bazar

Gender-based violence (GBV) is a global phenomenon that exists beyond cultural, geographical, religious, social and economic contexts. It is one of the most prevalent and worst forms of human rights violations in the world, which undermines the health, safety and dignity of its survivors. The incidence of GBV is alarmingly high in Bangladesh. According to the latest national Violence against Women (VAW) Survey conducted by the Bangladesh Bureau of Statistics in 2015, approximately 73 percent of ever-married women in Bangladesh have experienced some form of partner violence in their lifetime, and more than half (54.7 percent) have experienced violence in the last 12 months prior to the survey. In addition to intimate partner violence, women are also exposed to other kinds of violence that includes pregnant women’s deaths associated with violence and injuries, trafficking, rape and acid-throwing (BBS 2015). More specifically, prevalence of any physical or sexual violence among ever-married women by any partner is 52.4% in lifetime and 26.9% in last 12 months (BBS 2015). Among the never married women, 35 percent reported non-partner physical violence and 3 percent were exposed to sexual violence. Among the ever-married women, apart from physical violence, the most widely reported form of violence was the controlling behavior of the partner (55.4 percent). Preventing and responding to GBV is crucial not only for the well-being of the women and girls, but also for the effective implementation of the Sustainable Development Goals and overall development of any country.

An analysis of the prevalence of violence and the reasons cited for the acts of violence reveals a context where structured gender inequality and deep-rooted patriarchal socio-cultural norms shape the perceptions and behaviour of men and women in that society. These norms and perceptions condone and accept acts of violence against women for a range of reasons. Moreover, the absence of negative consequences for violent behaviour, results in young men and even boys, accepting these behaviours as the norm and perpetuating these practices as older adults (Heise 2011) thus often excusing and accepting GBV without questioning the impact that it has on the individual, the community and country or, on the men themselves.

Cox’s Bazar District is one of the most vulnerable districts in Bangladesh, with one out of three people living below poverty line. The vulnerability of host communities was further increased due to increased prices of commodities in local markets, reduced wages, greater competition for health and other services and natural resources, due to a high influx of refugees (2018 JRP for Rohingya Humanitarian Crisis). This vulnerability has led to an increase in stress levels at the household level and consequently, the importance of the protection of women and girls from GBV, particularly from intimate partner violence, has increased. Cox’s Bazar district is under Chittagong division. According to BBS VAW Survey 2015, 48% of ever-married women in Chittagong division experienced partner physical and/or sexual violence in life and 22% in last 12 months.

A recent Focus Group Discussion (FGD) by UNFPA staff in the existing two UNFPA supported Women Friendly Spaces (WFS) supported in the host community of Ukhiya and Teknaf in Cox’s Bazar revealed that most GBV disclosures are within the context of Intimate Partner Violence (IPV) including physical assault, emotional abuse, and denial of resources. Polygamy was also mentioned as a key issue for women where men are marrying Rohingya women to access the resources these women receive through rations as refugees. FGD findings indicate that most men are moving into the camp setting after taking a Rohingya wife. Other types of GBV mentioned include forced marriage and violence associated with dowry demand. Very few rape cases are reported as well as few cases involving child survivors. It was also identified that drug addiction is one of the contributing factors for GBV.

Most survivors who report are seeking legal action, therefore referrals are a significant aspect of service provision provided by case managers and case workers. There are some mental health cases in which women have developed mental health problems resulting from a long history of IPV. Suicidality is present in few women who report to the WFS.

Therefore, it is essential that appropriate services are made available to women and girls in the host community. Yet their needs remained largely unaddressed during the initial phase of the response. As a result, access to GBV prevention and other protection services by the host communities need to be addressed as part of UNFPA’s and other partners’ long term response. UNFPA seeks to ensure the availability of lifesaving GBV response services through the establishment of community and health facility based psychosocial and GBV case management, Women Friendly Police Help Desk (WHD) to be supported by this project.

In conjunction with ensuring access to GBV prevention, UNFPA seeks to introduce self-reliance building interventions that address the multiple causes and drivers of violence through risk reduction interventions. GBV risk mitigation approaches through community mobilization initiatives and awareness raising activities, as well as the provision of information and life skills, are vital. UNFPA seeks investment for community engagement and outreach programming in order to increase the uptake of life-saving GBV information and services by the women and adolescent girls in the host community. The greater awareness at the community level, the self-reliance, skills and opportunities will be strengthened which will help to sustain and prevent GBV in the longer term.

**Purpose of the Project:**

The overarching goal of this project is to provide equitable SRHR care and GBV response to host communities in Cox’s Bazar who are either directly or indirectly impacted by the Rohingya influx in Bangladesh.

**Ultimate outcome:**

 Improved sexual, reproductive health and rights of women in host communities in Cox's Bazar

**Intermediate Outcomes:**

 Improved prevention of and response mechanisms to Gender-based Violence among host communities of Cox's Bazar

**Immediate Outcomes:**

1. Improved accessibility to life saving GBV response services
2. Increased capacity of the community to engage in GBV prevention

**Project Duration**: January 2019- December 2021

**Project Districts: Cox’s Bazar District (Without Teknaf and Ukhia upazila)**

**Project Duration:**

November 2017 - December 2021

This project is aligned with the National Women’s Development Policy (2011) and will contribute to the accomplishment of key national development priorities of gender equality and women’s empowerment as emphasized in the 7th Five Year Plan (2016-2020) and the *National Action Plan to Prevent Violence against Women and Children* *(2013-2025)*.

It will also contribute to the achievement of several SDGs which includes Goal 5: Achieve Gender Equality and Empower all Women and Girls; Goal 10: Reduce Inequality within and Among Countries, and Goal 16: Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for all and Build Effective, Accountable and Inclusive Institutions at all Levels.

The target populations of this project are at risk of GBV, particularly women and girls who do not have access to multi-sectoral services as a result of poverty, social exclusion, statelessness, geographic distance, extreme weather conditions and lack of transport.

The will be implemented through National NGO who has previous experience as well as adequate capacity to work in collaboration with district health, police, women affairs and social welfare department on multi-sectoral referral services for addressing GBV.

Scope of work of the implementing partner and implementation modality has been detailed out in the terms of reference for more information.