



INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH AND GENDER-BASED VIOLENCE PROGRAMMING

Cox's Bazar, Bangladesh | LEARNING BRIEF

KEY FINDING: Combining services through static centers and mobile clinics with community and household outreach makes it possible to integrate GBV and SRH in a fragile context.

Context

CARE is implementing integrated sexual and reproductive health (SRH) and gender-based violence (GBV) programming in Cox's Bazar (CxB), Bangladesh, home to nearly a million refugees from Myanmar.

In October 2017, CARE conducted a rapid gender analysis in CxB, which highlighted the need for humanitarian response programming that is gender-responsive. A mid-term review conducted in September 2018 reflected on the opportunity for sectoral integration of SRH and GBV as a move towards holistic programming.

Since 2018, CARE has implemented:

- Static health services at four health posts in CxB;
- GBV case management at 12 women and girls' safe spaces;
- Household and sub-block level sensitization for awareness on service availability through 14 outreach teams; and
- Provision of basic health services at mobile outreach spots at the sub-block level.

Health posts, women and girls' safe spaces, and outreach teams provide:

- Family planning
- Antenatal care
- Postnatal care
- Psychosocial support for GBV
- STI treatment
- Menstrual health
- Immunization
- General treatment
- Referral to primary health centers for:
 - Safe delivery
 - Clinical management of rape
 - Menstrual regulation and post-MR care

These comprehensive service and demand-side components addressing individual, household, and community barriers to accessing services have enabled a gender-responsive, integrated approach to reach women and girls.

For more details on CARE's integrated SRH and GBV programming in CxB, see [the full case study](#).

Key Practices

Based on CARE's experience in CxB, we have identified the following practices as critical to success:

- **Multi-component, comprehensive approach:** In CxB, CARE's humanitarian response is centered on addressing supply-side and demand-side factors that affect uptake of SRH and GBV services, including activities at the individual, household, and community level to address gender norms and attitudes as well as myths and misconceptions around health and family planning practices.
- **Participatory inclusion of affected populations:** For effective household outreach, rapport building, and community harmony, it has been crucial to involve Rohingya volunteers within the camps and local women for host community programming. Volunteers work in teams with host community staff to connect with communities in a language understandable to beneficiaries and in a manner deemed acceptable by affected populations.
- **Standardized messaging:** Messaging for household visits and community courtyard sessions is limited to simple, accurate messages on topics ranging from handwashing and healthy timing and spacing of pregnancy to gender issues, GBV, and safety and security. The materials, messages, and job aids utilized by outreach teams have been standardized to ensure harmonization.
- **Supportive supervision:** To ensure delivery of key messages, supervisors conduct spot checks and volunteers submit daily pictorial reporting formats used to assess coverage of key interventions.
- **Risk mitigation:** To ensure security of outreach teams, household and outreach visits are always conducted in pairs, with a mix of male and female staff, with discussion with local leaders including *majhis*, and under the knowledge of site management committees.
- **Adaptive management:** As one management unit, the SRH and GBV teams meet on a monthly basis to discuss key content, challenges, and identify solutions to barriers faced. The teams co-develop monthly workplans to identify sessions that will be delivered jointly by their teams at each platform.

Applicability to COVID-19

Given the vulnerability of women and girls to adverse consequences during crisis, intentional integration of SRH/GBV services can comprehensively meet the needs of women and girls in both refugee camps and host communities. In the context of COVID-19, recommendations include:

- **Maintain continuity of SRH/GBV services**, which are currently recognized by the [Cox's Bazar Humanitarian Response](#) as essential services.
- As CARE's community outreach model is based on household visits by female volunteers, **integrate messaging on availability of services and knowledge on COVID-19**, as these channels are considered safe and accessible for women.
- Continue to track rumors and misconceptions by developing **targeted messages that address stigma** for outreach teams to use when engaging households.
- Ensure all women frontline workers have sufficient **information, services, and tools to protect themselves** and their families.

CARE is calling upon donors and governments to fund and prioritize sexual and reproductive health and gender-based violence services as essential services for women and girls, in line with the Minimum Initial Service Package (MISP).

For more information on CARE's SRH/GBV work in CxB, see [the full case study](#) or contact Shefa Sikder (shefa.sikder@care.org).