Evaluation of the GBV Response among the Rohingya Refugees in Bangladesh

Julie Lubisi

UNMC College of Public Health Department of Health Promotion

HOPE Foundation
For Women & Children of Bangladesh

UNMC COLLEGE OF PUBLIC HEALTH

Disclosures

Our project was funded by the Suzanne and Ward Chambers Global Health Fellowship.

We do not have any conflict of interest in relation to this presentation.

HOPE Foundation
For Women & Children of Bangladesh

Overview

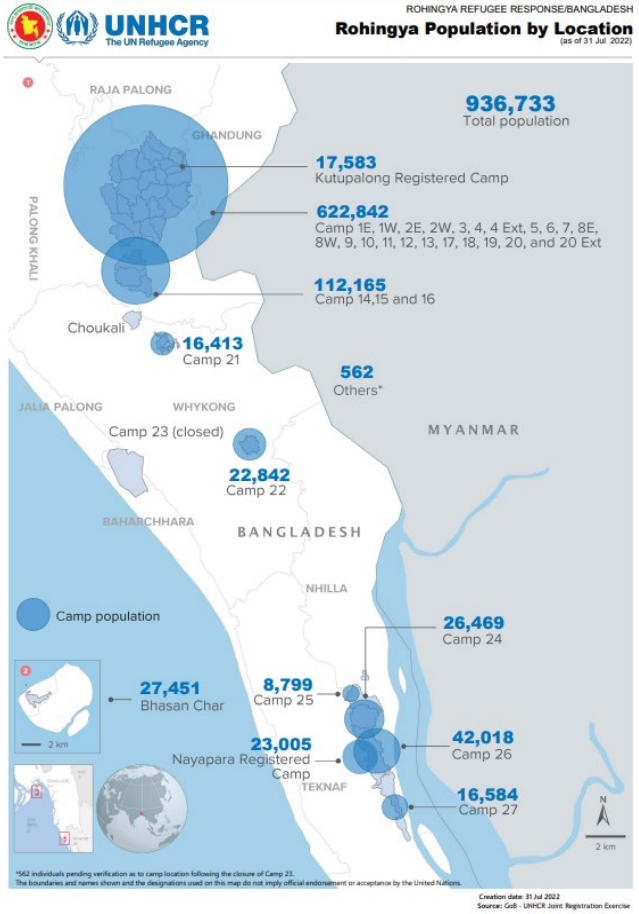
- Rohingya: Forcibly Displaced Myanmar Nationals
- HOPE Field Hospital
- UNMC COPH/HOPE Partnership
- Project Planning & Design
- Methods, Data Analysis & Results

HOPE Foundation
For Women & Children of Bangladesh

Rohingya: Forcibly Displaced Myanmar Nationals

Rohingya: FDMNs

- Largest refugee concentration in the world ~ 936,733
- Collectivist communities that honor elders and practice Sunni Islam
- Local dialect ~ Rohingya
- Under-utilization of health services
- High rates of GBV



(UNHCR, July 2022)

HOPE Foundation
For Women & Children of Bangladesh

FIELD HOSPITAL'S IMPACT TO DATE

323,031
Total Patient Visits

1,002
Normal Deliveries

157
C-Sections

39,636
Antenatal Care Visits

2,823
Postnatal Care

12,645
Family Planning Services

24,045
Children Under 5 Year Treated

2020 Annual Report

UNMC COPH & HOPE Partnership

HOPE Foundation
For Women & Children of Bangladesh

Project Team

UNMC College of Public Health

Julie Lubisi, MPH, MPA
UNMC College of Public Health

Shireen S. Rajaram, PhD
UNMC College of Public Health

Wael ElRayes, MBBCh, PhD, MS, FACHE
UNMC College of Public Health

Hope Foundation

Iftikher Mahmood, MD
Hope Foundation

Md Golam Hafiz, PhD
Hope Foundation

Farhana Ul Hoque, MPH
Hope Foundation

HOPE Foundation
For Women & Children of Bangladesh

Evaluation Planning & Design

Purpose: To explore the GBV screening and referral process within the field hospital

Approach: trauma-informed, participatory, and culturally-adaptive

HOPE Foundation
For Women & Children of Bangladesh

Evaluation Planning & Design

- **How is the GBV screening and referral process being implement?**
  - **Strengths?**
  - **Weaknesses?**
  - **Trauma-informed?**
- What has been done in an innovative way?
- **What capacity does the organization and its staff need to implement the GBV screening and referral process?**
- How well does the GBV screening and referral process align with the IASC Minimum Standards & WHO protocol?

Method & Data Analysis

- Mixed qualitative methods (O'Reilly et al, 2020)
- Semi-structured interviews & focus groups – recorded and transcribed
- Purposeful sample of providers and administrators in the field hospital (Hennink et al, 2017)
- Member-checking (López-Zerón et al, 2021; Birt et al, 2016)
- Collaborative inductive and deductive coding using MS Word and NVivo (Naganathan et al, 2022; DeCuir-Gunby et al, 2011)
- Thematic analysis of the coded data – peer debriefing and team consensus (Nowell et al, 2017)

HOPE Foundation
For Women & Children of Bangladesh

Results

GBV Response

- Interagency collaboration with IRC to provide GBV screening and referral
- Clinical Management of Rape Survivors (trained personnel, emergency contraception, ARVs for PEP, and STI treatment)
- GBV trained provider available 24/7

HOPE Foundation
For Women & Children of Bangladesh

Results

23 providers, administrative staff, intra-agency providers

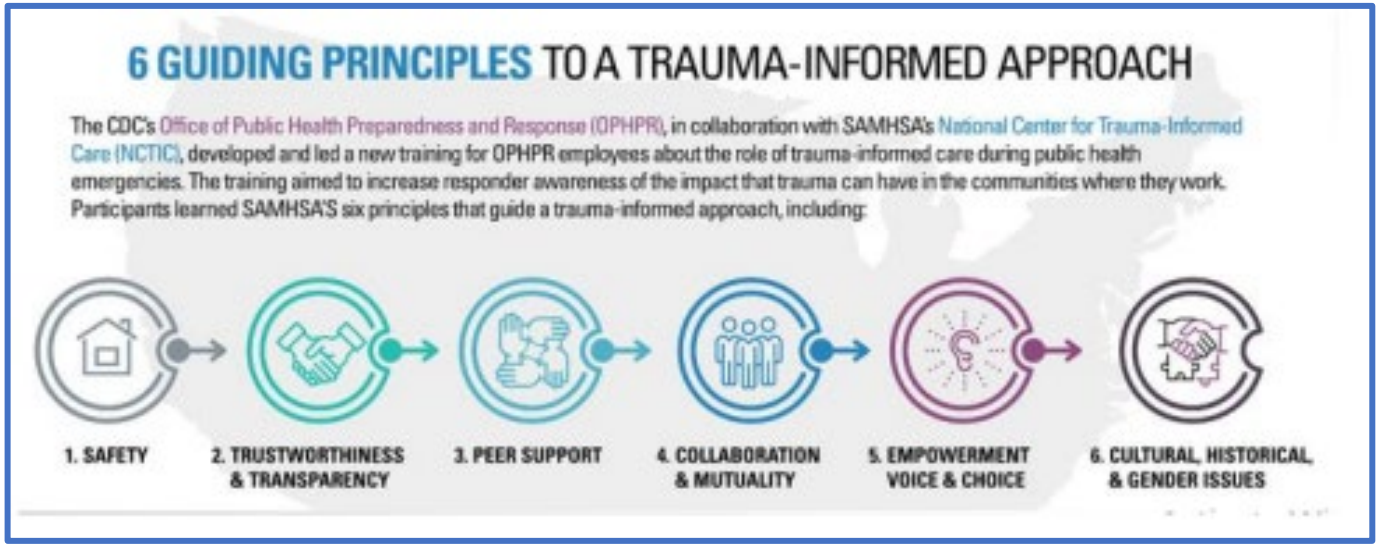
- Midwives
- CHWs
- Mental health providers
- Physicians
- Quality Assurance Officers
- Leadership

19 participants have **GBV training**

21 of the participants shared examples of **trauma-informed care** within the Hope Field Hospital

HOPE Foundation
For Women & Children of Bangladesh

Results



CDC, 2020

HOPE Foundation
For Women & Children of Bangladesh

Results

- Use of sensitive language and informed consent
- Respecting Rohingya culture and self-determination
- Leveraging support among staff (peer support)
- Preventing secondary trauma among staff or re-traumatization of victims

We receive training on stress management from HOPE. So, from that training we also learn how to overcome and we got the idea that we need to share these kind of things between each other. (Community Health Worker)

So basically, it takes time, because you know, on the first or second meeting, I don't think anyone will open up that easily and share the experience that she has been or he has been facing or affecting her on GVB grounds. So, I think that rapport build up is very crucial in this matter. (Mental Health Provider)

HOPE Foundation
For Women & Children of Bangladesh

Results

Barriers to GBV identification, screening, and referral

Structural barriers

They [GBV Officers] have two days off... it's Friday and Saturday. So, during this time there is no one to attend to GBV cases...another thing is they only provide the service from around 930 in the morning up to 3 or 4 p.m...So the rest of the time there is no one to handle this case...So this patient don't come back mostly (Administrative Staff)

Social norms

So, there is a saying in the community, like people used to tell the husbands beat their wife, it's normal, It's natural. They can. They have the right. It's the family issues and it is not necessary to bring it outside to the society. (Community Health Worker)

Next Steps: Participatory

- Co-develop recommendations based on findings, capacity, and funding opportunities
- Co-write a manuscript to amplify contributions to the field
- Continuous dialogue on successes and challenges
- Co-identify potential intervention studies in this context

HOPE Foundation
For Women & Children of Bangladesh

References

Abaad, & The Global Women's Institute. (2020). *The Sorrow Remains Inside: Applying A Mixed Methods Approach to Understand the Relationship between Gender-Based Violence and Mental Health, Coping and Service Seeking among Lebanese and Syrian Refugee Women in Lebanon.*

Akhter, S., & Kusakabe, K. (2014). Gender-based violence among documented Rohingya refugees in Bangladesh. *Indian Journal of Gender Studies*, *21*(2), 225-246.

Anyikwa, V. (2016). Trauma-Informed Approach to Survivors of Intimate Partner Violence. Journal of Evidence-Informed Social Work, 13(5), 484–491. https://doi.org/10.1080/23761407.2016.1166824

Arango, D., Gennari, J., Freire Hidalgo, F., Mccleary-Sills, N., Diane, J. (2015). Violence against women and girls resource guide: health sector brief (English). Washington, D.C.: World Bank Group. http://documents.worldbank.org/curated/en/107001468338533710/Violence-against-women-and-girls-resource-guide-health-sector-brief

Bangladesh Ministry of Health and Family Welfare. (2017). Health Sector Response to Gender Based Violence Protocol for Health Care Providers.

Bentahar, O. & Cameron, R. (2015). Design and Implementation of a Mixed Method Research Study in Project Management.

Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative health research*, *26*(13), 1802-1811.

Bloom, S. (2008). *Violence against women and girls: A compendium of monitoring and evaluation indicators.* USAID, IGWG, and MEASURE Evaluation.

CBPR (Community Based Participatory Research) Model: Center for Participatory Research | The University of New Mexico. (2020, March 24). Retrieved December 29, 2021, from https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html

Centers for Disease Control and Prevention. (2020). Infographic of 6 Guiding Principles to a Trauma-Informed Care Approach. https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm

Centers for Disease Control and Prevention. (2015, June 25). *Chapter 7: Approaches to evaluation*. Centers for Disease Control and Prevention. Retrieved December 31, 2021, from https://www.atsdr.cdc.gov/communityengagement/pce_program_approaches.html#:~:text=Characteristics%20of%20participatory%20evaluation%20include%20the%20following%20%28Patton%2C,and%20recognized%20from%20all%20participants.%20More%20items...%20

Clark, V. L. P. (2019). Meaningful integration within mixed methods studies: Identifying why, what, when, and how. *Contemporary Educational Psychology*, *57*, 106-111.

Creswell, J. W., & Clark, V. L. P. (2018). *Designing and conducting mixed methods research.* Sage publications.

Creswell, J. W., Shope, R., Plano Clark, V. L., & Green, D. O. (2006). How interpretive qualitative research extends mixed methods research. *Research in the Schools*, *13*(1), 1-11.

Cronholm, P. F., & Dichter, M. E. (2018). The Need for Systems of Care and a Trauma-Informed Approach to Intimate Partner Violence. *American Family Physician*, *97*(11), Online. Retrieved from http://search.ebscohost.com.proxygw.wrlc.org/login.aspx?direct=true&db=mdc&AN=30215942&site=ehost-live

Decker, M. (2018). Mhealth for GBV-related screening and care. Retrieved December 17, 2021 https://www.coursera.org/lecture/gender-based-violence/bonus-lesson-mhealth-for-gbvrelated-screening-and-care-gzPzB

DeCuir-Gunby, J. T., Marshall, P. L., & McCulloch, A. W. (2011). Developing and using a codebook for the analysis of interview data: An example from a professional development research project. *Field methods*, *23*(2), 136-155.

Ellsberg, M., & Heise, L. (2005). Researching violence against women: A practical guide for researchers and activists. Washington, DC: World Health Organization, PATH.

Elwy, A. R., Wasan, A. D., Gillman, A. G., Johnston, K. L., Dodds, N., McFarland, C., & Greco, C. M. (2020). Using formative evaluation methods to improve clinical implementation efforts: description and an example. *Psychiatry research*, *283*, 112532.

Garcia-Moreno, C., Hegarty, K., d'Oliveira, A. F. L., Koziol-MacLain, J., Colombini, M., & Feder, G. (2014). The health-systems response to violence against women. *The Lancet, 385*(9977):1567–1579.

Heise, L. (2011). *What works to prevent partner violence: An evidence overview.* STRIVE Research Consortium.

International Rescue Committee. (2021). GBV trends among Rohingya refugees in Cox's Bazar: Covid-19 update. Retrieved December 27, 2021, from https://www.rescue.org/report/gbv-trends-among-rohingya-refugees-coxs-bazar-covid-19-update

Goodman, A., & Mahmood, I. (2019). The Rohingya refugee crisis of Bangladesh: Gender based violence and the humanitarian response. *Open Journal of Political Science*, *9*(3), 490-501.

Green, L., McHale, T., Mishori, R. et al. (2022). "Most of the cases are very similar.": Documenting and corroborating conflict-related sexual violence affecting Rohingya refugees. *BMC Public Health* 22, 700. https://doi.org/10.1186/s12889-022-13038-7

Green, L. W., & Allegrante, J. P. (2020). Practice-Based Evidence and the Need for More Diverse Methods and Sources in Epidemiology, Public Health and Health Promotion. *American Journal of Health Promotion*, *34*(8), 946–948.

Guetterman, T. (2017). Designing a Rigorous Mixed Methods Research Study. Qualitative Research. 18. 1-16. 10.22284/qr.2017.18.1.1.

Guetterman, T. C., Molina-Azorin, J. F., & Fetters, M. D. (2020). Virtual special issue on "integration in mixed methods research". *Journal of Mixed Methods Research*, *14*(4), 430-435.

Guglielmi, S., Jones, N., Muz, J., Baird, S., Mitu, K., & Ala Uddin, M. (2020). Age-and gender-based violence risks facing Rohingya and Bangladeshi adolescents in Cox's Bazar..' *Policy Brief. London: Gender and Adolescence: Global Evidence*.

Hennink, M. M., Kaiser, B. N., & Marconi, V. C. (2017). Code saturation versus meaning saturation: how many interviews are enough?. *Qualitative health research*, *27*(4), 591-608.

Hope Foundation for Women and Children. (2020). Annual Report. Retrieved February 24, 2022, from https://www.hopefoundationbd.org/

Horn, R., Wachter, K., Friis-Healy, E. A., Ngugi, S. W., Creighton, J., & Puffer, E. S. (2021). Mapping complex systems: responses to intimate partner violence against women in three refugee camps. *Frontiers in Human Dynamics*, *3*, 613792.

Hossain, M & McAlpine, A. (2017). Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations. Elhra: Cardiff.

Hossain, M. M., Sultana, A., & Das, A. (2018). Gender-based violence among Rohingya refugees in Bangladesh: a public health challenge. *Indian journal of medical ethics*, -(-), 1–2. Advance online publication. https://doi.org/10.20529/IJME.2018.045

References

Human Rights Watch (2017). All My Body Was Pain. Sexual Violence against Rohingya Women and Girls in Burma. https://www.hrw.org/report/2017/11/16/all-my-body-was-pain/sexual-violence-against-rohingya-women-and-girls-burma

Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery.

Israel, B.A., Schulz, A.J., Parker, E.A., & Becker, A.B. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Education for Health*, 14(2), 182-197.

Jewkes, R., Dartnall, E., & Sikweyiya, Y. (2012). *Ethical and safety recommendations for research on the perpetration of sexual violence.* Pretoria, South Africa: Sexual Violence Research Initiative, Medical Research Council.

John Hopkins University & International Rescue Committee. (2017). Feasibility and accessibility of gender-based violence screening: Primary health facilities in Running head: MHEALTH IN TANZANIA 28 humanitarian settings. Retrieved from https://rescue.org/sites/default/files/document/663/gbvscreeninglowres.pdf

Källander, K., Tibenderana, J. K., Akpogheneta, O. J., Strachan, D. L., Hill, Z., ten Asbroek, A. H., Conteh, L., Kirkwood, B. R., & Meek, S. R. (2013). Mobile health (mHealth) approaches and lessons for increased performance and retention of community health workers in low- and middle-income countries: a review. Journal of Medical Internet research, 15(1), e17. doi:10.2196/jmir.2130

Karin, S., Chowdhury, Md.A., Hasnat, Md.A. and Tarin, N.J. (2020) Status of Rohingya in Refugee Camps of Bangladesh: A Review Study. *Open Access Library Journal*, 7: e6575. https://doi.org/10.4236/oalib.1106575

Krug, E., Dahlberg, L., Mercy, J., Zwi, A., Lozano, R. (2002). World Report on Violence and Health. World Health Organization, 1-56. 2. Retrieved from https://www.cdc.gov/ViolencePrevention/pdf/SEM_Framewrk-a.pdf

López-Zerón, G., Bilbao-Nieva, M. I., & Clements, K. A. (2021). Conducting Member Checks With Multilingual Research Participants From Diverse Backgrounds. *Journal of Participatory Research Methods*, *2*(2), 24412.

Maclin, B., Weber, J., Bourassa, A., Murphy M. (2021). Finding the path forward: Identifying research gaps on gender-based violence among conflict-affected refugees in the Global South. The Global Women's Institute at George Washington University.

Murphy. M & Bourassa. A. (2021) 'Gap Analysis of Gender-Based Violence in Humanitarian Settings: A Global Consultation'. Elrha: London.

Nasar, K. S., Akhter, I., Khaled, N., Hossain, M. R., Majid, T., Tamanna, S., & Quayyum, Z. (2019). Health Care Needs and Health Seeking Behaviour among Rohingya Refugees in Cox's Bazar: Study in selected camps served by BRAC's health care facilities.

Naganathan, G., Srikanthan, S., Balachandran, A., Gladdy, A., & Shanmuganathan, V. (2022). Collaborative Zoom Coding—A Novel Approach to Qualitative Analysis. *International Journal of Qualitative Methods*, *21*, 16094069221075862.

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International journal of qualitative methods*, *16*(1), 1609406917733847.

O'Reilly, M., Kiyimba, N., & Drewett, A. (2021). Mixing qualitative methods versus methodologies: A critical reflection on communication and power in inpatient care. *Counselling and Psychotherapy Research*, *21*(1), 66-76.

Raising Voices (2018). Implementing SASA! in Humanitarian Settings: Tips and Tools Programming for Prevention Series, Brief. No. 6, Kampala, Uganda.

Raftery, P., Howard, N., Palmer, J., & Hossain, M. (2022). Gender-based violence (GBV) coordination in humanitarian and public health emergencies: a scoping review. *Conflict and health*, *16*(1), 1-22.

Rothkegel, S., Poluda, J., Wonani C., Papy, J., Engelhardt-Wendt, E. & Weyermann, B. (2008). Evaluation of UNHCR's efforts to prevent and respond to sexual and gender-based violence in situations of forced displacement. UNHCR: Geneva, Switzerland.

Schoonenboom, J., & Johnson, R. B. (2017). How to Construct a Mixed Methods Research Design. *Kolner Zeitschrift fur Soziologie und Sozialpsychologie*, *69*(Suppl 2), 107–131. https://doi.org/10.1007/s11577-017-0454-1

Stoken J. M. (2020). Suffering in silence: Sexual and gender-based violence against the Rohingya community and the importance of a global health response. *Journal of global health*, *10*(2), 020324. https://doi.org/10.7189/jogh.10.020324

Tappis, H., Freeman, J., Glass, N. & Doocy, S. (2016). Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review. PLOS Currents Disasters. Edition 1. doi: 10.1371/currents.dis.3a465b66f9327676d61eb8120eaa5499.

Tashakkori, A., & Creswell, J. W. (2007). Editorial: Exploring the Nature of Research Questions in Mixed Methods Research. *Journal of Mixed Methods Research*, *1*(3), 207–211. https://doi.org/10.1177/1558689807302814

Teddlie, C. & Tashakkori,, & (2009). Foundations of mixed methods research.
Thousand Oaks, CA: Sage Publications

The Global Women's Institute. (2021). Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations.https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Manual%20and%20Toolkit%20-%20Website.pdf

Toll, W., Greene, M., Lkindikoki, S., Misinzo, L., Ventevogel, P., Bonz, A., Bass, J. & Mbwambo, J. (2017). An integrated intervention to reduce intimate partner violence and psychological distress with refugees in low-resource settings: study protocol for the Nguvu cluster randomized trial. *BMC Psychiatry*. 17:186. doi: 10.1186/s12888-017-1338-7

United Nations Population Fund. (2019). The Inter-Agency Minimum Standards for gender-based violence in emergencies programming. Retrieved July 30, 2022, from https://www.unfpa.org/minimum-standards

United Nations Population Fund. (2019). Handbook for Coordinating Gender-based Violence Interventions in Emergencies. Retrieved on June 5, 2022, from https://gbvaor.net/sites/default/files/2019-07/Handbook%20for%20Coordinating%20GBV%20in%20Emergencies_fin.pdf

UNHCR. (2020). UNHCR policy on the prevention of, risk mitigation and response to gender-based violence. Retrieved December 27, 2021, from https://www.unhcr.org/5fa018914/unhcr-policy-prevention-risk-mitigation-response-gender-based-violence

United Nations. (n.d.). *Goal 5 | Department of Economic and Social Affairs*. United Nations. Retrieved December 29, 2021, from https://sdgs.un.org/goals/goal5

Vu, A., Wirtz, A. L., Bundgaard, S., Nair, A., Luttah, G., Ngugi, S., & Glass, N. (2017). Feasibility and acceptability of a universal screening and referral protocol for gender-based violence with women seeking care in health clinics in Dadaab refugee camps in Kenya. *Global Mental Health*, *4*.

Vu, A., Adam, A., Wirtz, A., Pham, K., Rubenstein, L., Glass, N., Beyrer, C. & Singh, S. (2014). The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: A Systematic Review and Meta-analysis. *PLoS*,18;6.

Wallerstein, N. (2018). *Community-based participatory research for Health: Advancing Social and Health Equity*. Jossey-Bass.

Wirtz, A. L., Glass, N., Pham, K., Perrin, N., Rubenstein, L. S., Singh, S., & Vu, A. (2016). Comprehensive development and testing of the ASIST-GBV, a screening tool for responding to gender-based violence among women in humanitarian settings. *Conflict and Health*, *10*(1), 1-14.

Wisdom, J., & Creswell, J. W. (2013). Mixed methods: integrating quantitative and qualitative data collection and analysis while studying patient-centered medical home models. *Rockville: Agency for Healthcare Research and Quality*.

World Health Organization. (2013). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence.

World Health Organization. (2007). *WHO ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies.* Geneva, Switzerland: Author.

HOPE Foundation
For Women & Children of Bangladesh

UNMC[SM] | COLLEGE OF PUBLIC HEALTH

Julie Lubisi – jlubisi@unmc.edu

University of Nebraska Medical Center