Evaluation of the GBV Response among the Rohingya Refugees in Bangladesh

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Disclosures

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

- Rohingya: Forcibly Displaced Myanmar Nationals
- HOPE Field Hospital
- UNMC COPH/HOPE Partnership
- Project Planning & Design
- Methods, Data Analysis & Results
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)
FIELD HOSPITAL’S IMPACT TO DATE

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patient Visits</td>
<td>323,031</td>
</tr>
<tr>
<td>Normal Deliveries</td>
<td>1,002</td>
</tr>
<tr>
<td>C-Sections</td>
<td>157</td>
</tr>
<tr>
<td>Antenatal Care Visits</td>
<td>39,636</td>
</tr>
<tr>
<td>Postnatal Care</td>
<td>2,823</td>
</tr>
<tr>
<td>Family Planning Services</td>
<td>12,645</td>
</tr>
<tr>
<td>Children Under 5 Year Treated</td>
<td>24,045</td>
</tr>
</tbody>
</table>

2020 Annual Report
UNMC COPH & HOPE Partnership
Project Team

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Evaluation Planning & Design

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

**Approach:** trauma-informed, participatory, and culturally-adaptive
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)
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
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
Results

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC’s Office of Public Health Preparedness and Response (OPPR) in collaboration with SAMHSA’s National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA’s six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT: VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

CDC, 2020
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)
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