

Establishing Women and Girls Safe Spaces
in the Rohingya Refugee Response

A GUIDANCE NOTE AND BEST PRACTICE

Cox's Bazar, Bangladesh

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For more support in establishing women and girls safe spaces or any kind of GBV programme intervention please reach out to IOM GBV Support: gbvsupport@iom.int

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TABLE OF CONTENTS

INTRODUCTION	5
BACKGROUND	5
WHAT IS A WOMEN AND GIRLS SAFE SPACE?	7
CONTEXT	10
OVERVIEW OF PROCESS	12
BEFORE ESTABLISHING A WOMEN AND GIRLS SAFE SPACE	13
CASE STUDY 1: APON GHOR “HAPPY HOUSE”	22
HARD COMPONENTS	24
SOFT COMPONENTS.....	25
CHALLENGES AND SOLUTIONS FOUND	27
CASE STUDY 2: ASHAR ALO “LIGHT OF HOPE”	30
HARD COMPONENTS	32
SOFT COMPONENTS.....	33
CHALLENGES AND SOLUTIONS FOUND	34
BEST PRACTICES AND LESSONS LEARNED	36
Annex 1: GBV Subsector Women Friendly Space Minimum Standards Checklist	44
Annex 2: Design of Camp 9 Women and Girls Safe Space	46
Annex 3: Design of Ratanapalong Women and Girls Safe Space	47
Annex 4: TORs	48

BACKGROUND

Situations of crisis and displacement can exacerbate the risks of Gender-Based Violence (GBV), which is why, multiple strategies are needed to address underlying root causes, support survivors, and mitigate GBV risks by addressing contributing factors.¹ IOM's standalone GBV programme was established in 2017 in Cox's Bazar, Bangladesh to support Rohingya refugees and the surrounding host community at the onset of the influx in line with the Global Call to Action on Protection from GBV in Emergencies.²

As the Rohingya refugee response has evolved, so has IOM's GBV programming. Recognising the L3 emergency at its onset, the mission acted immediately to manage resources to meet the required emergency needs working in close coordination with the GBV subsector in Cox's Bazar. Access to life-saving care was severely limited requiring immediate scale up of multisectoral services for GBV survivors.³ Given the immense needs and scale of the camps and needs of the GBV sub-sector, IOM established 11 Women and Girls Safe Spaces to support survivors and women and girls at heightened risk. To date, IOM directly implements case management services for GBV survivors embedded through its nine safe spaces across eight sites through a survivor-centred model and ensures a multisectoral package of support. IOM provided case management and psychosocial support to 193,149 women and girls and reached 307,164 individuals through outreach and sensitisation (Jan. 2019 - Jun. 2022). The following case studies provide lessons learned, key challenges and best practice in establishing a safe space in the Rohingya refugee camp context and host community that can inform similar interventions for GBV service providers working in other humanitarian emergencies.

Key to note that any safe space programming will need to be adapted and contextualised to its specific humanitarian response in line with interagency minimum standards.⁴ It is key to conduct a mapping of existing resources, research and learning prior to establishing a safe space. Some humanitarian settings will have specific guidance for the target population developed in cooperation with the GBV cluster. For example, in the Rohingya response in

¹ IOM (2018) [IOM's Institutional Framework for GBV in Crises](#). Geneva. Switzerland.

² The [Call to Action on Protection from Gender-Based Violence in Emergencies \(Call to Action\)](#) is a multi-stakeholder initiative launched in 2013 to fundamentally transform the way GBV is addressed in humanitarian emergencies. The aim is to drive change and foster accountability so that every humanitarian effort, from the earliest stage of a crisis, includes the policies, systems, and mechanisms to mitigate GBV risks, especially violence against women and girls, and to provide safe and comprehensive services to those affected by gender-based violence.

³ CARE Bangladesh (2017) [Myanmar Refugee Influx Crisis Rapid Gender Analysis Report](#). CARE International.

⁴ See Standard 8: Women and Girls Safe Spaces from the GBV Area of Responsibility (AoR) and UNFPA (2019) [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#).

Cox's Bazar, Bangladesh, the primary resource is the International Rescue Committee (IRC) and UNFPA (2017) [Safe Spaces for Women and Girls \(SSWG\) Standardization and Technical Guidance – How to set up a SSWG in practice](#).

GBV actors interested in establishing a safe space should reach out to their respective GBV cluster, sub-sector working group, or the [GBV Area of Responsibility \(AoR\)](#) to check if there are existing contextualised guidelines, relevant lessons learned or reports specific to a given response.⁵ Please note this guidance note only provides a snapshot of best practice and is not exhaustive and does not focus on the various detailed steps that go into operationalising a safe space or its different modalities (i.e., standalone, integrated, static, or mobile), which have already been well documented in various toolkits and global guidelines.⁶

Lastly, often the true impacts of these interventions cannot be adequately reflected in donor reports or well captured by numbers alone.⁷ This guidance note was also developed to illustrate the value and impact of safe spaces to women and girls and their communities. IOM finds that the anecdotal insights and qualitative information from the women and girls served by these spaces (and the staff working within them) are often the most illuminating of the benefits they provide. A safe space remains one of the most impactful interventions on the lives of affected women and girls who are living in precarious circumstances in displacement or in crisis settings. They are essential human-centred interventions considered a core element of GBV programming in



⁵ Fatima J. and Albaab R. (2020) [Women & Girls' Safe Spaces in Rohingya Response](#). CARE International.

⁶ See Megevand, M., and Marchesini, L. (2019) [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#). International Rescue Committee and International Medical Corps. and 'Standard 8: Women and Girls Safe Spaces' from the GBV AoR and UNFPA (2019) [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#). and UNFPA Regional Syria Response Hub (2015) [Women & Girls Safe Spaces – A guidance note based on lessons learned from the Syria crisis](#). and HealthNetTPO and UNICEF South Sudan (2016) [Promoting Positive Environments for Women and Girls: Guidelines for Women and Girls Friendly Spaces in South Sudan](#).

⁷ Stark L., Robinson, M.V., Seff I., Gillespie A., Colarelli, J., and Landis, D. (2021) [The Effectiveness of Women and Girls Safe Spaces: A Systematic Review of Evidence to Address Violence Against Women and Girls in Humanitarian Contexts](#). Trauma Violence & Abuse.

the GBV in Emergencies (GBViE) minimum standards that should constantly be advocated for in humanitarian settings. Safe spaces continue to be gamechangers for women and girls and their communities' providing benefits that can go beyond the acute stages of an emergency and which can effectively adapt to different phases of a humanitarian response as well as to development settings.

WHAT IS A WOMEN AND GIRLS SAFE SPACE?

Creating safe spaces for women and girls is an intervention that GBV actors in humanitarian programming have employed for decades as an entry point for services where women and girls can go to report protection concerns, express their needs, and connect with their community, build a support system with other women, often in contexts where there are disproportionate impacts on women's basic rights. A "safe space" can go by many names (i.e.: Women and Girls Safe Space, Women's Friendly Space or Women's Learning and Resource Centre, etc.). Essentially it refers to a formal or informal place where women and girls feel physically and emotionally safe, where they can socialise and rebuild their social networks and access life-saving information and services.⁸

Safe spaces will usually include a wide range of age-appropriate and structured psychosocial support (PSS), awareness-raising, life skills, educational and recreational activities, forums for two-way information-sharing and learning, skill-building, and training opportunities. Often there will be embedded services within the space which can include case management services for GBV survivors, or sexual and reproductive health services.⁹ The provision of such services will depend on if there are qualified and trained staff. It is important to ensure discrete entry points that are culturally appropriate for services that may be more challenging for women and girls to access. Such interventions help



⁸ See Megevand, M. and Marchesini, L. (2019) [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#). International Rescue Committee and International Medical Corps. and UNFPA Regional Syria Response Hub (2015) [Women & Girls Safe Spaces – A guidance note based on lessons learned from the Syria crisis](#), and Sexual and Gender-Based Violence (SGBV) Sub-Working Group (2014) [Women and Girls Safe Spaces; Syrian Crisis Response in Jordan](#).

⁹ GBV case management is a structured method for providing help to a survivor whereby the survivor is informed of all the options available to them and the issues and problems facing a survivor are identified and followed up in a coordinated way, and emotional support is provided to the survivor throughout the process. See the Inter-Agency Standing Committee (2017) [Inter-Agency Gender-Based Violence \(GBV\) Case Management Guidelines](#), and UNFPA (2020) ['Midwives help foster a safer space for Rohingya women in Cox's Bazar.'](#) Nov. 25th, 2020. UNFPA Bangladesh.

empower women and girls in their own safety, learning, and access to humanitarian services and provide spaces for gender-transformative approaches, mobilization and leadership of women and girls to prevent and respond to violence, exploitation, and abuse.¹⁰

A “safe space” also generally refers to a women-and-girls-only space. This is an important component because public spaces in most cultures are inhabited largely by men. In many socio-cultural contexts, women and girls will often experience a wide range of restrictions on their mobility and have limited participation in community decision-making. Therefore, these spaces are crucial in settings where women and girls are more confined to their homes and limited in terms of what they can do, particularly in a camp environment.¹² Safe spaces are culturally appropriate for (a) healing in segregation to occur in same-sex groups and (b) at times, allowing activities to take place for both sexes, when these are part of the healing process.

Key Objectives of a Women and Girls Safe Space¹¹

1. Facilitate access for all women and girls to knowledge, skills, and a range of relevant services
2. Support women’s and girls’ psychosocial wellbeing and creation of social networks.
3. Serve as a place where women and girls can organize, access information and resources to reduce risk of violence.
4. Serve as a key entry point to specialised services for GBV survivors.
5. Provide a place where women and girls are safe and encouraged to use their voice and collectively raise attention on their rights and needs.

¹⁰ Hendessi, M. and Higelin, M. (2019) [A Feminist Approach to Safe Spaces for Women and Girls in Humanitarian Response](#), and UNFPA (2021) [Transcending Norms: Gender Transformative Approaches in Women and Girls' Safe Spaces in Humanitarian Settings](#).

¹¹ GBV Area of Responsibility (AoR) and UNFPA (2019) [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#).

¹² IOM and Women’s Refugee Commission (WRC) (2016) [Women's Participation in Camp Governance Structures: Learning Report](#). Page 10.

Therefore, while safe spaces for women and girls may sometimes involve and benefit men and boys, this may only be done in specific ways, and always ensuring that this participation does not hinder the involvement of women and girls.¹³ GBV programming should be accessible for men, boys and gender diverse populations with special considerations made for their own unique needs without undermining the focus on women and girls or women-and-girls-only spaces. Key to remember that GBV programming should actively target women and girls because (1) women and girls are at greater risk of experiencing certain types of violence because of their subordinate status to men and boys globally, and (2) to address the underlying causes of violence against women and girls; gender discrimination and unequal power between females and males.¹⁴

Lastly, special consideration should be given to adolescent girls to access safe spaces because they will often experience additional restrictions on their mobility once they reach puberty.¹⁵ It is crucial to work with child protection actors to develop joint strategies to ensure their safe access to these spaces and their active inclusion in activities. Special attention should be given to the development of age-appropriate programming that can promote their leadership, knowledge, and skills in line with a do-no-harm approach. It is key to refer to evidence-based curriculum packages that focus on adolescent girls specifically. For example, the International Rescue Committee (IRC) *Girl Shine Resource Package* provides a best practice model.¹⁶ Safe space programming should always actively reach out to adolescent girls, especially parents and caregivers, to promote their participation thereby enabling them to socialise, develop friendships, and engage in peer learning.

How many women and girls are served by one safe space?

It is essential to coordinate with the GBV Cluster to ensure the needs of women and girls are adequately addressed and that there is sufficient coverage for the target population.

Whilst there are no internationally agreed upon standards in terms of number of safe spaces that should be established, there are best practice reference points such as one safe space per 10,000 to 20,000 individuals.

In Cox's Bazar, 6,500 individuals served per one safe space was agreed with the sector given the camp population. IOM's spaces support on average 45 women and 60 girls per day.

¹³ Sexual and Gender-Based Violence (SGBV) Sub-Working Group (2014) [Women and Girls Safe Spaces; Syrian Crisis Response in Jordan](#).

¹⁴ Coalition of Feminists for Social Change (COFEM) (2018) [Tip Sheet No. 2: Why does GBV programming focus on women and girls?](#)

¹⁵ Baldwin, W. (2011) ["Creating 'safe spaces' for adolescent girls."](#) Promoting Healthy, Safe, and Productive Transitions to Adulthood Series. Brief no. 39.

¹⁶ International Rescue Committee (IRC) (2019) [Girl Shine Resource Package](#).

CONTEXT

In August 2017, Bangladesh saw a massive influx of 745,000 Rohingya fleeing violence and human rights abuses from Rakhine State, Myanmar.¹⁷ The Policy and Advocacy Task Team of the GBV Area of Responsibility (GBV AoR), of which IOM is a member of, has informed that since the influx of August 2017, there have been widespread reports of multiple-perpetrator rape and sexual assault.¹⁸ The Rohingya crisis has historically been characterised by sexual violence, widely documented for decades in the Rakhine state as a tactic to terrorize and intimidate Rohingya communities.¹⁹ The UN Human Rights Council Fact-Finding Mission dispatched in Myanmar found that crimes against humanity have been committed, including rape, sexual slavery, and other forms of sexual violence.²⁰ A 2018 report by the UN Secretary-General Antonio Guterres, stated that the use and threat of sexual violence was a key part of Myanmar's military strategy to "humiliate, terrorize, and collectively punish the Rohingya community...forcing them to flee their homelands and prevent their return."²¹ Women and girls were disproportionately targeted though there are reports of sexual violence perpetrated against Rohingya men, boys and gender diverse populations.²²

The new arrivals in 2017 settled in Ukhiya and Teknaf Upazilas²³ where they live with Rohingya refugees from previous inflows and with Bangladeshi host communities. From the onset of the Level 3 emergency in Bangladesh, hundreds of incidents of GBV were reported to humanitarians on a weekly basis, they occurred in Myanmar, during flight, and in displacement in Cox's Bazar.²⁴ Key to note that Cox's Bazar district had a wide range of pre-existing GBV risks to begin with. Within host communities, a Violence Against Women report indicated that 42.5 per cent of women surveyed in the Chittagong division (includes Cox's Bazar) had experienced physical violence at some point in their lives.²⁵ Within the population, children and adolescent girls are among the most at risk and are regularly exposed to high levels of violence, sexual harassment and exploitation, harmful social and cultural

¹⁷ UN OCHA. [Rohingya Refugee Crisis](#).

¹⁸ Gender-Based Violence (GBV) Policy and Advocacy Task Team (2017) [Gender-Based Violence \(GBV\) Policy and Advocacy Task Team Inter-Agency Briefing Paper: Rohingya Crisis](#).

¹⁹ Human Rights Watch and Fortify Rights (2018) [Joint Submission to the Convention on the Elimination of All Forms of Discrimination against Women regarding Myanmar's Exceptional Report on the Situation of Women and Girls from Northern Rakhine State](#). May 2018,

²⁰ Human Rights Council (2018) [Report of the Independent International Fact-Finding Mission on Myanmar](#).

²¹ Office of the United Nations High Commissioner for Human Rights (OHCHR) (2019) [Bangladesh and The International Community Must Ensure Support To Victims Of Sexual Violence](#).

²² See Legal Action Worldwide (LAW) (2022) *They Took Me To A Dark Place: The Experiences and Needs of Rohingya Hijra and Male Survivors of Sexual and Gender-Based Violence*. Feb. 2022 and Women's Refugee Commission (WRC) (2020) [It's Happening to Our Men as Well: Sexual Violence Against Rohingya Men and Boys](#).

²³ An Upazila is an administrative region in Bangladesh, functioning as a sub-unit of a district.

²⁴ GBV Policy and Advocacy Task Team (2017) [Gender-Based Violence \(GBV\) Policy and Advocacy Task Team Inter-Agency Briefing Paper: Rohingya Crisis](#).

²⁵ Government of Bangladesh and UNFPA (2015) [Report on Violence against Women \(VAW\) Survey](#).

practices.²⁶ Rohingya women and girls are now exposed to numerous GBV risks in displacement due to a wide range of contributing factors including poor living conditions in the camps, limited basic resources, lack of income generating activities, insufficient lighting and gender segregated toilets and bathing facilities in the camps, distance of water points, absence of security patrolling during the night and restricted movement overall.²⁷

In 2022, there are nearly one million Rohingya refugees in displacement, with 52 per cent female.²⁸ GBV has become more complex against a backdrop of evolving social norms and a deteriorating protection environment for Rohingya refugees overall, characterised by a wide range of risks including abuse, exploitation, violence, and human trafficking. Such risks impact on the mobility of women and girls and which make control over resources, information, and access to services extremely difficult.²⁹ Reports have revealed that insecurity caused by displacement, difficult and congested living conditions within camps, restricted livelihood and educational opportunities, and lack of freedom of movement - particularly for women and girls - have created conditions that exacerbate the risks of GBV, particularly intimate partner violence and child marriage.³⁰ Reports have indicated that pressure and fear of parents and community leaders as well as the low participation of women and girls in making decisions at household level constitute reporting barriers for survivors and impact on safe access to services which have become further complicate during COVID-19. Risks of forced marriage with the perpetrator and not being protected against reprisals are commonly cited concerns. Social stigma and perceptions about survivors, the community leaders' interference in handling rape cases, lack of protection of survivors, insufficient awareness of consequences of rape, benefits of services and service accessibility can considerably delay survivors' decision making in reporting and accessing services on a timely manner.

²⁶ See Vigaud-Walsh, F. (2018) [Still at Risk: Restrictions Endanger Rohingya Women and Girls](#). Refugees International. and Guglielmi, S., Jones, N., Muz, J., Baird, S., Mitu, K. and 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.

²⁷ According to GBVIMS trends analyses and reports. The [Gender-Based Violence Information Management System \(GBVIMS\)](#) is an incident reporting database used by humanitarian actors with dedicated gender-based violence units. This tool has been used to harmonize the collection of Gender-Based Violence (GBV) data protocols and procedures and to promote safe and ethical sharing of reported GBV incident data to improve service provisions amongst relevant partners in the Rohingya refugee response. Please visit the [GBV Subsector Humanitarian Response Portal](#) for latest reports.

²⁸ [UNHCR Population Factsheet](#) as of 31st July 2022.

²⁹ See Cheong, D. (2022) [Bangladesh — Four Years On: Shifting Gendered Perceptions and Experiences-Comprehensive Gender Analysis within Rohingya and Host Communities in Cox's Bazar, Bangladesh](#). Mar. 2022. UN Women and Gender in Humanitarian Action Working Group (GIHA). and Coyle, D., Jainul, M.A., and Sandberg-Pettersson, M.S. (2020) [Honour in Transition: Changing gender norms among the Rohingya](#). IOM and UN Women.

³⁰ See IOM (2022) [MaBainor Rosom Mother's & Sister's Ways: Edition 2 Summary Report on Marriage](#). and Inter-Sector Coordination Group (ISCG) Gender Hub (2020) [In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities](#). Oct. 2020.

OVERVIEW OF PROCESS

IOM established 11 safe spaces throughout 2017 and 2018 across nine sites in the Ukhiya and Teknaf subdistricts. In 2022, IOM manages nine safe spaces: eight in Rohingya refugee camps and one in the host community serving Bangladeshi women and girls. The following case studies focus on two safe spaces.

1. IOM's first safe space in Camp 9 in the Rohingya refugee camps
2. IOM's first safe space serving the Ratnapalong host community

To provide a snapshot of the process of establishing a safe space, there are certain minimum standards the space should adhere to, both in hard and soft components of programming (for more specific guidance see [Annex 1](#)). For example, to ensure safety and privacy, a boundary fence should be constructed around the facility, especially crucial when providing GBV response services within. There are certain best practices to adhere to, such as establishing a safe space near humanitarian services such as, health facilities, child friendly spaces or other relevant humanitarian service providers.

Other crucial aspects regarding the location of the facility will include accessibility. For example, the facility should not be on top of a hill or inaccessible to those with mobility issues such as women and girls with disabilities, elderly, or pregnant women. If not possible to choose the location, active measures, such as, ensuring individuals with mobility issues can easily access the spaces, should take place. Sometimes it was not possible to build a safe space in the ideal location due to lack of available space in the crowded camps, however finding ways to still bring activities to people who face additional barriers in their mobility would make all the difference in ensuring equitable access to services and promoting inclusion in programming.

Essential is the staffing that goes into a safe space to ensure safety, management of activities and trust and rapport-building with women and girls attending the safe space, particularly if the space provides GBV services, such as case management, like IOM does. Prior to establishing a safe space, there must be adequate staffing to maintain the facility. There are many modalities of what this can look like, but in Cox's Bazar, where there was not



IOM's GBV team in the Rohingya camps during monsoon season (IOM 2018)

much GBV technical capacity to begin with, the development of human resources through training and capacity building was crucial.³¹ Whilst IOM developed the capacity of its GBV team, the process of establishing women and girls safe spaces in parallel was vital.

BEFORE ESTABLISHING A WOMEN AND GIRLS SAFE SPACE

An understanding of community dynamics, existing social norms, and identification of GBV risks is key to establish trust and credibility in the community. IOM carried out assessments to identify the needs of women and girls, their exposure to GBV risks and contributing factors in the camp setting. It is key to highlight that such assessments should not focus on GBV prevalence data. It is well known that risks of GBV are exacerbated during crises and prevalence data is not recommended nor necessary to develop programming.³²

IOM's approach focused on gathering information through site observations, key informant interviews, focus group discussions, and bilateral consultations with Rohingya women and girls, the community, and other key stakeholders, such as UN agencies and protection actors. This allowed the team to identify GBV risks and found that there was a significant gap in meeting women's and girls' basic needs, given the limited access they had to information and services, and their absence from any camp or community decision-making governance structures.

³¹ See Section 4 on Staffing of Women and Girls Safe Spaces (Page 206) from Megevand, M., and Marchesini, L. (2019) [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings](#). International Rescue Committee and International Medical Corps. See also Global Protection Cluster (2020) [Core Competencies for GBV Program Managers and Coordinators in Humanitarian Settings](#).

³² Robinette, K. (2020) [The Importance of Donor Support for Gender-based Violence Programming in Emergencies, Even in the Absence of Prevalence Data](#). GBV AoR Helpdesk.

The following were recognised as contributing factors:

1. It was observed that women and girls, did not venture outside their homes. Restricted mobility was related to gender norms, cultural practices, and safety risks (perceived and evident), which limited women and girls' movement and their participation in community decision-making. These factors often reinforced one another, while safety risks deterred women and girls from moving freely outside their homes, it also confirmed community and family perceptions that restriction of women's movement was an effective practice.
2. The stress of living in displacement, in camps with limited resources or livelihood opportunities contributed to poor psychosocial well-being, which led to an increase in intimate partner violence and early marriage).
3. While restricted mobility prevented women and girls from directly accessing information and knowledge about services, it was also observed that information-sharing took place through word of mouth and in mostly male-dominated spaces (i.e., mosques or tea shops).



Through this assessment, IOM identified the need to create systems which improved women and girls' access to information and services and provide a space where they could feel safe to voice their concerns and serve as safe entry points for them to access lifesaving and support services. Therefore, establishing a safe space was considered a vital intervention as its functions address these exact needs. Any intervention needs to be tested over its feasibility within a given humanitarian context, and its acceptability among its target population and other key actors. This is key to maintain a 'do no harm' approach to prevent backlash or further violence against women and girls. The best way to do this is to consult directly with women and girls to ensure they are the ones in the driver's seat of their own safety and protection.

In close consultation with women and girls, IOM explored issues of safety and security, location, and the socio-cultural environment of the safe space, including what activities were considered appropriate for women and girls and how they would be communicated.

In determining the feasibility of establishing the space within the camp setting, the GBV team carried out participatory assessments, gathering basic information about needs, preferences, constraints, and community assets that would enable or prevent women and girls to participate in the safe space activities. The process helped gain insights into how location matters as women and girls identified where they felt safe.

For instance, choosing a location which was next to an area where men congregate like a mosque, or a tea shop could be problematic as it often hindered women and girls from accessing the facility. Efforts were made to ensure spaces were accessible, provided privacy, safety and were near health services or child friendly corners wherever possible.

Usefulness of the safe space was not only determined in terms of providing a safe physical space but also through the services that it offered. A mapping was conducted to gather information on the types of activities women and girls perform in their daily routines, time spent on them, and preference about activities, existing skills, knowledge, attitudes, and practices. This formed the initial base for designing an activity schedule that women and girls found useful and enjoyable, while ensuring that their time within the space did not conflict with their daily activities or create an additional burden for them, given their multiple roles and responsibilities.

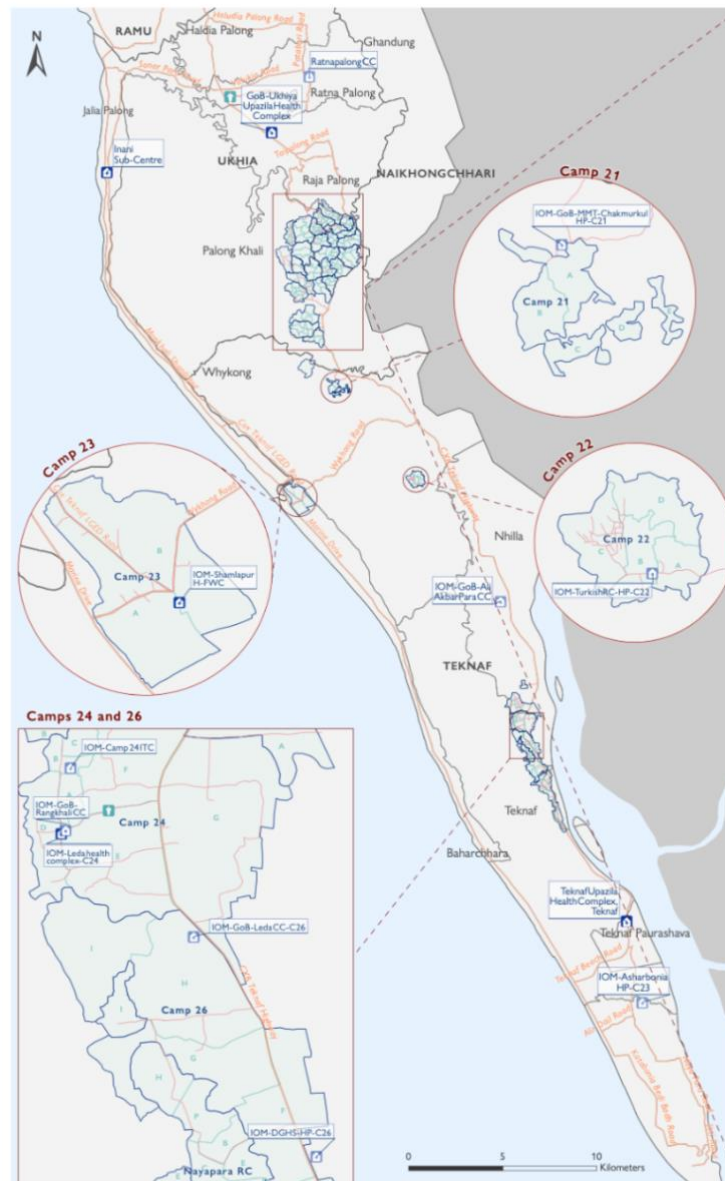
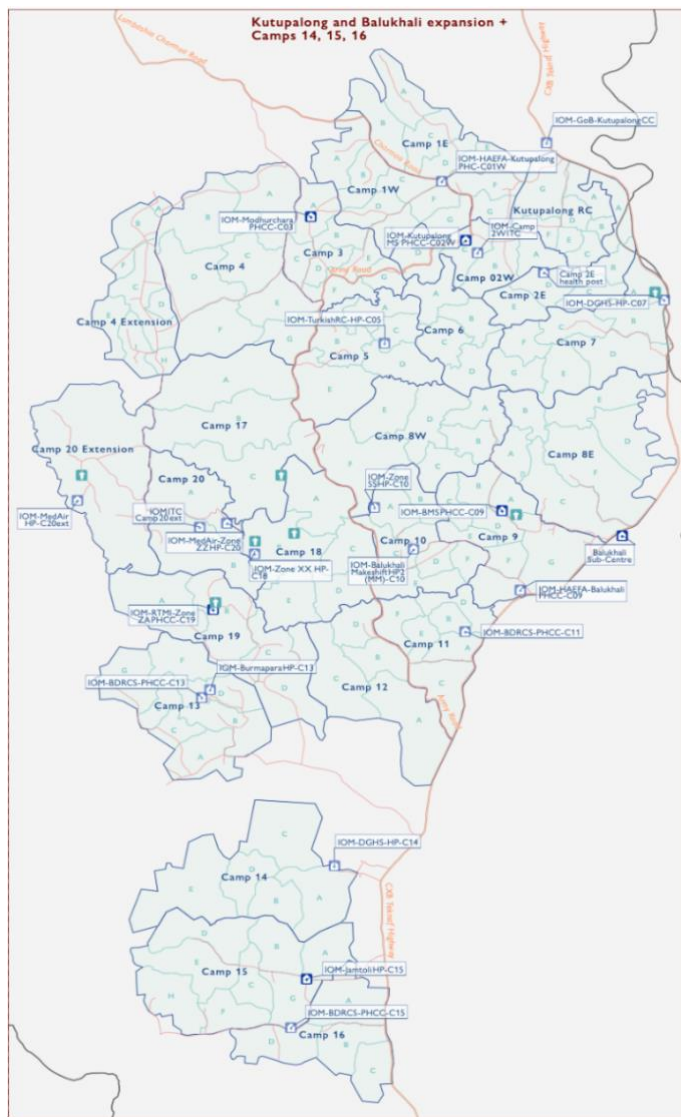


Rohingya and Bangladeshi women in a consultation in Camp 24 Safe Space. (IOM 2019)

Finally, considering the mobility restrictions and social norms, it was necessary to convey the message that the safe space benefits not only women and girls but also the community, making it a 'legitimate or acceptable cause' to step outside their homes. To do this, without creating any risks, the buy-in of the community and family members was essential. IOM staff trained its community mobilizers and volunteers in community engagement and mobilization, GBV core concepts and safe referral, and oriented them with safe space activities as well as providing day-to-day supervision, guidance, and coaching. The community mobilizers under the close supervision of IOM protection staff, used their knowledge of the local context to identify and monitor attitudes towards safe spaces in the community, and the potential challenges that could arise.

IOM consulted with various male community leaders including imams, fathers, and teachers to learn about their concerns and how best to promote the service. In addition, women and girls were asked how they thought a safe space could support them in accessing services and who the key actors were within the community that could influence their access. The community mobilizers used this information to consult with the identified actors, gain insight into their attitudes and draft an appropriate strategy to promote access for women and girls to the facility. This was an ongoing process as there would often be rumours related to safe space activities and community leaders sporadically encouraging communities to not allow women and girls to attend. The use of community volunteers to help facilitate dialogue and demystify activities as well as promote the skill building activities, such as sewing, that could be seen to benefit the wider community would help re-establish access. More details about this process can be found in [Challenges and Solutions Found](#) of the Camp 9 case study.

IOM Map of Women and Girls Safe Spaces and Health Facilities



Step 1: Ensure approaches to safe space development are based on a risk analysis in consultation with women, girls, and their communities

- Conduct an assessment with women and adolescent girls to gather basic information about their needs, preferences, constraints, and assets related to access to, and participation in, safe space programming.
- It is important to engage with the communities living around the safe space location. This engagement supports the staff and the facility gain trust among the community members, helps disseminate information about the available services and assists in building community ownership over the facility.
- Consult with women and girls with disabilities to ensure their inclusion in programming prior to establishing the facility and understand access issues.



Risk mapping session in Camp 17 Safe Space (IOM 2020).

Step 2: Selection of a Physical Space

- Consult regularly with women, girls, and other community members to understand key security risks in the community. Map informal meeting places and networks with women and girls to identify an existing or new location to establish a safe space and validate with a participatory assessment.
- Consult with women and girls with disabilities, pregnant and elderly women to consider their accessibility issues. Collaborate with disability related service providers for seeking their technical expertise on the structure of the facility.
- Ensure the space is safe, accessible, has adequate water and sanitation facilities, by considering the surrounding area, lighting, and potential threats or protection risks in the given area.
- Conduct a rapid service mapping to understand what services are in the area > Locate your safe space near a functioning health care facility - try to place it (less than 1km) away from there in case of referrals for health services.

Step 3: Build the Space

- Local materials and good ventilation (however, when including ventilation, do not jeopardize the confidentiality of the space by leaving significant open gaps in the walls where the public can look in, which would no longer make it safe, confidential, or discrete).

- Design and layout: consult with women and girls to get their input and follow safe space minimum standards and guidelines:
 - 1 – 2 x large rooms (women; adolescent girls – depending on the schedule of activities)
 - At least 2 x small confidential rooms, with doors, and ensuring that nobody can peer (externally or internally) in or listen in
 - Small preparation room where tea can be prepared, and activities organized
 - Small staff-only room where the team can have their own space
 - Parameter fencing and outdoor space.



Step 4: Naming the Space and Community Ownership

- Always ask women and girls what they want to call *their* safe space. Women and girls should be involved in the naming process. Do this while you are having your initial FGD with women and girls about what they want from their space (where they want it, what they want to do it, and what they want to call it).
- With them, you should consider what type of name and signage should be used for the space to be identifiable to women and girls, and not jeopardize the safety and security of those associated with it.

- **IMPORTANT – What NOT to do:** Do **NOT** call [the space or case management area] a ‘GBV centre’ (or ‘SGBV’) or anything that suggests anyone going there has experienced GBV – that would make it unsafe for both survivors and staff. Offering a variety of services that are not related to GBV allows survivors to access services more safely and discreetly.



Women and Girls Safe Space in Camp 20 Extension Safe Space (IOM 2020)



Rohingya and Host Community women inside the Camp 24 Safe Space (IOM 2020)

Step 5: Operationalise the Space

- Hire at least three female staff and female community volunteers to operate the safe space. Recruit and train safe space female staff and volunteers on GBV guiding principles and other relevant humanitarian standards, policies, and procedures, including a code of conduct.³³
 - One Safe Space Supervisor/Case Manager, two GBV Caseworkers (IOM), and two PSS officers per space.
 - One Community Engagement Team Leader, and two Community Mobilisers (volunteers) per camp. Male staff were strategically considered to be in the Community Engagement team from the onset of programming as there was a significant need to engage with community leaders, local authorities, and men and boys.
- Train all staff in communication skills, Psychological First Aid (PFA), available GBV response services and referral pathways.
- Decorate the space with the women and girls attending the spaces.
- Develop and adapt curriculum and awareness tools for the context.
- Establish Standard Operating Procedures (SOPs) for the facility that will guide the staff in maintaining a survivor-centred approach, ethical and safety standards and which includes relevant information for programming such as roles and responsibilities, different curriculum-based PSS and awareness activities and resources, reporting requirements, and relevant administrative and logistical aspects to the organisation.
- Disseminate information about the availability of a safe space and the services offered.
- Close engagement with camp coordination structures (government/local authorities, site management and other non-protection sector actors) to ensure information and related services reach to all partners, stakeholders, beneficiaries for coordination.



Awareness-raising session in Camp 9 Safe Space (IOM 2021)

³³ The Code of Conduct should include the respective organisation's policy and procedures for [Protection from Sexual Exploitation and Abuse \(PSEA\)](#).

CASE STUDY 1: APON GHOR “HAPPY HOUSE”

Women and Girls Safe Space – Rohingya Refugee Camp – Camp 9

IOM established its first safe space in Camp 9 in 2017, known as Shanti Khana or “Peace House” in Rohingya and Apon Ghor “Happy House” in Bangla. There were many challenges from the beginning of the intervention such as ensuring community support to facilitate access of women and girls to come to the safe space. It took regular engagement with Rohingya women and girls and the wider community to demystify rumours related to the activities happening inside and to effectively operationalise the space. Since then, it has become a thriving centre accepted by the community providing a wide range of activities including psychosocial support, life skills training (such as sewing/tailoring classes and IT training), among other recreational and curriculum-based activities for learning. IOM provides embedded GBV case management services within ensuring discreet and non-stigmatising access.

As IOM’s “first generation” of the safe space, there were several oversights identified early on in terms of the design of the facility itself. For example, some of the activity rooms were too dark and did not have much ventilation or there were leakages and small-scale flooding during the monsoon season. In addition, the two counselling rooms were not adequately soundproofed which meant that IOM caseworkers could only conduct one case management session at a time which impacted on IOM’s ability to provide sufficient support. Lastly, the facility was overall too small to capacitate the number of women and girls who wanted to participate in activities which required constant adaptation of schedules to ensure equity of access among all women and adolescent girls participating across the camp.

The Apon Ghor safe space was rebuilt in 2021 after the Camp 9 fire incident which destroyed the camp. Significant improvements were made in subsequent safe spaces established in other camps.³⁴ Its new design (see [Annex 2](#)) provided a best practice model of “[building back safer](#)” that IOM aims to replicate going forward in future upgrades of other safe spaces across all camps, building on its lessons learned in programme implementation and based on the needs and feedback from the Rohingya women and girls.

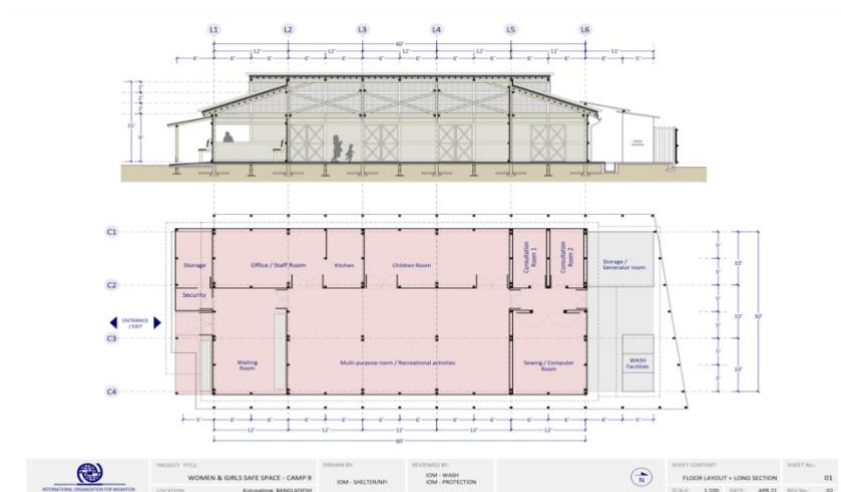
³⁴ IOM (2021) [IOM Bangladesh: Rohingya Humanitarian Crisis Response, Situation Report on the Fire Response \(One Week Later\)](#).



IOM's "First Generation" safe space before the fire incident in Camp 9



IOM's safe space after the fire, Providing temporary emergency response service



IOM's new safe space design for camp 9 (see annex 2 of this guidance note)



Reconstructed safe space in Camp 9 after the fire incident (exterior)

HARD COMPONENTS

The layout of the facility was re-designed to reduce the corridors and optimise the sizes and the relationships between the different rooms. The focus was to ensure privacy for its users from exterior sights, while providing open spaces with adequate ventilation and natural light. Sliding doors were introduced to remove obstacles for circulation and allow more flexible connections between the rooms to address the needs of the activities. The counselling rooms were ensured privacy, accessed from the same corridor leading to the WASH facilities and the sewing room, to use the corridor as a sound barrier, and to prevent anyone to see who would use them. The walls of the consultation rooms were also plastered with cement, for improving the sound insulation.

The new design allowed for larger activity rooms which allowed to facilitate more activities simultaneously and capacitate more beneficiaries. The skill building rooms provided more light which made sewing and tailoring classes easier. The two counselling rooms were adapted, and the soundproofing was improved so caseworkers could conduct two individual sessions at the same time. The space also had improved ventilation, making it more comfortable for participants in activities. There was also a storage space for prepositioning of emergency items such as dignity kits³⁵ and basic clothing items and a small outside room at the separate side of the space that could be used for individual case management for male or gender diverse survivors. Child Friendly Corners were also included in the safe space (see page 28 for more details).



Counselling rooms in Camp 9 Women and Girls Safe Space (IOM 2021)



Multipurpose Activity Room in Camp 9 Safe Space (IOM 2021)

³⁵ Dignity kits contain hygiene and sanitary items, as well as other items explicitly tailored towards the local needs of women and girls of reproductive age in particular communities. See [Dignity Kit Guidance Note: Gender-Based Violence Sub-Sector Rohingya Crisis Response Bangladesh](#).

SOFT COMPONENTS

IOM consulted with women and girls to understand what they liked to do and what they wanted to learn. In the beginning it was challenging to solicit feedback from women and girls even regarding naming the space as many were never asked to name something before. The feedback in the beginning focused on creating a space they could socialise with other women and girls and take tea together. Regarding skills, they had suggested some they already had some knowledge of, such as sewing and tailoring.

It was crucial in the beginning of the intervention to take programming slow and focus on recreational activities like taking tea together, sewing, gardening, cooking, basket weaving, beadwork, storytelling and henna/mehedi. This was key to promote access and buy-in from the men in the community to establish the facility and ensure its acceptance.

Awareness-raising sessions on health and hygiene and topics such as self-care and coping skills and emergency preparedness and response were introduced in the safe space. IOM began to introduce more specialised topics such as Protection, Gender-Based Violence and Counter-Trafficking once the safe space was well established in the community.

It is important to introduce more sensitive topics gradually and ensure women are in the driver's seat of schedules and activities (structured and unstructured) and how they want safe space activities to be communicated in the community. IOM later developed a quarterly questionnaire that provided a forum for women and girls to share their opinions and feedback on activities and what changes they wanted to see in the activity schedule. This allowed IOM to adapt safe space programming as needed in real time.



Art activity with women with disabilities in Camp 9 Safe Space. (IOM 2021)



Sewing and tailoring activity in the Camp 9 Safe Space (IOM 2021)

Life skills activities in the beginning focused on sewing and tailoring, and other existing skills and capacities among the women attending the space but later the development of new skills, such as IT training, were rolled out in the space (however, this became challenging given the various imposed restrictions on income generating activities for Rohingya refugees). IOM developed a peer learning model where trained tailoring groups received a sewing machine after completing their course from the safe space. The participants became peer trainers who would train other women and girls in her blocks, which helped to establish a positive reputation of the safe space.

Safe Space Schedules

Remember: It is key to ensure a balance in the safe space schedule of educational activities and recreational activities or unstructured free time to ensure space for women and girls to socialise and develop friendships within the space.

It took time to develop more evidence-based approaches and curriculum to dive into more sensitive topics but over time IOM developed Ma Boinor Rosom “Mother and Sister’s Ways” curriculum, which is a Rohingya-led and designed approach to learning and consultations.³⁶



Women learning the sectoral symbols as part of disaster preparedness (IOM 2020)

³⁶ See IOM (2021) [MaBoinor Rosom Mother's & Sister's Ways: A Rohingya-led and Designed Approach to Learning and Consultations - Menstrual Hygiene Management Curriculum](#).

CHALLENGES AND SOLUTIONS FOUND

Community Perceptions

When IOM first opened its safe space there were many challenges to ensure the active participation of women and girls. There were cultural and religious barriers for women to participate, risk of backlash and harm to women and girls from the community and a perception of fear over safe space activities changing cultural and social norms. It took targeted action from IOM's community outreach team to engage with dominant community leaders (mahjis), imams, parents, teachers, and other influential males in the community to ensure access and buy-in. Demystifying activities and the role of the safe space was crucial to encourage participation in the beginning and to ensure safe access.

Positive practices included close collaboration between the outreach and safe space teams to jointly conduct door to door visits, provide orientation at the household level about the activities, and invite women and girls to the safe space. One male community member shared that he was very happy that IOM built the safe space in their family's block (demarcation unit of the camp), and he encouraged his wife to come to the space every day. He expressed that he was worried about his wife's safety when he left the home for his daily cash for work activities in other blocks. From IOM's KIs and FGDs, many of the restrictions on women and girls' movement was attributable to concerns regarding their safety in overcrowded areas and living among individuals they did not know very well.

The recruitment of community volunteers allowed for more holistic dialogue building with different stakeholders in the community and would help to promote safe access to the safe space. Community volunteers working alongside IOM staff was a model of best practice. Other positive practice centred on community-led messaging. For example, one woman shared with IOM that she was able to get a job in the camp because she learned facilitation skills from the safe space and applied what she learned from different information and awareness raising sessions in her interview. Such stories were shared among the community and promoted the safe space as an entry point for women and girls to develop their skills and knowledge that can benefit their household and generate income.



Rohingya girl – storytelling through photography in Camp 9 Safe Space (IOM 2018)

Additional Barriers for Adolescent Girls and Persons with Disabilities

Adolescents and women and girls with disabilities were often not allowed to leave the house and experienced additional social barriers to participate in activities. Sometimes there were issues with them coming to the safe space on their own, so IOM staff provided accompaniment of girls in certain blocks of the camp. Likewise with women and girls with disabilities, IOM would provide transportation costs for caregivers and provided assistive devices in collaboration with disability organisations. In addition, some persons with disabilities could not physically access the safe space so IOM ensured household level check-ins and activities as necessary.

Child Caring Responsibilities

Usually in a safe space, small babies, or children under the age of five would be allowed to attend sessions with their mothers. However, many women who wanted to come to the space or who were previously engaged in safe space activities could not attend due to child caring duties related to older children. In addition, it became very challenging to have women participating in the activities when accompanied with children above two years old, as it can be disruptive, and children required additional attention while the activities with the women are ongoing. In the beginning, IOM encouraged women to bring their children to the Child Friendly Space (CFS) nearby the safe space. However, there were practical issues in the alignment and scheduling of activities between the safe space and CFS and upon discussions with the Child Protection sector, the CFS's risked becoming a baby-sitting service.

As a result, and based on consultations with women and adolescent girls, IOM introduced Child Friendly Corners (CFCs) to the safe space in 2019. The Child Friendly Corners allowed children up to the age of six to the safe space providing the opportunity for mothers to participate in different activities while ensuring the protection of their children by well trained staff. The CFCs provided activities for different age groups, such as psychosocial support activities, recreational activities and games, arts and crafts, photography storytelling, and non-formal education (basic literacy and numeracy). Key to note that any



Be Safe, Be Happy Colouring Book Activity Camp 9 Child Friendly Corner inside the Women and Girls Safe Space. (IOM 2020)

Child Friendly Corner requires well trained staff to facilitate activities, monitor and supervise the children in addition, the security guards should be well trained in the safe space to ensure extra eyes on the children that they do not leave the safe space on their own.

In the newly constructed Camp 9 safe space, IOM included new hard components in the safe space to improve the Child Friendly Corner. Sliding doors in the space were introduced which allowed staff to create a separate space for the children and to reduce disruptions for the mothers who were engaging in activities. Children could take part in play through games and activities and there was also basic numeracy and literacy sessions. This allowed the safe space to become a multipurpose space for adults, adolescents, and children. IOM's Child Protection team was able to develop specific activities focused on positive parenting and child protection concepts. This component provided an opportunity for community volunteers to become more specialised and trained in child protection issues, receiving training and capacity building from IOM's teams.

Click [here](#) to take a virtual tour of the reconstructed Camp 9 Women and Girls Safe Space.



[*Building Back Safer | Rohingya Response | IOM Bangladesh*](#)

CASE STUDY 2: ASHAR ALO “LIGHT OF HOPE”

Women and Girls Safe Space – Ratnapalong – Host Community

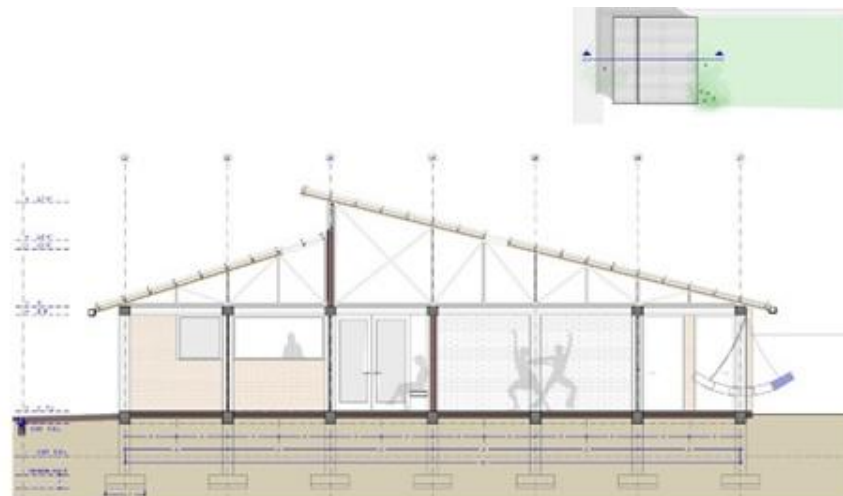
IOM established its first safe space for the host community in Ratnapalong in early 2021, named Ashar Alo “Light of Hope” in Bangla. It provided an opportunity for IOM to have more freedom in the development of the physical structure of the facility itself and diversify programming for the safe space given that there were less restrictions than in the camp context for the host community (i.e., approvals from local authorities regarding activities, permanent building construction, restrictions on livelihood and educational activities). At the same time, there were also different and unique challenges to working in the host community.

The local stakeholders in the community were less familiar with safe space programming than those working in the camp context, which required IOM to carefully map out local authorities required to coordinate the establishment of the safe space. This required coordinating with many local authorities, such as the Union Parishad Chairman and members, government representatives of the union, teachers’ associations, the village committee, and other local stakeholders. Given that Bangladeshi adolescent girls have access to school, unlike Rohingya adolescent girls, the safe space activities had to adapt to the timing of the school hours to ensure no overlap in activities. IOM coordinated with the local school board and authorities to ensure a programme that would be complementary through the development of specific after school programmes for adolescent girls. IOM Health team supported a hospital nearby, which allowed for cooperation, referrals and conducting awareness-raising sessions on sexual and reproductive health in the safe space.

IOM provides a wide range of activities in the safe space, like the Rohingya refugee camp context, including psychosocial support, life skills training (sewing/tailoring classes and IT training), among other recreational and curriculum-based activities for learning. Given the differences in socio-cultural norms, there were many different activities rooted in Bangladeshi culture, including different traditional dances, singing, and poetry recital. Through FGDs and KIs, women and girls proposed a list of activities that they wanted to focus on. The space has community ownership and has provided extensive sewing, tailoring and handicrafts classes and provides a space where adolescent girls come after school to work on their homework together and spend time with family members and members of their wider community. IOM plans to pilot community days in the safe space and intergenerational activities, where all members of the community are welcomed to the space, as well involving men and boys, as appropriate in consultation with women and girls. The goal is for the safe space to eventually become a multipurpose community centre with women and girls’ friendly days.



Land in Ratnapalong for construction of safe space



IOM's safe space design for Ratnapalong (see annex 3 of this guidance note)



Bangladeshi woman opening International Women's Day 2022



Bangladeshi girls in traditional dance competition in Ratnapalong host community safe space celebrating International Women's Day 2022

HARD COMPONENTS

The facility (see [Annex 3](#)) was designed as a permanent building, using reinforced concrete foundations and columns, brick walls, and a steel+CGI sheets roof, which are not allowed to be used in the camp. It is considered a “sister” structure to the Camp 9 safe space design, since the same principles of design were considered, focusing on privacy, light, ventilation, and comfort for the users. Given that IOM could allocate a bigger plot than in the camps, the construction was situated on the roadside, to maximize the outdoor space for activities and ensure privacy. The building respected the minimum standards of safe spaces, including sufficient counselling rooms, activity rooms, an outside space, a little kitchen, boundary fencing, and a big garden. The Ratnapalong design followed the same style as Camp 9 but was larger and more open ensuring sufficient light, ventilation, and privacy. The large hall space in the room was a multipurpose space that has an outdoor space that women and girls can use in the dry season for gardening. It also ensured storage space for prepositioning of emergency items, such as dignity kits.

Given this was for the host community, IOM could construct a proper building and ensure a space for temporary shelter in the community during monsoon and cyclone season. IOM worked closely with the Deputy Commissioner’s Office (district level), Upazilla (sub-district level) Nirbahi Commissioners Office and the Union Parishad Office (local union level) to ensure the activities were well-informed and approved and to ensure the construction was in line with the Bangladesh National Building Code. Given this was for the host community, IOM could construct a proper building and ensure a space for temporary shelter in the community during monsoon and cyclone season. IOM later worked with the Cyclone Preparedness Programme and local authorities to ensure support to the community on preparedness for at-risk households.



Ratnapalong Host Community Safe Space Activity Room (IOM 2021)



Ratnapalong Host Community Safe Space Office Room (IOM 2021)

SOFT COMPONENTS

IOM consulted with local women and girls to understand what they liked to do and what they wanted to learn in the safe space. Host community women and girls were more forthcoming about what they wanted to get from the space and the way they wanted activities to be conducted. When asked about seating arrangement, participants had specific recommendations for elderly women to have a floormat (Patti) and handmade stool (Mora) instead of the chairs for other participants. Women recommended to have a vegetable garden in the outside space and some elderly women requested to have Jainamaj (floor mat for prayer), the holy Quran Sharif (Muslim Holy Book) and Tajbi (A traditional tool to say prayer) that they could read during their free time inside the space.

Adolescent girls and their parents suggested to have formal traditional singing and dancing classes. Many girls were very good at drawing and painting and requested IOM to provide more materials to keep practicing their skills. Other activities identified by women and girls included reading story books, playing badminton, reciting poetry, or arranging debate competitions and other activities that are complementary to their school programme that would further develop their skills and knowledge.



Awareness Session in Ratnapalong Host Community Safe Space (IOM 2021)

Awareness-raising on sensitive topics such as menstrual hygiene was more easily introduced in the Bangladeshi safe space than in the Rohingya camp context. Using printed materials was also easier than in the camps due to higher literacy rates in the host community. Some beneficiaries requested sessions on GBV, early marriage, and parents wanted to learn more about mobile phones or technology their children were using. Life skills activities focused on sewing, tailoring and handicraft training. IOM could also conduct IT training more easily in the host community than the camps because there were less restrictions overall on skill development, training and livelihoods activities compared to the camp setting.

Lastly, the facility was envisioned primarily to be a women and girls safe space however it is the first pilot of promoting intergenerational activities and specific hours for adolescent boys and men. IOM will continue to conduct community consultations to see the possibility of the space to be used by both women and men on separate days and community days, so it evolves to be a multipurpose community centre with women and girls' specific days.

CHALLENGES AND SOLUTIONS FOUND

Engaging Men and Boys

Engaging with men and boys from the host community was very challenging given the social dynamics and cultural norms. Barriers for women's participation in the community are deeply entrenched and there was a risk of backlash against women and girls attending safe space activities. There was also a higher drop-out rate of male community advocates and volunteers in the host community compared to the Rohingya camp setting. This is mainly because host community members were more engaged in regular livelihood/income generating activities, school, or other household work. Eve-teasing or sexual harassment is common for Bangladeshi women and girls when they go to school, market, or other public space. A few times some boys tried to follow the girls following them to the safe space. IOM addressed this issue by talking to the neighbours and the community to challenge this practice and ensure their smooth access to the space. It took targeted action from IOM's community response and outreach team to engage with dominant community leader, parents' groups, imams, teachers, and other influential males in the community to ensure acceptance of activities.



Male engagement in the Ratnapalong host community (IOM 2021)

During the COVID-19 lockdown, the safe space remained opened due to IOM's advocacy. As schools were closed, more girls came to engage in activities as they had to remain at home. Some even celebrated their birthdays in the space, while staff ensured that social distancing measures were respected. IOM safe space staff actively engaged with an identified group of adolescent girls from poorer socio-economic status who had dropped out of school to make sure they continued coming to the space to build their skills and expand their socio-economic opportunities. IOM continuously advocated with local community to ensure equal participation of women and girls with disabilities in the space which also helped to promote community acceptance and buy-in of the safe space, its usefulness, its benefits and to allow more girls to attend activities.

Coordination Challenges

Because the host community does not have a coordination structure like the humanitarian response in the camps, it is challenging to regularly meet with all service providers to discuss activities, gaps, challenges, and areas of collaboration. Given there are fewer service providers generally in the host community, IOM focused on enhancing coordination and collaboration with government actors at the local level and the surrounding host community. An entry point to begin coordination was through disaster risk reduction. IOM conducted training for the local Cyclone Preparedness Program (CPP) volunteers (a national programme from the Government of Bangladesh) on GBV risk mitigation and safe referral, as they are the first responders during natural disasters and work extensively on preparedness during monsoon season. Beyond training, IOM agreed with local authorities that the safe space could provide shelter for local communities which addressed a huge gap given that the existing cyclone shelters are further away for the local community.

Different Community Dynamics

There are different pre-existing GBV risks in the host community such as early marriage as well as different cultural dynamics particularly regarding minority and religious groups that should be considered in curriculum development and ensuring their safe access to the safe space and their inclusion in activities. This is related to cultural norms and many GBV survivors do not want to reach out to services due to social stigma and discrimination. Early marriage and school dropout is common among Bangladeshi girls in this area and their participation in family decision-making is limited. IOM has had to focus its efforts on providing orientation on GBV Core Concepts and the importance of seeking services and how to access these services discreetly. IOM also experienced threats from different influential perpetrators in the community for not providing services to the survivors of GBV. IOM has had to focus its efforts on mobilising men and providing information and awareness about Protection, GBV and safe referral to services. Getting the buy-in and support from local authorities has also helped to strengthen IOM's programming. Other positive practices that IOM is building on is the government encouraging female representatives in local committees and groups and to provide scholarships to girls who drop out of school. IOM plans to scale up these best practices and play a supportive role in the community to further develop these opportunities.



Awareness Session in Ratnapalong safe space with adult women (IOM 2021)

BEST PRACTICES AND LESSONS LEARNED

Create Spaces for Meaningful Participation with Women and Girls

- It is key to foster spaces for women and girls in ways that *they* perceive as culturally appropriate. In the Rohingya setting, it took time to build up confidence and trust among women, girls and the wider community compared to the host community. However, both communities had recommendations and ideas on how best to communicate activities in their respective community. Women and girls should be at the driver's seat of their own safety. Crucial to this is to involve the community in the day-to-day management of the space. Working alongside trained community volunteers is a best practice because it promotes community buy-in.
- Allow time to build trust and dialogue with women and girls. It took some time for IOM to understand Rohingya culture, for women and girls to feel comfortable sharing their views on different topics (including sensitive topics like menstrual health and hygiene) and build their confidence to provide feedback to IOM and shape programming.



Reusable mask making in the safe space during COVID-19 (IOM 2020)

- Women and girls received sewing/tailoring and handicraft training from the safe space. One participant shared with IOM that she completed the tailoring course and received the sewing machine to continue her work. Now, she is earning money with her whole family and her sister who is living with a disability. Skill building training and the provision of small assets to support participants to generate income is a best practice.
- Many of the safe space participants have learned a wide range of life skills and new topics from IOM including facilitation of awareness sessions and curriculum. As a result, many of these participants were able to get a job with IOM or another organization in the camps as a volunteer.

Actively Solicit Feedback from Women and Girls

- Some women and girls may be more pro-active and speak up more than others. Therefore, it is recommended to actively ask for their feedback in different ways, whether in a group or individual setting or using a FGDs, KIs, structured feedback questionnaire or survey. It is important to not assume that they do not have an opinion. Often many activities will be new to women and girls and it is good to introduce and expose them to different programmes to diversify the schedule of activities and see what they like.

Adapt activities in real time based on the needs of Women and Girls

- While it is good to diversify activities, it is important to respect feedback on preferred activities and cater to the needs of women and girls. For example, sewing was one of the most popular activities, so much so that adolescent girls would go to the adult women's classes to attend the sewing classes, which created conflict at times. As a result, IOM increased the frequency of the activity to meet the demand, scheduling more classes and dedicating a separate room to the sewing classes, which also allowed to mitigate the noise from the sewing machines in other activity rooms.



Awareness session in the community in Camp 23 (Rohingya and host community mixed area) (IOM 2020)

The Location of the Safe Space Matters!

- While partners need to coordinate with the relevant authorities and sector to identify the needs and establish safe spaces where there are gaps, it is crucial to select locations based on the preferences and needs of women and girls and proximity to services, such as health services. This enables staff to provide timely multisectoral referrals and helps with case follow up.

Static activities must be complemented by community level activities

- Engagement with men and boys should be done from the outset of programming. Safe space activities do not take place in a vacuum. In parallel, there should be regular outreach and community engagement to complement the activities from inside the safe space to ensure community buy-in, ownership and support.
- GBV actors working with volunteers and community mobilisers should use evidence-based approaches in coordination with the GBV sub-sector to prevent GBV and promote healthy gender norms and coping mechanisms.³⁷
- GBV actors should give special attention to community groups, such as community and religious leaders, to make them familiar with available services that benefit not only for women and girls but also men and boys, families, and the community. Encouraging their participation will also contribute to increase their knowledge of safe spaces, on issues affecting their communities and a greater sense of ownership of the spaces.
- IOM still faces challenges ensuring access of women and girls to safe spaces. Women and girls cannot freely and comfortably move in public space, though IOM continues doing community messaging directly with communities by mobilizing its community volunteers. There is a need for more structured and evidence-based curriculum to address harmful gender norms like Engaging Men and Boys through Accountable Practise (EMAP) and Promundo, for working with men and boys. Dominant male community leaders (mahjis) and Rohingya armed groups like ARSA or Harakah al-Yaqi also create barriers for women and girls to leave the home to access services.



³⁷ Some examples of best practice approaches include IRC's [Engaging Men Through Accountable Practice \(EMAP\)](#) and [Raising Voices SASA!](#)

- If possible, and with prior consent from women and girls, a guided tour with the male community leaders along with government authorities can be arranged, when there are no activities or women and girls in the space, so that they know what a safe space is and how important the space is for women and girls in the community. This will be important to promote support for the programme by community leaders and influential actors, minimizing rumours and ensure the sustainability of the space.

Promote Community-led Models and Peer-to-Peer Learning Exchange

During the first three years of managing safe spaces, structured peer-to-peer curriculum was lacking in the safe spaces across the entire Rohingya refugee response. Primarily the PSS activities and curriculum would be standalone sessions with different groups of women and girls due to the lack of contextualised resources and time constraints of women and girls. In addition, the time it took to adapt global curriculum packages by various GBV service providers going their own way independently bringing in consultants was incredibly challenging and inefficient. IOM's GBV team was concerned about missing key strategic opportunities and the limitations in standalone sessions that do not build on each other or allow for a deeper dive into key topics. Moreover, the team was concerned that awareness raising, and life skills curriculum was too "top down" in its approach overall and there was a general feeling amongst Rohingya refugees that the humanitarian community underestimated their capacity and ability to lead.³⁸

Given these challenges, IOM worked to shift its approach to PSS and life skills activities to a more community-based model and evidence-based approach. IOM GBV team worked with its Research and Consultations Unit to develop a Rohingya designed and led curriculum packages entitled MaBoinor Rosom (MBR) "Mother's and Sister's Way" or "Mother's and Sister's Traditions" in Rohingya. It was developed as a series of workshops where Rohingya women and girls living in Rohingya refugee camps in Bangladesh can learn more about issues that affect them, as well as share their thoughts, experiences, and ideas about these issues. The objective of MBR is to create a two-way exchange of information about issues that affect women in a culturally acceptable and accessible way. The MaBoinor Rosom Series has emerged as a best practice model using evidence-based approaches building from



Awareness session with Rohingya men in the community (IOM 2020)

³⁸ Lough, O., Spencer, A., Coyle, D., Jainul, M.A. and Barua, H. (2021) [Participation and inclusion in the Rohingya refugee response in Cox's Bazar, Bangladesh: "We never speak first."](#) HPG Working Paper. London. Overseas Development Institute (ODI).

summary reports³⁹ and with a companion curriculum⁴⁰ that Rohingya volunteers co-facilitate with IOM staff. MBR topics have included menstrual health and hygiene, marriage and sexual and reproductive health, childbirth and caring for newborn babies and promoting healthy and supportive relationships.

IOM provides training and coaching to its community volunteers to take lead in facilitating this curriculum, which is more sensitive to Rohingya gendered social norms.⁴¹ In addition, the activities are short enough to be able to spread them out over a course of many weeks to address time constraints of participants. For those women and girls who cannot access the safe spaces, this is a curriculum that can be conducted in individual shelter units. IOM is currently working to develop companion curriculum packages for men and boys on the same topics of editions 1 and 2.

Address the Needs in Real Time and Identify Innovative Solutions

In the Rohingya camp setting, there were many Water, Sanitation and Hygiene (WASH) issues related to GBV and menstrual health and hygiene needs such as lack of access to enough water during menstruation, absence of gender segregated latrines and bathing, not having proper locks and lightings, location of the WASH facilities are not near to shelter or located beside any shop/men-crowded place, lack of MHM knowledge. In addition, the lack of income generating activities meant creativity in identifying opportunities for community volunteers in running the safe spaces or finding new cash for work opportunities such as the production of sanitary pads

IOM improved the Water, Sanitation and Hygiene (WASH) facilities in the Camp 9 safe space based on these challenges to supplement the existing WASH facilities at camp level. The inclusion of integrated bathing spaces with toilets allows women and girls to better manage their menstruation during activities and when they have issues like water scarcity in the community. The WASH facilities inside include a ramp and a handrail to better assist women and girls with disabilities, pregnant and elderly women. The safe space also included a drying rack where women can wash and dry their reusable sanitary pads. In addition, IOM supplemented WASH facilities in the camp by including bathing spaces and spaces to wash sanitary pads in the safe space for women and girls given the physical limitation of being able to provide more public WASH infrastructure due to a lack of space.

³⁹ See IOM (2021) [MaBoinor Rosom Mother & Sister's Ways: Edition 1 Summary Report on Menstrual Hygiene Management](#), and IOM (2022) [MaBoinor Rosom Mother's & Sister's Ways: Edition 2 Summary Report on Marriage](#), and IOM (2022) [MaBoinor Rosom Mother's & Sister's Ways: Edition 2 Summary Report on Sexual and Reproductive Health](#).

⁴⁰ See IOM (2021) [MaBoinor Rosom Mother's & Sister's Ways: Edition 1 Curriculum on Menstrual Health and Hygiene](#), and IOM (2022) [MaBoinor Rosom Mother's & Sister's Ways: Edition 2 Curriculum on Marriage, Family Planning and Childbirth](#).

⁴¹ Coyle, D. Jainul, M.A., and Sandberg-Pettersson, M.S. (2020) [Honour in transition: Changing gender norms among the Rohingya](#). IOM and UN Women.

Conduct Regular Risk Mapping in Safe Spaces

Risk mapping is a continuous process that must be regularly conducted with women and girls. GBV-related risks are evolving in any given context due to natural disasters, camp design, changes in gendered social norms, and so on. It is key to regularly conduct this activity with women and girls (remember that identifying GBV cases / prevalence data is not recommended and is against the do-no-harm principle). Identification of GBV-related risks can be led by GBV actors or conducted via safety audits and other participatory consultation activities with women and girls. The findings should be fed to relevant sectors such as WASH, Shelter/Non-Food Item (NFI), Health and other humanitarian sectors and service providers to take action to mitigate identified risks. GBV actors can advocate for actions to be taken at both sector and camp level coordination meetings or working groups.

Monitor Quality and Satisfaction of Services

It is imperative to receive feedback from the women and girls to drive activity design and improve quality of activities and services. It is key to develop different methods for soliciting feedback and recommendations on activities in the safe spaces. Some examples include a satisfaction survey, questionnaire, regular FGDs and consultations with women and girls. Reach out to IOM's GBV Support for more information: gbvsupport@iom.int

Be Careful with Distributions from the Safe Space

Often partners can be seen distributing dignity kits or other NFI items in safe spaces which needs to be carefully managed. It is acceptable to distribute, on a case-by-case basis, basic items for survivors or extremely vulnerable individuals. However, it is important to not organise larger scale distributions at the safe space to avoid community perceptions of the safe space being associated as an NFI centre. Larger scale distributions should be done in a distribution point, in collaboration with Shelter/NFI partners and not in the safe space.

Advocacy is Essential

During the COVID-19 pandemic, the government lockdown restrictions required safe spaces to be closed as they were considered a non-essential service by local authorities. Yet they provide life-saving information, services, and referrals to GBV survivors and women and girls at heightened risk. IOM managed to advocate, together with the Protection and GBV subsector, for the reopening of the safe spaces, but it took a long time to re-establish activities beyond handwashing and COVID-19 awareness-raising. As many global guidelines have already highlighted, safe spaces should not be shut down at the first sign of COVID-19; rather risk mitigation measures should be instituted to allow for safer implementation of safe space activities to

serve women and girls and contribute to preparedness, readiness, and response actions.⁴² Protection, GBV and Child Protection sectors should work together to ensure advocacy and consider safe spaces as essential services to be managed in line with COVID-19 guidelines.

Final Reflections

Often it is difficult to quantify the true benefits and impacts of a woman and girls safe space. When the safe spaces were temporarily closed during the COVID-19 lockdown, IOM consulted with women and girls who expressed that it was an extremely difficult time without social support. Adolescent girls expressed that they felt most impacted by the lack of social support through their friends and the staff working in the safe space. Many girls expressed they did not feel comfortable sharing their thoughts or feelings within their family or community as they may not take it positively. They were also worried about forgetting what they learned - sewing, tailoring, handicrafts, or computer skills –because they could no longer practice at the safe space, which felt demotivating. Women expressed that their husbands and sons faced greater difficulties during this lockdown period too and accessing income generating activities, which contributed to increase household tensions overall. Other women expressed that they felt safer in the safe space than they do in their homes and that during the lockdown they were confined to their shelter, which was hot and without ventilation. Women and girls expressed that they have gone through so many new experiences and changes in their lives during the months the safe space was closed due to the lockdown and were relieved it reopened so they could talk again, share experiences, continue their skill building and participate in awareness sessions. Overall, the situation created an atmosphere where women and girls feel unsafe, both physically and emotionally. Beyond COVID-19, this underscores the biggest impact that the safe spaces have for women and girls in their lives currently in a protracted displacement.

⁴² Norwegian Church Aid, International Medical Corps and IRC (2020) [Women and Girls Safe Spaces: Technical Guidance Note for COVID-19](#).

You can learn more about IOM's GBV programming from the below videos:



Annex 1: GBV Subsector Women Friendly Space Minimum Standards Checklist

Site Assessed/Organization:

GPS Coordinates:

Date of Assessment:

Contact Person and Information at Site:

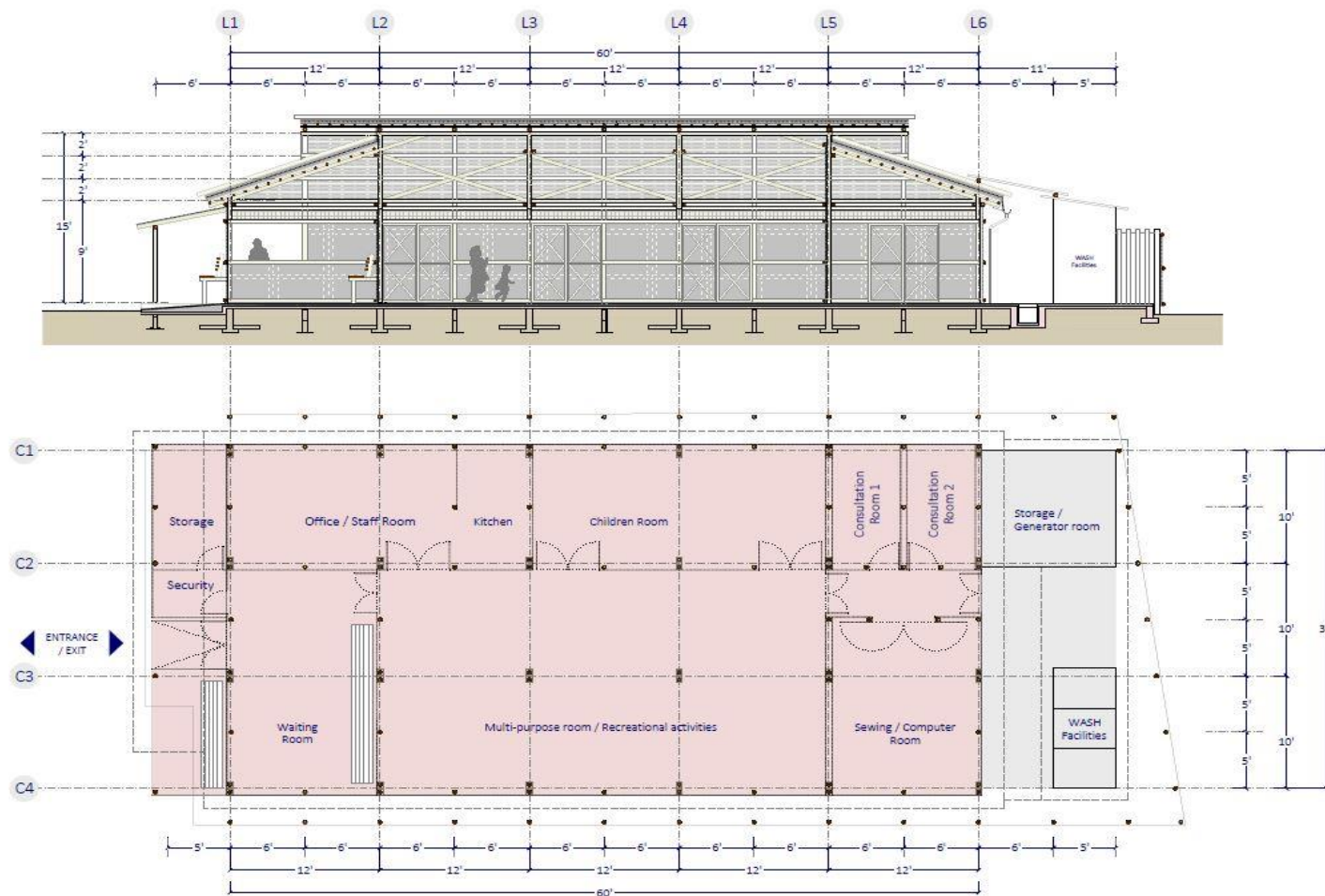
Assessor Code:

Background Information on Site (including Core Mission, Number of Times Assessed):

Minimum Standard/Task	Met	Working Toward (Indicate planned date of completion)	Not Met	Comment
ALL WOMEN Staff				
All activity facilitators are female (ie: information/education sessions)				
Two or more staff present in the WFS				
Staff trained on PSS, PFA, risk reduction, GBV Guiding Principles, woman/survivor centered support (Ie: Staff can name the Guiding Principles: Safety, Confidentiality, Respect/Dignity, Non-discrimination)				
Staff should be able to describe WFS as a space for women and girls (not a GBV centre or survivor centre or CFS)				
No visible signs with GBV on it				

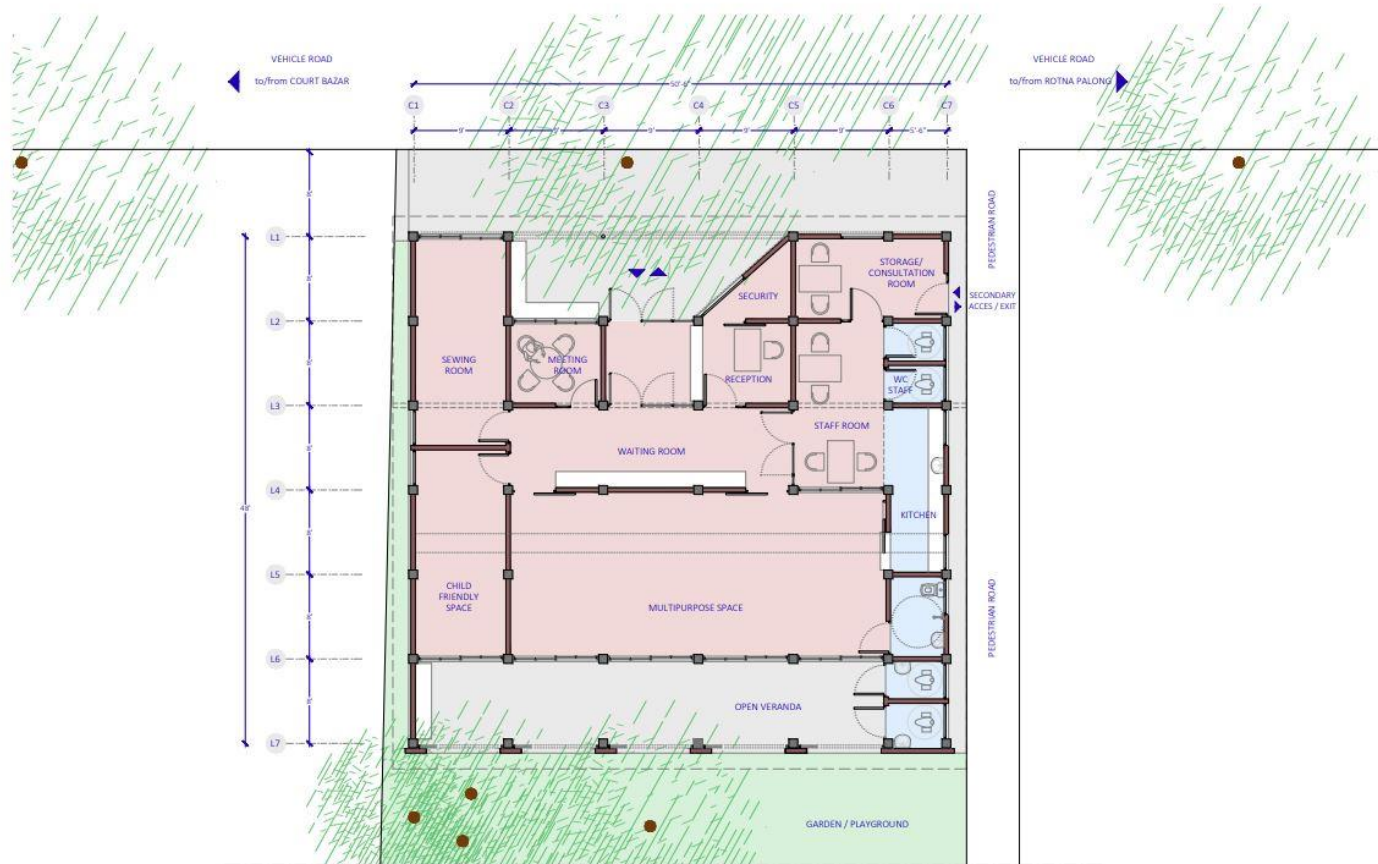
WFS is clean, welcoming, and maintains privacy from the public				
Group activities, materials, and supplies are sufficiently available				
Women and girls consulted on activities in the WFS				
Staff know safe referral links: know the exact name and number of the health professional who can provide CMR				
Staff know safe referral links: know the exact name and number of the health professional who can provide GBV case management				
Is there a place for more than 10 women to sit (i.e.: mat, chairs)				
Confidential room is available (optional)				
Informed consent for referrals is known by staff				
Does the WFS have separate sessions for women and adolescent girls? (i.e.: Depending on time of day, observe if activity is happening separately for women and adolescent girls)				
No men present in the WFS – this includes donors and visitors				
Men are not congregating or loitering outside the WFS				

Annex 2: Design of Camp 9 Women and Girls Safe Space



 INTERNATIONAL ORGANIZATION FOR MIGRATION	PROJECT TITLE: WOMEN & GIRLS SAFE SPACE - CAMP 9 LOCATION: Kutupalong, BANGLADESH	DRAWN BY: IOM - SHELTER/NFI	REVIEWED BY: IOM - WASH IOM - PROTECTION	<div style="text-align: center;"> <h1>DRAFT</h1>  </div>	SHEET CONTENT: FLOOR LAYOUT + LONG SECTION SCALE: 1:100 DATE: APR 21	SHEET No.: 01 REV No.: 02

Annex 3: Design of Ratanapalong Women and Girls Safe Space



 INTERNATIONAL ORGANIZATION FOR MIGRATION	PROJECT TITLE: WOMEN & GIRLS SAFE SPACE LOCATION: Rotna Palong, Court Bazar, BANGLADESH	DRAWN BY: IOM - SHELTER/NFI	REVIEWED BY: IOM - PROTECTION IOM - INFRASTRUCTURE		SHEET CONTENT: FLOOR LAYOUT SCALE: 1:100 DATE: AUG 20	SHEET No.: 02 REV No.: 03
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Annex 4: TORs

Safe Space Supervisor	Caseworker
<ul style="list-style-type: none"> Supervise and support caseworkers as they provide case management services to survivors of GBV or individuals at heightened risk. This will include identification of client needs, basic counselling, development of action plans and safety plans with clients, support to clients in pursuing multisectoral services including referrals to emergency safe shelter. Manage the implementation of women and girls safe space (static) activities and community-level outreach activities with volunteers. Serve as GBV Camp Level Focal Point for the assigned camp. Support GBV mainstreaming and community-based protection efforts conducting activities such as community events, training, interacting with community members, other sectors, and focal points, disseminating information on services, and conducting community risk-mapping. Assist with field monitoring by providing regular updates on service mapping and referral pathways ensuring adherence to best-practice principles and interagency guidelines and minimum standards. Contribute to reporting and administration of field activities, and proactively identifying programmatic and operational gaps in line with GBV interagency guidelines and minimum standards. 	<ul style="list-style-type: none"> Provide case management services in line with interagency guidelines, SOPs, and best practice guidelines to facilitate a survivor-centered approach Support regular assessment and follow up based on client's needs; including basic individual counselling, the development and monitoring of case action plans with clients; support to clients in accessing available multisectoral services Collect, store, and present GBV related data in line with IOM's ethics, standards, and guidelines as well as interagency reporting requirements as needed to contribute data analysis and GBV trend analysis (GBVIMS and Primero system) Provide emergency services in the camps as part of interagency emergency preparedness and response structures working with the Protection and GBV sectors. Support the Safe Space Supervisor in periodic training and capacity building in GBV at camp level for humanitarian stakeholders, community groups, committees, and volunteers on safe referral.
PSS Officer	Community Mobilizer

<ul style="list-style-type: none"> Plan activity schedules and facilitate group-based psychosocial, life-skills and recreational activities working in close collaboration with the Safe Space Supervisor and community volunteer. Ensure a safe and stimulating environment for culturally and age appropriate structured and non-structured PSS activities (including peer-led curriculum-based activities and sports, and games) Support the development of capacity building materials as well as manuals and materials for new PSS activities and services. Support, coach and train the community volunteers to lead in curriculum facilitation. Support the caseworkers to follow up cases in a timely and safe manner. Conduct psychological first aid when needed. Support the Supervisor in compiling weekly and monthly reports to provide information on activities conducted, topics discussed, challenges faced and analysis in trends, gaps and lessons learned. 	<ul style="list-style-type: none"> Plan and organize awareness sessions at the community level including preparation of all logistical aspects to conduct sessions. Prepare a weekly and monthly work plan for awareness-raising including target groups and topics. Schedule and organize meetings and sessions with community groups such as community leaders, religious leaders, parents, person with disabilities. Ensure weekly and monthly reports, maintain regular coordination with stakeholders. Facilitate community consultations, organize meetings, events, day observations and support community-led groups to plan their activities.
Community Engagement Team Leader	PSS Worker (Child Friendly Corner)
<ul style="list-style-type: none"> Monitor community outreach and engagement activities in coordination with the staff and volunteers working at the women and girls safe space Support community mobilisers in community-level activities and mobilization of community groups. Organize and facilitate training, meetings, and workshops with community groups such as community leaders, religious leaders, parents, 	<ul style="list-style-type: none"> Facilitate child-friendly recreational and learning activities (numeracy and literacy) for the child and ensure safety/security during sessions. Ensure that children enter the space with their mother or sister and are registered with the security guard (ensure accompaniment to and from the space)

<p>person with disabilities. Ensure timely weekly and monthly reports, maintain regular coordination with stakeholders in line with implementation plans.</p> <ul style="list-style-type: none"> ▪ Help to build positive relations within the team and with different humanitarian and government stakeholders at camp level ▪ Provide support in emergency preparedness and response as needed. 	<ul style="list-style-type: none"> ▪ Prepare weekly, monthly report and send to respected supervisor ▪ Identify children with protection concerns and report to the supervisor for referral and support. ▪ Provide support in emergency preparedness and response as needed.
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