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Making Needs and Rights Visible

The Power of Data and Evidence for an Improved Response to the Rohingya Crisis

This is one of a series of case studies based on UNICEF-supported communication, community engagement and accountability activities as part of the larger humanitarian response to the Rohingya refugee crisis in Cox's Bazar, Bangladesh, from September 2017 to December 2019.

Author: Dr. Hakan Ergül

Editing: Rain Barrel Communications – Saudamini Siegrist, Brigitte Stark-Merklein and Robert Cohen
Design: Azad/Drik

UNICEF Bangladesh
BSL Office Complex, 1 Minto Road
Dhaka 1000, Bangladesh

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SPEAR team: Carlos Acosta, Juanita Vasquez Escallon, Deepak Kumar Dey, Cheayoon Cho.

C4D teams at headquarters, regional office and country office:

Aarunima Bhatnagar, Ambareen Khan, Bina D. Costa, Diane Summers, Didarul Alam, Farid Alam, Jon Bugge, Ketan Chitnis, Kouta, Rafael Obregon, Mamunul Haque, Mohamad Alamgir, Mousumi Tripura, Nasir Ateeq, Naureen Naqvi, Nizamuddin Ahmed, Parveen Azam, Paryss Sayeeda Farhana, Sheikh Masudur Rahman, Neha Kapil, Yasmin Khan.

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Abbreviations

AAP	Accountability to Affected Populations
AIDS	Acquired Immunodeficiency Syndrome
BITA	Bangladesh Institute of Theatre Arts
BRAC	Bangladesh Rural Advancement Committee
C4D	Communication for Development
CCP	Johns Hopkins Center for Communication Programs
CwC	Communication with Communities
DRR	Disaster Risk Reduction
HIV	Human Immunodeficiency Virus
IEC	International Education Centre
IFC	Information and Feedback Centre
ISCG	Inter Sector Coordination Group
KAPB	Knowledge, Attitudes, Practices and Behaviours
SIM	Subscriber Identification Module
SMS	Short Message Service
SPEAR	Social Policy, Evaluation, Analytics and Research
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

Introduction

The onset of the Rohingya refugee crisis in August 2017 irrevocably changed the present and the future of hundreds of thousands of children, women and men from the Rohingya community and introduced the entire Cox's Bazar district, one of the poorest areas in Bangladesh, to an unprecedented crisis and a new social reality. The situation was so dire that a month later, on 20 September 2017, UNICEF activated a Level 3 emergency response[1] – the highest level of alarm.[2] Together with the Government and other humanitarian partners, UNICEF immediately responded to provide life-saving assistance and protection to the newly arrived Rohingya children and their families, also taking a lead role in health; nutrition; water, sanitation and hygiene (WASH); child protection; and education – areas that are fundamental to the survival, protection and wellbeing of the refugee community. UNICEF also played a strong supporting role in communication for development (C4D) interventions as well as community engagement and accountability to the affected population.

Background

Emergencies that involve forced displacement and refugee populations are often chaotic and volatile. Humanitarian actors struggle with the questions of how to deliver life-saving assistance to hundreds of thousands of people; how to overcome the chain of political, environmental, socio-cultural and financial constraints; and how to fine-tune the response to the changing needs of affected communities while also delivering on the Grand Bargain[3] and World Humanitarian Summit[4] commitments for accountability to affected populations. Host governments and donors also struggle to meet their commitments to provide aid in protracted crises. They need to justify their spending to taxpayers and parliaments, and to demonstrate that their support to aid organizations has been used effectively for those who need it most.

Efficient response and strong advocacy in humanitarian settings requires an evidence-informed, rights-based and needs-driven (not supply-driven) approach. Without reliable evidence and data it is not possible to identify where the necessity for intervention is greatest and whether interventions are successful in saving lives. For that reason, UNICEF, together with partners, has carried out research, monitoring and evaluation activities in Rohingya refugee camps and host communities. The knowledge and information gained through these efforts have helped inform the response and better serve the Rohingya refugee population in Bangladesh.

The context in Cox's Bazar

Starting in August 2017, over 740,000 Rohingya refugees crossed the border from Myanmar into Bangladesh,[5] desperate for safety and assistance after fleeing persecution and ethnic genocide in their native Myanmar. Humanitarian agencies and organizations were faced with a crisis of staggering size and complexity. Early assessments revealed extensive challenges. The population was unable to communicate with aid workers due to language barriers[6] and women and girls were especially vulnerable because of religious beliefs and cultural practices that restricted their mobility.[7] The lack of credible sources of information[8] further exacerbated the existing language and communication barriers,[9] and concerns about livelihood, safety and security were increasing among the affected communities.[10]

Strengthening the response and improving accountability: An evidence-based approach

In line with the 2018–2021 UNICEF Strategic Plan,[11] the Communication for Development Strategic Framework[12] and Core Commitments for Children in Humanitarian Action,[13] UNICEF, together with research institutions, non-governmental organizations and other humanitarian partners, initiated a number of rapid reviews, assessments and evaluations, as well as research and documentation activities to build an evidence-based response and improve advocacy in Cox's Bazar.

Context matters: Understanding what lies behind

From the onset, field observations highlighted the need for a better understanding of the local context in developing an effective response to the Rohingya refugee crisis. To address this challenge and contribute to evidence-based planning, UNICEF commissioned several desk reviews, including a review of social and cultural norms, as well as beliefs and practices in the Rohingya refugee camps. On this basis, the response was tailored to address sensitive issues in the camps and improve the socio-cultural relevance and impact of interventions. Through the global Social Science in Humanitarian Action Platform,[14] set up in collaboration with the Institute of Development Studies of the University of Sussex, a number of reports and practical guideline briefs were prepared on key topics.[15] One example is the literature review study, 'Social and Cultural Factors Shaping Health and Nutrition, Wellbeing and Protection of the

Information service provider regularly shares key lifesaving messages with model mothers and other volunteers in Rohingya camps to ensure community are getting right information at the right time.

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Rohingya Within a Humanitarian Context'.[16] Drawing on previous studies and available data on the Rohingya community in Myanmar, the study provided useful information and tips on the religious, social and cultural context, as well as credible and trusted sources of information to inform community engagement activities on health (including mental health); nutrition; reproductive healthcare; water and sanitation; and protection, with a particular focus on safe spaces and the participation of women and children in camp programmes and activities. The insights were shared with the Communication with Communities (CwC) Working Group members and with key sectors under the Inter Sector Coordination Group.

Social Science in Humanitarian Action Platform

The Social Science in Humanitarian Action Platform is a communication for development initiative that establishes networks of social scientists to rapidly provide insight, analysis and advice to better design and implement the social and communication dimensions of emergency responses. Launched in 2017, the Social Science in Humanitarian Action Platform is a partnership between UNICEF and the Institute of Development Studies, with support from Anthrologica.

See <www.socialscienceinaction.org> for more information.

Guideline briefs focused on six themes: Adolescent engagement; social norms and decision-making processes within the community; engagement with religious leaders; ethics in research and representation; nutrition; and gender-based violence. For example, the guideline brief 'Rohingya Situation: Brief political and socio-cultural context relevant for the CXB emergency response', prepared for the emergency response team, looked at social and cultural values, norms and dynamics that frontline workers should be aware of as they carry out activities and deliver assistance. The brief provided evidence, first-hand observations and tips on a number of social norms and dynamics in the camps. Special attention was paid to factors that are imperative to the successful implementation of the humanitarian response, such as gender, decision-making structures, reproductive health and challenges in language and communication, as well as what is and is not culturally accepted in public and private spheres in the camps. Another example of a guideline brief is 'Cross-Cutting Gender-Sensitive Response: Insights from research', which brought together available reports and field observations, including observations of the UNICEF response team, and interviews and focus group discussions with community members (including Rohingya girls and women; host community representatives; community leaders such as mahjees and imams; security personnel; adolescents from radio listeners clubs; and staff from other UN agencies working in the camps). According to the brief, child marriage, sexual violence and exploitation, and trafficking were among the greatest risks and challenges requiring urgent attention, in particular for adolescent girls in the Rohingya refugee camps.

Early on in the response, another serious challenge that arose was vaccine hesitancy, causing reluctance among the Rohingya community to vaccinate children. The reluctance

posed a grave threat because of the exceedingly dense camp environment, lack of proper sanitary infrastructure and poor sanitation and hygiene conditions. Soon after the arrival of the refugees, deadly outbreaks of communicable diseases such as measles and diphtheria occurred. Less than five months later, in January 2018, more than 5,500 suspected cases of diphtheria had been reported, with 38 deaths. In addition, the risk of waterborne diseases such as cholera and acute watery diarrhoea needed urgent attention before the arrival of the monsoon/cyclone season.[17] There was an immediate need to understand and address root causes, and to improve the demand for vaccination among the Rohingya community. A group of researchers and humanitarian staff from Centers for Disease Control and Prevention, UNICEF, the World Health Organization and the CwC Working Group took the initiative to conduct a qualitative, interdisciplinary behavioural assessment in the camps. UNICEF and partners played an active role in the implementation of the multi-agency assessment and participated in different phases of the research, including in the preparation of data gathering guidelines, the supervision of data collection, the organization of focus-group discussions and key informant interviews in the Rohingya language, and in data analysis. The assessment found that misinformation about vaccination, concerns about side effects and lack of sensitivity to gender norms at the vaccination sites were among the factors that led to vaccine hesitancy. The research suggested that, in order to address this issue, vaccination delivery practices would need to be enhanced and more efforts made to engage and mobilize trusted religious leaders to better inform the community and to overcome the cultural and religious barriers. The findings were shared through a journal article, titled 'Rapid Behavioral Assessment of Barriers and Opportunities to Improve Vaccination Coverage among Displaced Rohingyas in Bangladesh'.[18]

Baseline and midline surveys

In a humanitarian context, understanding the affected populations' level of knowledge and awareness about key issues such as health; education; water, sanitation and hygiene (WASH); nutrition; protection; and gender equality is a critical step towards building an evidence-driven response and advocacy. To this end, UNICEF partnered with Innovations for Poverty Action in mid-2018 to implement a Knowledge, Attitudes, Practices and Behaviours (KAPB) survey.[19] The KAPB survey employed both quantitative and qualitative methodologies to establish a baseline with evidence for the specific areas where the knowledge gap was the most dramatic. The survey was designed to determine the underlying motivations and constraints for practices and behaviours, and to identify the most effective ways to serve the vulnerable groups in the camps and host communities. Among the key objectives of the baseline survey was to assess, over time, the effectiveness of the community mobilization efforts carried out by UNICEF and partners as part of the CwC efforts. The findings covered a range of areas, including reproductive health and early childbearing; menstrual hygiene; newborn care; breastfeeding and complementary feeding; vaccination; birth registration; WASH; diarrhoea; pneumonia; education; and child protection with a focus on unaccompanied and separated children; child marriage; and gender-based violence, as well as HIV and AIDS and sources of information and service delivery.

Some findings were particularly encouraging: The majority of the Rohingya participants and members of the host community were aware of the basic steps of newborn care. About three-quarters of the respondents in refugee and host communities mentioned the importance of oral rehydration therapy to fight diarrhoea. Nearly everyone in both the camps and the host community knew about vaccination and why it

is administered. However, misconceptions about the negative impact of vaccination persisted.[20] A majority of the respondents, 96 per cent in the camps and 91 per cent in the host community, mentioned procuring their drinking water from a tube well, yet almost 75 per cent did not treat their drinking water before consumption. Temporary learning centres were reported as the most frequently used educational space for children by the Rohingya community. About 37 per cent of respondents in the camps reported that they are aware of gender-based violence in their community.

In 2019, two years after the onset of the Rohingya refugee crisis and a year after the baseline assessment, UNICEF and Innovations for Poverty Action carried out a midline KAPB survey[21] to assess the actual changes in relation to critical life-saving knowledge and behaviour in the refugee and host communities from a comparative perspective. Information from the midline survey has helped determine whether the initiatives undertaken since the previous/baseline survey are appropriate and effective, while also identifying changing needs and obstacles in the field.

The midline KAPB survey, in comparison to the baseline, found that children's engagement in educational facilities improved from 57 per cent to 64 per cent in camps and from 61 per cent to 67 per cent in host communities. Similarly, more females were aspiring to achieve basic literacy and higher levels of education while more males were aspiring to reach higher levels of education *(see Table 1 and Table 2).*

Table 1. Number of adolescents who are active members in ARLCs in camps and host communities

	Midline		Baseline	
	Camp female	**Host community female (%)**	**Camp female**	**Host community female (%)**
None	7.6	3.4	31.1	24.5
Some primary	16.6	11.4	16.1	7.7
Primary	20.8	12.3	11.8	7.3
Some secondary	13.4	10.5	12.6	10.5
Completed secondary	22.9	21.7	21.0	23.2
Higher secondary	12.9	22.9	4.6	14.6
Higher education	5.7	17.7	2.7	11.8
N. camp: 1,706			N. camp: 1,808	
N. host: 446			N. host: 534	

Table 2. Educational aspirations among male Rohingya household members – baseline vs midline survey, 2018–2019 (per cent)

	Midline		Baseline	
	Camp male	Host community male (%)	Camp male	Host community male (%)
None	0.5	0.6	2.6	3.9
Some primary	1.9	0.9	6.9	9.3
Primary	7.7	8.6	5.8	5.4
Some secondary	9.7	8.2	18.9	14.1
Completed secondary	51.0	50.7	34.2	27.3
Higher secondary	14.6	26.4	17.7	21.5
Higher education	14.7	28.6	13.2	18.0
N. camp: 834			N. camp: 624	
N. host: 220			N. host: 206	

Substantial improvements in knowledge and awareness about healthy behaviours and practices were observed in a number of key areas in the midline survey, including five danger signs: awareness of maternal risks and danger signs; knowledge of basic steps for newborn care and exclusive breastfeeding; the importance of children's engagement in educational facilities (the number of respondents who send their children to temporary learning centres jumped from 57 per cent to 81 per cent); the physical and psychological risks of child marriage and early childbearing; and gender-based violence (see some examples in Table 3 and Table 4). The midline survey also identified persistent challenges and areas for further improvement such as refugees' awareness about services in the camps, perception about water safety, knowledge of HIV and AIDS and community mobilization activities.

Table 3. `Knowledge about five danger signs – baseline vs midline survey, 2018–2019 (per cent)

	Midline		Baseline	
Knowledge about five danger signs	Camp (%)	Host community (%)	Camp (%)	Host community (%)
Yes	66	78	51	60
N. camp: 2,540 N. host: 666			N. camp: 2,432 N. host: 740	

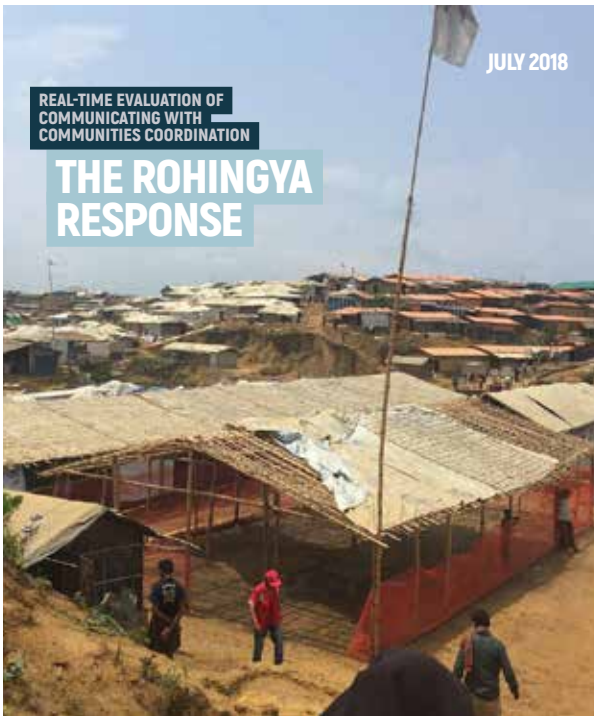
Table 4. Knowledge about the best time to start breastfeeding after delivery – baseline vs midline survey, 2018–2019 (per cent)

Midline			Baseline	
Knowledge about the best time to start breastfeeding after delivery	**Camp (%)**	**Host community (%)**	**Camp (%)**	**Host community (%)**
Immediately/within one hour after birth	87.6	87.7	76.8	77.2
Within one day	7.0	7.8	15.9	18.7
Within two days	1.7	1.6	3.7	1.9
N. camp: 1,706 N. host: 446			N. camp: 1,706 N. host: 446	

Sampling in the midline survey was developed in such a way as to generate segregated data about the households who received direct services from community mobilization volunteers and those who did not. The objective was to allow further assessments and comparisons in relation to knowledge and behavioural change between those two categories. One challenge the Innovations for Poverty Action team and volunteers faced during the midline survey was the unstable nature of refugee camps. Constant changes in refugee population figures, shifts in household addresses, rearrangements in block structures and numbers, as well as revisions in camp boundaries complicated the sampling process. To address this issue, the research team made considerable changes in research design, planning and implementation to generate more reliable and comparable data. An endline assessment is planned in 2020 to generate evidence on what worked and what did not work, and to document lessons learned from the community mobilization volunteers network regarding knowledge, attitudes, behaviours and practices of the Rohingya and Bangladeshi host communities

Real-time evaluation of communication with communities

Communication with communities is a fundamental component of the humanitarian response and accountability to affected populations. To review CwC coordination in the Rohingya refugee response, a group of partners conducted a real-time evaluation to assess the achievements and results of the CwC Working Group and identify key lessons and recommendations for strengthening coordination between partner agencies. The initiative was the result of close collaboration between UNICEF and the Geneva-based Communication and Community Engagement Initiative working with the United Kingdom-based network Communication with Disaster Affected Communities. Fieldwork carried out in April 2018 included interviews with agency staff as well as consultations with the Rohingya refugees and host community members.



The evaluation found that the two information and feedback mechanisms most effectively used by Rohingya refugees in the camps were the information hubs and the volunteer networks. However, agency capacity of the CwC Working Group members was not sufficient to meet the high demand for CwC initiatives in the response. Other areas identified by the evaluation for improvement include the need for better coordination between CwC Working Group member agencies, more efficient mechanisms of feedback among humanitarian partners and strengthened accountability to the refugee population.

Rapid assessment of language barriers

Language barriers are a serious cause of concern for Rohingya refugee children and their families, as well as for humanitarian actors. Three-quarters of the Rohingya refugees are illiterate. In addition, the highly politicized nature of the language barrier raises challenges in the humanitarian response. This situation is complicated by the Bangladeshi government's opposition to the refugee population learning Bangla.[22] Rohingya refugees, who speak several Myanmar language (Burmese) dialects, and local and international aid workers routinely encounter difficulty communicating with one another. Because the refugees hope to return home to Myanmar, they want their children to be fluent in Myanmar language, but they also see the need to learn Bangla in order to make communication easier while they are in Bangladesh. The obstacles in teaching Bangla to the Rohingya refugees are compounded by the difficulties in improving the literacy of the refugee community in their native language.[23] Especially during the early stages of the emergency, the refugees faced serious obstacles in communicating with aid workers and suffered from a lack of credible sources of information and reliable mechanisms of response in their new environment.[24]

Humanitarian assistance cannot succeed without using the language used by the refugee communities. Because only through the language of the community, which takes into consideration the meaning, cultural codes and connotations of daily life, can its members cope with the challenges they face. Despite multiple languages simultaneously spoken in the refugee camps (i.e., Bangla, Myanmar language, Chittagonian [or Chatgaya], Rohingya and English), Rohingya remains the spoken language that refugees understand and prefer.[25]

Rohingya language

The Rohingya language is the mother tongue and primary language of communication for the refugee population in Cox's Bazar. The Rohingya language is an oral language without a standardized written script. Chatgaya, the dialect spoken by the people of Chittagong in Bangladesh, is closely related to Rohingya but there are significant differences in accent and vocabulary and therefore a risk of confusion between the two languages. The main difference between Chittagonian (or Chatgaya) and Rohingya is the source of the words they borrow from other languages. Chittagonian borrows from standard Bangla, while Rohingya borrows from Myanmar language, Arabic, Farsi and Urdu.

In order to step up the response, UNICEF established a partnership in November 2017, three months after the onset of the crisis, with Translators without Borders, an international non-governmental organization that provides translation services for humanitarian agencies.

With support from a number of partners, including UNICEF, Translators without Borders carried out a language assessment ('Rohingya Zuban')[26] in Cox's Bazar refugee camps in November 2017. The assessment looked at language barriers and obstacles that Rohingya refugees were facing in accessing humanitarian assistance and life-saving information. The rapid assessment provided insight into a number of language-related barriers affecting the quality and efficiency of the response. For example, findings confirmed that, among the new arrivals, only 17 per cent of males and 6 per cent of females were able to read and understand basic phrases in Myanmar language. The Rohingya population and the frontline humanitarian workers regularly encountered serious difficulties in understanding and translating the technical jargon of the humanitarian response, especially in the areas of protection, WASH, nutrition and health. The assessment showed that comprehension improved dramatically when participants were given a simple picture with a key message. Based on data collected from qualitative fieldwork, the assessment made a number of suggestions for overcoming language barriers in the camps. These included more support and resources for interpreters; more efforts to translate humanitarian terminology into Rohingya, using simple and accessible humanitarian terminology; multilingual glossaries, information and education materials as well as training contents, developed and made available for all humanitarian workers across sectors; and more efforts devoted to the production of audio-visual materials for key messages.

Gender divide

Although Rohingya, Bangla and Chittagonian have much in common, certain gender and reproductive health-related words are not consistent across the three languages. For example, in Bangla, the word for pregnant is *gorbhobothi;* in Chittagonian, it is *fuathi*; and in Rohingya it is *hamil*. The word for menstruation in Rohingya *(haiz)* is also markedly different from Bangla/ Chittagonian *(maashik)*.

Extracted from a guidance for WASH developed by Translators without Borders with partial support from UNICEF.

Breastfeeding taboos

The Rohingya community has a number of taboos and practices associated with breastfeeding. Colostrum, sometimes known as first milk, is the highly nutritious breastmilk produced right after giving birth. Rohingya speakers call it ãda dud, which means 'sticky milk'. There is a perception in the Rohingya community that this milk is dirty and physically and spiritually damaging to the newborn. Therefore, many new mothers discard the colostrum until the mother's milk (bukor dud) comes in. In place of colostrum, Rohingya sometimes give honey, sugar solution and mustard oil to infants just after birth (called prelacteal feed). They believe this helps clear the baby's throat and stomach.

Extracted from a nutrition guidance prepared by Translators without Borders with support from UNICEF.

In response to the language barriers, UNICEF and partners supported a number of initiatives. During 2018, Rohingya language guides for education, nutrition and WASH, and a Rohingya language fact sheet[27] in English and Bangla were developed. In June 2018, Translators without Borders, with support and partial funding from UNICEF and Oxfam, prepared an online multilingual glossary/ word bank of WASH, which has since been expanded to include 150 health terms focusing on disability and inclusion, and 200 new terms to help with the challenges that can arise during discussions on gender *(see Figure 1 and Figure 2 for examples of health terms and numbers in five languages).* In 2019, Meena educational cartoons were adapted and dubbed in Rohingya language.

Figure 1. Excerpts from an online glossary of health terms in seven languages spoken in Rohingya refugee camps

TWB Glossary for Bangladesh

	English	Bangla	Rohingya	Rohingya B	Chittagonian	Chittagonian L	Burmese
Health	abortion (intentional)	ইচ্ছাকৃতভাবে গর্ভপাত	fua felai don	ফুআ ফেলাই দন	বাইচ্ছা ফেলাই দন	baich'cha felai don	ကိုယ်ဝန်ဖျက်ချခြင်း (ကိုယ်ဝန်ဖျက်ချခြင်း)
Health	abscess	ফোড়া	fura	ফুরা	ফুরা	fura	ပြည်တည်နာ
Health	acne	ব্রণ	borot	বরত	ব্রন	bron	ဝက်ခြံ
Health	acute illness	তীব্র অসুস্থতা	beshi biaram	বেশি বিয়ারাম	বেশি অশুক	beshi oshuk	ဆိုးဆိုးဝါးဝါး နာမကျန်းဖြစ်ခြင်း
Health	addiction	আসক্তি / নেশা	adot boni zon goi	আদত বনি জন গই	উদ্বেশ অইজনগই	ubbesh oi zongoi	ဆေးစွဲခြင်း
Health	allergy	অ্যালার্জি	ozat	অজাত	ঘা ফেসেরা	gha fesera	ဓါတ်မတည့်ခြင်း
Health	ambulance	অ্যাম্বুলেন্স	lashor gari	লাশর গারি	অ্যাম্বুলেন্স / লাশর গারি	embulens / lashor gari	လူနာတင်ယာဉ်
Health	amniotic fluid	গর্ভের পানি / অ্যামনিওটিক ফ্লুইড	fainna thua*	ফাইয়া টুথ্যা	ফাইয়া টোথ্যা	fainna thua*	ရေမျောရည်
Health	anemia	রক্তশূন্যতা	loo shuai zon goi	লঅ শুআই জন গই	রক্ত হমিজন	rokto homizon	သွေးအားနည်းခြင်း
Health	ankle	গোড়ালি	sur gira	সুর গিরা	সুর গিরা	sur gira	ခြေကျင်းဝတ်

Source: *Translators without Borders, see <https://glossaries.translatorswb.org/bangladesh/*

Figure 2. Online glossary of numbers in seven languages spoken in Rohingya refugee camps

TWB Glossary for Bangladesh

	English	Bangla	Rohingya	Rohingya B	Chittagonian	Chittagonian L	Burmese
Education	addition	চুল পড়া	phong	পং	জুগ	zug	ပေါင်းခြင်း
Education	alphabet	বর্ণমালা	orob okkol	অরব অক্কল	শরু-শরায়া	shoru-shoraya	အက္ခရာ
Education	animate thing	জীব	jandar chiz	যানদার চিজ	ফরান-অলা জিনিশ	foran-ola zinish	လှုပ်ရှားနေသော (အရာဝတ္ထု)
Education	April	এপ্রিল	Epril	এপ্রিল	এপ্রিল	Epril	ဧပြီလ
Education	art book	স্বীকার খাতা	saba tuloni boi	সাবা তুলনি বই	আট হাতা	aath hata	အနုပညာစာအုပ်
Education	attendance book	হাজিরা খাতা	azira boi	আজিরা বই	আজিরা হাতা	azira hata	အတန်းတက်ရောက်ကြောင်း စာရင်းတင်ထားသည့်စာအုပ်
Education	August	আগষ্ট	Ogos	অগস	আগষ্ট	Agosth	ဩဂုတ်လ
Education	bag	ব্যাগ	hoillaa	হইল্লা	বেগ	beg	အိတ်
Education	behind	পিছনে	fisottu	ফিসত্তু	ফিসত্তু	fisottu	အနောက်
Education	blackboard	ব্লাকবোর্ড	belakbudh	বেলাক বুড	বেলেক বুড	belekbudh	သင်ပုန်း

Source: *Translators without Borders, see <https://glossaries.translatorswb.org/bangladesh/*

Information hubs assessment

In order to build an efficient, systematic and two-way information and feedback mechanism in refugee camps and host communities, and improve accountability to affected children and their families, UNICEF and partners established 20 information and feedback centres (IFCs)[28] across Cox's Bazar and linked them to a network of 300 'model' mobilizers from Rohingya and host communities. IFCs provide on-site referral for services and also receive and respond to community feedback and complaints. In addition, they disseminate life-saving information on crucial issues, including nutrition; health; child protection; WASH; emergency preparedness; social cohesion; gender equality; gender-based violence; sexual exploitation; abuse; and harassment. All complaints and feedback, and the demographic information of visitors, are recorded in logbooks by IFC staff. Data is then shared every week with UNICEF and with the Inter Sector Coordination Group for follow up.

Because of the critical role IFCs play in UNICEF's emergency response, it is essential to assess the quality and effectiveness of the services provided. To this end, and as part of a wider partnership to improve linguistic capacity in CwC activities, UNICEF collaborated with Translators without Borders to conduct a field assessment of 12 IFCs across the camps in 2019.[29] The aim was to inform UNICEF and partners about linguistic barriers, operational gaps and best practices in communication, data collection and information management. The findings revealed that the information hubs have the capacity to deliver life-saving information to the affected population and that they are trusted by the community members as a reliable mechanism for their complaints and feedback on humanitarian services. In line with previous reports,[30] the assessment recognized the significance of IFCs in increasing access to critical information and raising the level of awareness regarding services in the camps. The assessment also found that 'model mothers' attached to IFCs contribute to the efforts to make the services more accessible to vulnerable groups, including children, women, the elderly and people with disabilities, who may face physical, sociocultural or other barriers in accessing the hubs and related services. Interviews with community members and field observations revealed that information, education and communication materials, such as flashcards used by IFC staff and volunteers, are highly effective tools in delivering information. The findings on language and communication suggested that, despite considerable achievements in these areas, language-related challenges (such as misinterpretation and misunderstandings) were still present in the camps, hampering the quality and effectiveness of the information and services, as well as the reliability of the data collected. Given the high level of illiteracy and difficulties in retaining information and guidance, it is highly

recommended to provide trainings for staff and volunteers, and encourage the use of audio-visual information, education and communication materials in the Rohingya language.

Qualitative evaluation of the radio response

In response to the significant communication challenges on the ground, UNICEF has partnered with BBC Media Action, the state-owned Bangladesh Betar Regional Station[31] (100.8 FM) and the community initiative Radio Naf[32] (99.2 FM). Since the onset of the emergency in 2017, radio programming has played a number of roles in the camps and host communities. Broadcasting a wide range of life-saving messages to the affected communities through a variety of formats, including live phone-in programmes, magazines, expert interviews, quiz shows, radio dramas and public service announcements, is one of radio's critical contributions. In partnership with UNICEF, BBC Media Action has offered technical support to media practitioners to produce humanitarian radio programming. Further, with an aim to reinforce the engagement and participation of girls and boys from affected communities, UNICEF and humanitarian partners formed more than 225 adolescent radio listeners clubs[33] in Rohingya camps and host communities in Cox's Bazar. In refugee camps, where 97 per cent of adolescents and youth are not enrolled in any kind of education facility,[34] adolescent radio listeners clubs play an essential role, promoting social interaction between adolescent girls and boys, stimulating discussion about challenges they face, and encouraging solidarity in a safe, participatory space.

In order to explore to what extent the radio response has met the needs of the Rohingya listeners in Cox's Bazar, UNICEF funded a qualitative assessment[35] of the activities undertaken by BBC Media Action. The study showed that radio listeners found the information provided by the programmes to be trustworthy, relevant and useful to them. Many found that the programmes reminded them of knowledge they already had, but they also learned new information about issues ranging from child protection to health and hygiene practices to services available in the camps. In terms of actions taken, many listeners reported that they understood the health and hygiene advice from the programmes, such as the importance of purifying water and keeping their and their children's hands clean, and put it into practice. They also recommended the programmes to friends and family members and discussed the content with them, encouraging others to take action.

The qualitative inquiry provided an in-depth look at the radio response. However, for a broader assessment based on large-scale and statistically representative data on the efficacy of different aspects of radio programming, a quantitative assessment is needed. In order to understand the relevance and sustainability of radio programming by Bangladesh Betar, UNICEF plans to conduct a quantitative study to evaluate the relevance of the design, message content, participation mechanisms and implementation modality of the existing programmes supported by UNICEF and implemented at the national level through 14 regional radio stations. The inquiry will also assess the adolescent radio listeners group initiative in terms of the level of adolescent participation and motivation to become change agents in their community.

Lessons learned and way forward

- Reports and evaluations have identified the need for an inter-agency common data system for query, feedback and complaints. However, coordination, confidentiality and endorsement of data collected by agencies under the CWC Working Group is a serious challenge. More efforts are needed to build an ethically sound data and feedback system that shares information collected while also protecting the rights and the privacy of community members.

- Refugee camps are dynamic environments. Frequent changes in population statistics, household data, block addresses, responsible individuals and community leadership complicate quantitative investigations and surveys. Creating gender balance among survey participants is part of the challenge as well, because male members of households are often not available or involved in outside activities. Obtaining permission from responsible authorities, such as Camp-in-Charges, to carry out research in the camps remains an issue and should be factored in.

- The lessons learned to address language barriers in the field underscore the importance of:

  - working with experts in language such as Translators without Borders to facilitate translation and ease of communication;
  - allocating additional time and investment to creating multiple language versions of messages and materials and ensuring consistency and accuracy across the languages;
  - training and capacity development at all levels of the humanitarian responders and affected populations to promote communication and understanding, and to build social harmony.

- The confusing and chaotic nature of refugee emergency situations can hamper the efforts of aid organizations to conduct comprehensive inquiries based on ethnographic sensibility. However, qualitative and multi-sited ethnographic observations on different aspects and challenges of everyday life in the camps is needed to attain a better understanding of prevailing perceptions and dominant concerns among the refugee community. Such an initiative would also generate comprehensive, 'living' evidence for better programming and advocacy. Similarly, power mapping among local leaders would help in targeting the best profile of individuals to promote social change. A political ethnographic inquiry would be a particularly useful tool for such inquiries.

- Data and evidence have a limited time span. Conducting regular assessment and monitoring of mobilization initiatives is therefore necessary to identify changing needs and trends. Direct and appropriate participation of children and adolescents in evaluation activities would not only provide a valuable perspective but also amplify the voices of young people and empower them as change agents.

- To account for the affected populations' vulnerability, adequate time, reflection and

consultation should be built in to ensure that ethical issues are considered and ethical approvals are obtained prior to initiating a study. Guidance on research ethics should be strictly followed by researchers. Ethical issues around conducting experimental research are of paramount significance to ensure that no population sub-group from the affected community is deprived of resources and interventions meant for them.

- In order to improve the existing rapid feedback mechanisms (such as IFCs, online/offline data and feedback gathering tools) and obtain the views of Rohingya adolescents and their families, while also increasing their participation in decision making processes, the use of mobile-based platforms could be an option. To that effect, UNICEF is planning to launch a U-Report platform – an adolescent consultation mechanism – in the camps.[36] However, the use and inclusion of mobile technologies in feedback mechanisms has been a challenge due to state regulations and restrictions on SIM card[37] ownership and mobile phone services[38] in the camps.

- More work is needed to monitor social and behavioural change in the field, particularly during a rapidly evolving humanitarian crisis. Similarly, comprehensive research is necessary to better understand the current situation and the impact of interventions, and to determine the most urgent challenges threatening the wellbeing and lives of refugee children and their families, including the risk of child marriage, trafficking and gender-based violence. Humanitarian responders should consider integrating and investing in evidence generation and monitoring activities in the early days of the response to ensure rigor and relevance.

Endnotes

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unicef

for every child

UNICEF Bangladesh
BSL Office Complex
1, Minto Road, Dhaka 1000
Bangladesh

Telephone: 0088 02 9336701
E-mail: infobangladesh@unicef.org
www.unicef.org.bd.