

Looking Back to See Forward



A Case Study Collection on UNICEF's Response to the Rohingya Refugee Crisis

UNICEF Bangladesh Communication for Development
Community Engagement and Accountability

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Abbreviations

AAP	Accountability to Affected Populations
ACLAB	Alliance for Cooperation and Legal Aid Bangladesh
AIDS	Acquired Immunodeficiency syndrome
ARLCs	Adolescent Radio Listeners Clubs
BBC	British Broadcasting Corporation
BITA	Bangladesh Institute of Theatre Arts
BRAC	Bangladesh Rural Advancement Committee
CAP	Communication, Advocacy and Partnerships
C4D	Communication for Development
CCP	Center for Communication Programs
CIC	Camp-in-Charge
CMV	Community Mobilization Volunteers
CwC	Communication with Communities
DRR	Disaster Risk Reduction
FBO	Faith-based Organization
HIV	Human Immunodeficiency Virus
IEC	International Education Centre
IFB	Islamic Foundation Bangladesh
IFC	Information and Feedback Centre
IFRC	International Federation of Red Cross and Red Crescent Societies

IPA	Innovations for Poverty Action
IPC	Interpersonal Communication
ISCG	Inter Sector Coordination Group
ISPs	Information Service Providers
KAPB	Knowledge, Attitudes, Practices and Behaviours
NGO	Non-governmental Organization
M&E	Monitoring and Evaluation
MoU	Memorandum of Understanding
PCP	Partner Coordination Protocol
RRRC	Refugee Repatriation and Relief Commissioner
SIM	Subscriber Identification Module
SMS	Short Message Service
SOP	Standard Operating Procedures
SPEAR	Social Policy, Evaluation, Analytics and Research
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene

Introduction

Emergencies involving forced displacement and refugee populations are often chaotic and volatile. Humanitarian actors struggle to deliver life-saving assistance to affected children and families, which can number in the hundreds of thousands urgently in need of food, water, shelter, protection, healthcare and other services. Refugee emergencies also trigger a chain of political, environmental, socio-cultural and financial impacts and constraints that require a comprehensive response to address the changing needs of refugee children and their families. The humanitarian response must consider what actions can be taken today to prevent immediate risks and also prepare for tomorrow's threats. These are some of the vital questions and challenges humanitarians face on a daily basis.

Another question that is critical to the achievement of long-term goals in a fast-changing emergency context is the question of what has been accomplished and what remains to be done. Which actions and initiatives are most effective in making a positive difference in the lives of refugee children and their families, and what is the evidence to support those actions? What about challenges in the field? What are the most critical obstacles that hinder the humanitarian response and how do the interventions address them? Are there innovations, good practices and integrated approaches that have emerged during the response? How can the promising results be communicated to humanitarian actors, stakeholders and communities in other countries and contexts, to contribute to humanitarian interventions across the world?

The case studies presented in this collection attempt to provide answers to these questions by focusing on some of UNICEF's key interventions in refugee and host communities in Cox's Bazar since the onset of the Rohingya refugee crisis in 2017.

Background

August 2017 was the month that 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 in Bangladesh, one of the poorest areas in the country, to an unprecedented crisis and a new social reality. It was the month when more than 740,000¹ Rohingya people – victims of a massive military crackdown, extreme violence, sexual abuse, persecution and other brutal atrocities in their native Myanmar — began crossing the border into Bangladesh, bringing the total number of refugees to an estimated 915,000,² more than half of them children,³ and total affected population in Cox's Bazar to 1.2 million at that time, including 720,000 children.⁴ A large majority of the new arrivals were among the most vulnerable, including children, women and the elderly, many of whom walked 56 kilometres for up to 6 to 10 days.⁵ When they arrived to Cox's Bazar and the surrounding hills, they were suffering from exhaustion, hunger, severe trauma and other serious health risks. The situation was so dire that, only a month later, on 20 September 2017, UNICEF activated a Level 3 emergency response,⁶ the highest level of alarm.⁷

The Inter Sector Coordination Group's multi-sectoral rapid assessments⁸ revealed a long list of fears, weaknesses and challenges in meeting the needs of hundreds of thousands of people living in the world's densest makeshift refugee camps, in immediate need of food assistance, shelter, protection, safe water, sanitation and health facilities, hygiene supplies, household items and clothes. Most of the families arrived without possessions or income and

were completely reliant on aid agencies and humanitarian distributions. Initially, many of the Rohingya refugees were excluded from basic services and life-saving assistance due to the lack of information and language problems they encountered in communicating with aid workers in the camps.⁹ The Strategic Executive Group's¹⁰ mid-term review¹¹ and Ground Truth Solutions' field survey¹² demonstrated that almost 80 per cent felt they did not have enough information to make good decisions and that their views had not been addressed by the authorities and humanitarians; yet, the vast majority (84 per cent) was reluctant to file a complaint or suggestion.¹³

Women and adolescent girls were particularly vulnerable and felt unsafe – even more so because their own shelters provided little or no privacy or safe spaces — and their voices were largely unheard due to the lack of efficient feedback mechanisms to record their complaints concerning gender-based violence and sexual harassment. Furthermore, they could not leave their households freely to access information and services available in the camps due to social-cultural norms and religious teachings that restricted their mobility.¹⁴ Misinformation, myths and misconceptions were prevalent within the Rohingya and host communities in a number of critical areas surrounding healthy behaviour, desirable practices, vaccination and maternal and newborn care.¹⁵ The lack of credible sources of information, including media in Rohingya language, as well as insufficient mechanisms of response¹⁶ further exacerbated the existing language and communication barriers in the field.¹⁷ Concerns about livelihood, safety and

security were increasing among the affected communities.¹⁸ At the same time there was an urgent need to implement an accessible, systematic, well-focused and timely humanitarian response.

Together with the government and other humanitarian partners, UNICEF took immediate action in response to the needs of the newly arrived Rohingya children and their families, providing vital services and life-saving assistance. UNICEF, together with partners, played a lead role in health; nutrition; water, sanitation and hygiene (WASH); child protection; education; and communication for development (C4D), as well as social mobilization, community engagement and accountability to the affected communities, areas that are fundamental to the survival, protection and wellbeing of the refugee community.

Each of the case studies in this collection focuses on a particular aspect of UNICEF's humanitarian response to the world's fastest growing refugee emergency¹⁹ since 2017.

Case Studies:

Evidence-based documentation of UNICEF's Rohingya emergency response

In line with the 2018–2021 UNICEF Strategic Plan²⁰ and the Communication for Development Strategic Framework,²¹ UNICEF contracted a communication expert to support documentation and knowledge management for impact and evidence generation of the organization's interventions in Cox's Bazar since 2017. The primary purpose of the consultancy was to prepare a series of case studies on a range of topics and key initiatives, with a particular focus on good practices and innovations, also including the existing barriers and lessons learned in relation to UNICEF's crosscutting C4D, community engagement and accountability efforts in the refugee camps and host communities. The case studies presented in this collection are the outcome of that work. The observations, evidence and data presented throughout the current collection come from a combination of sources, including a comprehensive desk review of available reports, documents, surveys and real-time assessments produced by a number of humanitarian agencies and UNICEF, as well as field observations in the

refugee camps and host communities in February 2019. A series of focus group discussions and semi-structured key informant interviews with affected Rohingya and host community members and community mobilization volunteers were carried out during the field visits. Exploratory interviews were also conducted with frontline workers and senior personnel from implementing partners, as well as local and international non-governmental organizations (NGOs), and section chiefs and other staff members from UNICEF Dhaka and Cox's Bazar Offices.

In this collection

Information and Feedback Centres:

Improving Accountability to Rohingya Refugees in Cox's Bazar, Bangladesh



In close partnership with the local NGOs PULSE²² and BITA,²³ UNICEF established 20 information and feedback centres (IFCs)²⁴ in key locations in the refugee camps and host communities, linked to a network of 300 community volunteers for outreach and dialogue. IFCs provide information and referral on available services and receive and respond to community feedback, grievances and

complaints via two-way, face-to-face interactions with community members, thereby playing a fundamental role in UNICEF's communication with communities (CwC) and community mobilization and outreach efforts. Details of this critical initiative and first-hand accounts from affected community members are documented in this case study.

Mobilizing for Change:

Strengthening Engagement through Community Mobilization Volunteers in Cox's Bazar, Bangladesh



UNICEF's large-scale community outreach and mobilization activities in Cox's Bazar are carried out in close partnership with the Bangladeshi NGOs PULSE, BITA and BRAC.²⁵ This case study documents their combined efforts to establish several multi-purpose community mobilizer groups aligned with the humanitarian response on communication for development, community engagement and accountability to affected communities, addressing a wide range of challenges faced by the affected communities

in their everyday life. In addition to 300 'model mothers' and youth mobilizers attached to IFCs, UNICEF and its partner BRAC trained, supervised and incentivized 1,000 community mobilization volunteers. The overall aim was two-fold: to empower community members to be their own agents of change through participatory, community-led initiatives, and to promote sustainable life-saving behaviours and accountability to the affected communities.

Staying Tuned

Radio Programming for Sustained Behaviour Change and Accountability in Cox's Bazar, Bangladesh



In an emergency, when information providing technologies such as television and internet are not readily available or difficult to reach, radio plays a critical role in safeguarding the right to life, which is a prerequisite for all other rights, while also helping secure the right to access information and the rights to freedom of expression and to participation. As part of the effort to respond as swiftly as possible to the communication challenges on the ground, UNICEF initiated a dialogue with BBC Media Action, the state-owned Bangladesh Betar Regional Station²⁶ (100.8 FM), and the community initiative Radio Naf²⁷ (99.2 FM). Radio has played different roles in different

phases of UNICEF's Rohingya response since 2017. In line with the cross-cutting, multi-sectoral approach, and in the spirit of C4D humanitarian responses, many themes were integrated within radio programmes to advance the demand for services and promote changes in behaviours and practices at the household level. During the last two years, an estimated 1.2 million refugee and host community members have been reached regularly through radio programmes. In addition, 2,500 radio sets have been distributed to the affected communities and more than 225 adolescents radio listeners clubs have been established in camps and host communities.

The Role of Faith in The Humanitarian Response:

Strengthening Community Participation and Engagement Through Religious Leaders in Rohingya Camps in Cox's Bazar, Bangladesh



The majority of Rohingya refugees living in the camps of Ukhiya and Teknaf in Cox's Bazar district are Sunni/Hanafi Muslims, for whom Islam is an integral part of their cultural identity and social life. Religious leaders are highly respected in the Rohingya community and have a powerful influence on individual and collective behaviour. In order to disseminate life-saving messages, promote positive behaviour change, build social cohesion, and help prevent and eliminate harmful norms and practices related to child care in

refugee and host communities, UNICEF has partnered with civil society organizations, faith-based organizations and religious leaders to achieve development goals for children and their families.

Making Needs and Rights Visible:

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



Without reliable evidence, it is not possible to identify where programme interventions are most needed and whether interventions are successful in making a positive difference. The most recent reports on the Grand Bargain²⁸ and World Humanitarian Summit²⁹ commitments, and on the Sustainable Development Goals,³⁰ clearly underline the existing gaps in data and evidence that further exacerbate the vulnerability of those most at risk, demonstrating the need for evidence-based humanitarian approaches and interventions. In line with the 2018–2021 UNICEF Strategic Plan,³¹ Communication for Development

Strategic Framework³² and Core Commitments for Children in Humanitarian Action,³³ UNICEF has initiated collaboration with a number of research institutions, NGOs, experts and other humanitarian partners to undertake research and monitoring and evaluation of activities in refugee camps and host communities. This will help to better inform the response, addressing the changing needs and helping to move beyond survival and improve the quality of life of affected communities through evidence-driven interventions.

More than Words:

UNICEF's Response to Language Barriers in Rohingya Refugee Camps



This case study explores the impact of language obstacles on the humanitarian assistance in the refugee camps and details UNICEF's response. From the onset of the emergency, language barriers have been a serious cause of concern for the refugee population. In December 2017, UNICEF partnered with Translators without Borders to address the communication challenges in the refugee camps, improve access and comprehension of life-saving messages and strengthen long-term resilience. UNICEF,

in collaboration with other humanitarian actors, supported a number of initiatives, including rapid language assessments, language guides for frontline workers and an online multilingual glossary on education for nutrition, health, WASH, emergency, education, gender and protection.

Art Brings Light into The Darkness:

UNICEF-Supported Community Arts Projects in Rohingya Camps



In December 2018, UNICEF partnered with Artolution, an international public art organization, to deliver life-saving information through community-based art initiatives in order to promote behaviour change and increase awareness among affected communities in the areas of health, nutrition, WASH, child protection and gender-based violence. Thousands of children, adolescent girls and boys, and women and men from both refugee and host communities have participated in a number of co-creative artistic events and workshops and have

collectively designed colourful murals in public places. Special attention was paid to promote social cohesion between new and previous arrivals and the Bangladeshi host community. In an emergency context where affected children and their families suffer from a convergence of vulnerabilities, the therapeutic power of community arts has helped humanitarians deliver life-saving messages to those who need them most, and it played a key role in promoting social cohesion and peaceful co-existence.

Conclusion

The case studies presented in this collection have looked closely at different aspects of UNICEF's response to the Rohingya refugee crisis since the onset of the emergency in August 2017. The purpose of this work was to provide an overview of the key interventions on C4D/ community engagement and accountability to affected communities in refugee camps and host communities, and their implementation and impact. This final section highlights the main observations and convergences that

have emerged from UNICEF's cross-sectoral emergency response in Cox's Bazar, Bangladesh.

Actions to address the convergence of vulnerabilities

Below is a summary of the actions taken by UNICEF, in close collaboration with the Government of Bangladesh and partners from the CwC Working Group, as well as global NGOs, research institutes and a network of volunteers from affected communities.

Establishing credible sources of information, social mobilization and community engagement

- Established interactive and participatory platforms (such as Betar Sanglap / Radio Dialogue) that enabled the Bangladeshi host community to give voice to the challenges they face, sharing their views and giving feedback to local authorities and aid providers (with BBC Media Action, Bangladesh Betar and Radio Naf).
- Founded 63 adolescent radio listeners clubs for host communities, providing a platform for girls and boys to learn and openly discuss a variety of issues, including sensitive subjects, such as peaceful co-existence, child marriage and menstrual hygiene management.
- Strengthened ongoing engagement with religious and community leaders to disseminate life-saving messages, promote positive behaviour change, build social cohesion, and facilitate the prevention and elimination of harmful child care-related norms and practices in Rohingya refugee camps and in host communities (in partnership with civil society, faith-based organizations and Islamic Foundation Bangladesh).



The Rohingya community depends greatly on radio programme to get first-hand messages irrespective of age and gender.

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Extending channels of communication through local media programming and listeners clubs

- Established 20 information and feedback centres in camps and host communities, and linked them to a network of 300 'model mother' and youth volunteer mobilizers for community outreach and dialogue (in collaboration with local NGOs PULSE and BITA).
- Collected and archived extensive feedback and data through the digitized Open Data Kit platform.
- Addressed more than 100,000 queries, complaints and feedback communications from affected communities, and raised awareness through outreach and referrals about services available in the camps.
- Built a network of 1,000 trained, supervised and incentivized community mobilization volunteers for household level engagement on a range of prioritized behaviours (in partnership with BRAC).
- Reached an estimated 725,000 people 25 times per year with life-saving information to promote behaviour change, working through 1,300 community mobilization volunteers who conducted interpersonal communication sessions at household level, informed by a behavioural matrix aligned with all sector standards.
- Carried out successful mass mobilization campaigns, including on diphtheria, vitamin A, chickenpox and Nutrition Action Week.

- Harnessed the power of collaborative community arts to raise the awareness of refugee children and families on life-saving messages and critical services available in the camps, to address health; nutrition; WASH; child protection; and gender-based violence (with international NGO Artolusion).

Promoting social cohesion and sustained behaviour

- Advocated with government authorities to increase the coverage of media channels and commissioned radio broadcasting (in partnership with Ministry of Information of the Government of the People's Republic of Bangladesh and BBC Media Action).
- Reached an estimated 1.2 million refugee and host community members regularly with messaging to raise awareness and increase access to available services in refugee and host communities, in partnership with Bangladesh Betar and Radio Naf.
- Founded more than 225 adolescents radio listeners clubs in camps and host communities, regularly engaging thousands of girls and boys in discussions about critical threats to their wellbeing, such as child marriage, contagious diseases, gender-based violence and other harmful behaviours, and also building their capacity to act as powerful change agents, contributing to sustainable behaviour change in their communities.
- Delivered 2,500 wind-up radio sets to affected refugee and host communities.

Generating data and evidence for an improved response

- Carried out a desk review of the socio-cultural and behavioural context of the humanitarian response in Cox's Bazar, including on issues related to Rohingya beliefs and perceptions (with the Institute of Development Studies, Sussex University).
- Conducted comprehensive baseline (2018) and midline (2019) Knowledge, Attitude, Behaviour and Practices (KABP) surveys (with Innovations for Poverty Action) to assess the impact interventions and to disseminated the survey results to all sectors.
- Carried out a rapid language assessment (2017) and an information hub/IFC assessment (2019) and developed language guides for aid workers and a multilingual online glossary on education, nutrition, health, WASH, emergency, education, gender and protection in emergencies (with Translators without Borders).
- Supported a qualitative evaluation of radio programming (with BBC Media Action).



Art project helped strengthen community mobilization activities in Rohingya and host communities.

©Artolution/Bangladesh/2019/Suza

Emergency preparedness

- Delivered messages on monsoon preparedness through 1,300 community mobilizers and adolescents radio listeners clubs.
- Developed and aired public service announcements for cyclone preparedness.
- Engaged in community conversations and advocacy meetings through community and religious leaders.
- Circulated CWC-approved standard operation procedures to partners for use in information hubs during emergencies.



Model mothers are only source of information for thousands of women and elderly in Rohingyas camps.



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Cross-sectoral support

Entering UNICEF's field office in Cox's Bazar, an open office environment accommodates teams of colleagues on both sides of the aisle, from the education; child protection; nutrition; WASH; and health sections, together with other support units. On the walls are campaign posters, public service announcements, notes, calendars, visual reminders and images from Rohingya refugee camps. A little further ahead is the workspace of C4D, which is centrally located. The C4D section is a hub of activity, working at the crossroads of the humanitarian response and surrounded by a constant flow of communication with other sections, exchanges among staff members, ad hoc meetings for joint initiatives and other sights and sounds of the emergency field office response.

The physical position of C4D is indicative of the section's cross-sectoral role in UNICEF's humanitarian assistance. This is reflected in the work of the C4D team, including community engagement and accountability to affected populations, which has been instrumental in the organization's overall response to the Rohingya emergency. The role of the C4D section is also in line with the UNICEF Strategic Plan 2018–2021, which envisages a more systematic focus on communication for development to reduce the needs, vulnerabilities and risks of the affected population, and to protect children trapped in humanitarian emergencies through a faster, more effective response.³⁴

Each case study documented in this collection presents a tangible example of an integrated, cross-sectoral approach. One critical frame of reference that informed the overall community mobilization and engagement is the key priority behavioural matrix, which is aligned with all programme sectors, including health, nutrition, WASH, child protection and education.

Developed by UNICEF C4D, in consultation with all sectors, the matrix covers 16 life-saving areas and practices, ranging from pre- and post-natal care to hygiene-related behaviour change, child protection and education. The messages are customized to reach specific audiences, including adolescent girls and boys, women and men. They are prepared according to an age appropriate, life-cycle approach, regularly modified to the changing needs of the affected communities.

Successful communication campaigns have been carried out in collaboration with the **education** sector, to increase awareness in a number of areas, including sensitization of children, families, teachers, religious leaders and communities. Development and dissemination of visual aids to improve the quality of teaching and learning have proved an important asset. In order to support a sector-wide assessment, undertaken to measure the learning competencies of all children between 4 and 14 years of age, 800 community mobilizers were engaged in a comprehensive Back to Learning campaign and conducted 65,653 interpersonal communication sessions at the household level, also sensitizing 279 imams and 568 mahjees to further advocate on the importance of the campaign.

Health is another sector where C4D, social mobilization and community engagement activities have significantly contributed to the overall response. Working together with several partners, UNICEF C4D conducted a rapid behavioural assessment to better understand and overcome vaccine resistance across the Rohingya refugee camps. The findings from focus group discussions and interviews have been used to develop culturally sensitive, tailored and evidence-based communication strategies, as well as community mobilization activities and messages that have helped achieve significant improvements in immunization quality

and coverage. Multi-tasked information and feedback centres located across the Rohingya refugee camps and host communities have been instrumental in collecting health-related complaints and feedback, while also providing on-site referral for health and other services available to the affected communities.

Some of the most tangible examples of C4D's role in engagement with affected communities through cross-sectoral collaboration are **WASH** activities. During the early days of the emergency, the poor hygiene conditions and lack of water and sanitation infrastructure were posing serious threats in makeshift camps and spontaneous settlements, where in the first month of the crisis more than 5,000 cases of diarrhoea were reported.³⁵ Based on real-time data and feedback

received from sector partners, a number of C4D interventions were implemented, giving priority attention to preventing infectious outbreaks (such as acute watery diarrhoea, cholera, chickenpox, diphtheria), addressing waterborne diseases and promoting positive WASH behaviours. In February 2019, UNICEF led a varicella communication campaign as part of its outbreak response in the Rohingya camps. A network of 1,300 trained community volunteers disseminated prevention and mitigation messages through leaflets and posters. UNICEF volunteers working through interpersonal communications directly engaged 50,000 households with the key messages on the varicella outbreak and prevention measures.

Similar observations can be made in the field of nutrition. In July 2018, in order to support for the



Community Mobilizer conducting a community consultation session in Camp 7 as part of vaccination campaign.

©BRAC/Bangladesh/2019/Iqbal

Nutrition Action Week, round 2, C4D designed a systematic and coordinated intervention focused on the benefits of vitamin A, deworming capsules, and screening for malnutrition prevention and treatment. Particular attention was given to four broad-based approaches: awareness raising; interpersonal communications at household level; advocacy meetings with influencers (such as imams and mahjees); and capacity building activities.³⁶ Almost a year later, in March 2019, a second Nutrition Action Week was carried out. The data collected through real-time monitoring provided further evidence of the significant positive impact of community volunteers. Among other sources and mechanisms, volunteers were the most efficient source for Rohingya parents to obtain information about the event.

The comprehensive baseline (2018) and midline (2019) Knowledge, Attitude, Behaviour and Practices (KABP) surveys, conducted by UNICEF and partners and shared with all sectors to inform future interventions, provide another example of C4D's cross-sector support.

The case studies presented in this collection provide numerous concrete examples of the reciprocal relationship and cross-sectoral collaboration between C4D and other sections in a wide range of critical areas, including mother-child care, cyclone preparedness, disaster risk reduction (DRR), gender-based violence, child marriage, and sexual abuse and exploitation.



Group of children attending a UNICEF supported educational program in the refugee camp.



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What has been revealed throughout the case studies is the importance of building an efficient and evidence-informed response, and the need to scale up interventions across all sectors. UNICEF has simultaneously focused on both by:

- addressing the specific and most urgent needs of hundreds of thousands of Rohingya children and their families in a wide spectrum of areas, including health; nutrition; WASH; child protection; psychosocial support; education; disaster preparedness; gender-based violence; and awareness of services; and
- examining the dynamic context of the emergency to understand where interventions are most urgently needed and whether the interventions are timely and successful.

While the former was achieved by a rapid and multi-dimensional emergency response, with crosscutting communication for development, social mobilization and community engagement activities to improve accountability to the affected communities, the latter was accomplished through a range of assessments, data and evidence generation and monitoring activities.

Building an effective response on the combined strength of these two components, UNICEF has dramatically scaled up and adjusted its humanitarian assistance to the Rohingya refugee and host community populations. Today, more than two years after the onset of the crisis, the emergency situation persists in Cox's Bazar. So does UNICEF's commitment to protecting the rights and futures of Rohingya children and

their families. In close partnership with the Government of Bangladesh, humanitarian actors, NGOs and civil society, and with the strong support of girls and boys, and women and men from affected communities, UNICEF will continue to deliver a comprehensive, evidence-informed humanitarian response for Rohingya refugee children and their families.

Endnotes

- ¹ United Nations High Commissioner for Refugees, 'Refugee Response in Bangladesh' [website], 30 September 2019, <https://data2.unhcr.org/en/situations/myanmar_refugees>, accessed 28 January 2020.
- ² This figure includes 34,917 previously registered refugees from Myanmar in Kutupalong refugee camp and Nayapara refugee camp. See <https://data2.unhcr.org/en/situations/myanmar_refugees>.
- ³ United Nations High Commissioner for Refugees, 'Rohingya Refugees Response – Bangladesh: Population factsheet', UNHCR, 30 September 2019, <<https://data2.unhcr.org/en/documents/download/71790>>, accessed 28 January 2020.
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- ⁸ Inter Sector Coordination Group, 'Multi Sectoral Rapid Assessments – Influx: Makeshift, spontaneous settlements and host communities', ISCG, Cox's Bazar, Bangladesh, 17 September 2017, <<https://reliefweb.int/report/bangladesh/multi-sectoral-rapid-assessments-influx-makeshift-spontaneous-settlements-and-host>>.
- ⁹ Bailey, Nicola, et al., 'How Effective is Communication in the Rohingya Refugee Response? An evaluation of the common service for community', BBC Media Action, September 2018, <www.bbc.co.uk/mediaaction/publications-and-resources/research/reports/asia/bangladesh/rohingya-response>, accessed 17 March 2019.
- ¹⁰ The Strategic Executive Group is an inclusive decision-making forum consisting of heads of humanitarian organizations. The group meets weekly, chaired by the Resident Coordinator and co-chaired by the International Organization for Immigration and United Nations High Commissioner for Refugees. The membership includes United Nations agencies, international non-governmental

organizations (Action Contre la Faim, Médecins Sans Frontières and Save the Children), and the International Committee of the Red Cross / International Federation of Red Cross and Red Crescent Societies.

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Case Studies

INFORMATION AND FEEDBACK CENTRES: Improving Accountability to Rohingya Refugees in Cox's Bazar, Bangladesh.

MOBILIZING FOR CHANGE: Strengthening Engagement through Community Mobilization Volunteers in Cox's Bazar, Bangladesh.

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