INTRODUCTION

Since August 2017, over 730,000 Rohingya people, including 400,000 children, have fled from violence in Myanmar and settled in Cox’s Bazar, Bangladesh. With support from the Government of Bangladesh and the humanitarian aid community, refugees have gained access to basic services. However, they remain highly dependent on short-term aid and continue to live in precarious conditions.

In the congested camps, 23 per cent of girls and 57 per cent of women feel unsafe when using latrines. Over 40 per cent of children under 5 years are stunted. Unaccompanied and separated children are at high risk of trafficking, early marriage and sexual exploitation. Despite major progress made in the provision of emergency education, 39 per cent of children and 97 per cent of adolescents still lack access to education. The risks faced by adolescents and youth are exacerbated by this absence of education, occupational training and safe livelihood opportunities.¹
UNICEF’s Humanitarian Strategy for the Rohingya Response

Since the beginning of the response, UNICEF has delivered life-saving services to refugees: provision of water and sanitation; promotion of hygiene; provision of health services for children and pregnant women; treatment of children with severe acute malnutrition; setting up of access to quality education; prevention of violence, abuse and neglect of children as well as the assistance to children affected; and prevention of gender and sexual violence and support to survivors. Services have also been made available to meet the specific needs of adolescents. In addition, facilitation of dialogue with the community, mobilization at household level and mobilization of local leaders have been done to encourage uptake of services. Throughout this work UNICEF has ensured that accountability to the affected population (AAP) and prevention of sexual exploitation and abuse (PSEA) remain as guiding principles.

When Rohingya refugees began arriving in Bangladesh in August 2017, they had limited knowledge of what services were available to them or how to access them. A knowledge, attitudes, practices and behaviours (KAPB) survey conducted by UNICEF through Innovations for Poverty Action (IPA) in 2018 reflected the increasing need for information on behaviours and services, especially related to women. A multi-sectoral rapid assessment conducted by the Inter Sector Coordination Group (ISCG), 2017–2018, documented the need for mechanisms to refer communities to relevant services – and to receive their feedback and grievances. Two-way communication between the humanitarian community and the people they serve is critical to ensuring the accountability and efficacy of the system. It is in this context that the Information and Feedback Centres (IFCs) were set up as part of the Rohingya Emergency Response within the first three to four weeks of arrival.

IFC personnel record complaints in a logbook, which will later be analysed for trends.
METHODOLOGY AND APPROACH

Community engagement and accountability to affected people

UNICEF defines community engagement as a foundational action for working with traditional, community, civil society, government, and opinion groups and leaders; and expanding collective or group roles in addressing the issues that affect their lives. Through this process, communities and social networks become proactively involved in shaping issues and decisions as well as improving or avoiding certain behaviours. The design of humanitarian responses is still insufficiently informed by the views and feedback of affected people. The Grand Bargain’s ‘participation revolution’ commitments, the Inter-Agency Standing Committee Accountability to Affected People’s commitments, and the Core Humanitarian Standard on Quality and Accountability’s (CHS) all outline that in order to meet this goal three essential components must be part of any response throughout the entire humanitarian programme cycle: (a) participation, (b) information sharing with affected communities, and (c) feedback and complaints.

Ensuring the feedback is collected, disseminated to the right people, and meaningful action taken, will deliver a more efficient, relevant and localized response in coordination with Health, Nutrition, Education, WASH, and Child Protection, among others. This system enables a common mechanism that can help in the prevention of disease outbreaks and in bringing about a sustained, positive behaviour change.

Information Feedback Centres (IFCs)

In response to the Rohingya emergency, the Communication for Development (C4D) Section of UNICEF Bangladesh introduced a range of community interventions such as outreach to local leaders and religious leaders through various advocacy meetings, a community mobilization network of community mobilization volunteers (CMVs), community dialogues, youth engagement, radio distribution, interactive popular theatre shows, community consultation meetings, radio listener clubs and radio programming, as well as the Information Feedback Centres (IFCs). The IFCs were established by UNICEF and its partners as a core part of their efforts to respond to the Rohingya influx. These IFCs provide the following services:

- Receive and respond to community feedback, queries, grievances and complaints.
When Rohingya refugees began arriving in Bangladesh in August 2017, they had limited knowledge of what services were available to them or how to access them.

A majority of the complaints, feedback and queries (CFQs) received by the IFCs can be dealt with at the site level by reaching out to the relevant service providers or site management focal points. These could range from concerns regarding the services received, and the quality and relevance of services, to the behaviour of the service providers. The Info Hub Standard Operating Procedures and feedback protocol serve as a guide for staff to understand how these CFQs are to be managed. Suggested scripts have also been made available for information service providers to use when meeting a community member. In cases where there is no formal response, the community members are informed. If the complaint cannot be dealt with at the site level, it is shared with the focal point of the respective

- Provide information and referrals on available services in the catchment area using social maps indicating locations of service points, and accompany the service seekers to the service points.
- Mobilize communities and volunteers.
- Provide demonstration sessions for practising key life-saving behaviours.
- Conduct community consultations and meetings.
- Mobilize communities during campaigns.
- Provide contact details of service providers inside the catchment area.
- Disseminate public service announcements (PSAs).
- Participate in the Camp in Charge (CiC) meetings to be informed on different services and instruction on the ground.
- Disseminate culturally appropriate and user-friendly information, education and communication (IEC) materials including answers to frequently asked questions (FAQs).

As of May 2019, UNICEF had established 20 IFCs across 4 host communities and 16 camps located strategically in the Rohingya settlements to meet the gap in information provision and engagement with affected and host communities. The IFCs are managed by 36 trained information service providers (ISPs). Three ISPs – two females and one male – are stationed at each IFC.
An inter-agency protocol developed for the IFCs enables standardization of responses across agencies.

Community member comes to the IFC
- Raises a query, makes a complaint or gives feedback
  - Is it about either GBV, Child Protection, Protection of PSEA?
    - yes → Community member is immediately and confidentially referred to the relevant focal point as per protocol
    - no
  - Do the IFC staff have the information or a response?
    - yes → Information is shared with the community member
    - no → All information is logged and analysed for reporting
      - A weekly report of trends, issues and analysis is shared within UNICEF
      - The date is shared with interagency collective feedback mechanism to help inform decision making
  - IFC to contact site management and/or local service provider for information and response to complaint

The Info Hub Standard Operating Procedures and feedback protocol serve as a guide for staff to understand how these CFQs are to be managed.

agency at Cox’s Bazar. If there is a response, then the community member concerned is updated once the response has been received.

The IFCs maintain a logbook to document all the CFQs received. Records are kept of a specific grievance by anyone who has been negatively affected by an organization’s action, or who believes that an organization has failed to meet a stated commitment. These records are classified and the action to be taken depends on this classification. Table 1 summarizes the classification of entries. Every week, the logbook is analysed for trends and subsequently shared with the Heads of Sectors to help guide programming.

<table>
<thead>
<tr>
<th>Nature</th>
<th>Type</th>
<th>Sector</th>
<th>Short form</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Query</td>
<td>1 Service point</td>
<td>WASH</td>
</tr>
<tr>
<td>B</td>
<td>Feedback</td>
<td>2 Quality</td>
<td>Nutrition/Food Item</td>
</tr>
<tr>
<td>C</td>
<td>Complaint</td>
<td>3 Service delivery</td>
<td>Shelter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 Staff behaviour</td>
<td>Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5 PSEA</td>
<td>Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6 Other</td>
<td>Protection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gender-Based Violence (GBV)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Child Protection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Livelihood</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Non-Food Items (NFI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Others</td>
</tr>
</tbody>
</table>
While initially the logbook was maintained manually, UNICEF Bangladesh has since piloted an Open Data Kit (ODK) application to digitalize feedback and generate a dashboard. This was done through UNICEF’s Social Policy Evaluation Analytics and Research (SPEAR) Section. The dashboard\textsuperscript{13} gives real-time information and generates a detailed analysis of the types and nature of CFQs received. The link to the dashboard is accessible to the sections, allowing them to use real-time data to inform their work.

In addition to the information service providers staffing the IFCs, there are also 300 community volunteers supporting the centres. These include 120 Model Mothers (MMs) and 120 Model Youth Mobilizers (MYMs) who conduct outreach activities aimed at community mobilization. They collect information from affected people and follow up on CFQs, and inform community members about the services provided to them by engaging households in face-to-face interviews, facilitating radio listeners’ groups and convening community dialogue sessions. UNICEF has invested in improving their skills through a variety of methods: training in interpersonal communication (IPC), capacity-building around the key behavioural package, provision of supplies and branding of the communication package for the mobilizers. Each IFC has 20 Model Mothers and Model Youth Mobilizers. The mobilization blocks and households are identified through geomapping that allows for timely, systematic and routine engagement at the household level. These volunteers have been incentivized in accordance with the Inter Sector Coordination Group\textsuperscript{13} guidelines.

With particular reference to addressing matters of sexual exploitation and abuse (SEA), all community mobilization volunteers and implementing partners received specialized training on the prevention of SEA. A package of information, education and communication materials has been made available specifically on this topic, and the referral pathways are displayed at the IFCs. Each IFC also has a private space where the community members can speak in confidence to the ISP on sensitive issues that may include SEA. These SEA-related CFQs are manually recorded in the logbooks and referred immediately to the Child Protection focal point in the camps.

<table>
<thead>
<tr>
<th>Sectors</th>
<th>Number of CFQs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Protection (CP)</td>
<td>5</td>
</tr>
<tr>
<td>Education (E)</td>
<td>20</td>
</tr>
<tr>
<td>Gender Based violence (GBV)</td>
<td>6</td>
</tr>
<tr>
<td>Health (H)</td>
<td></td>
</tr>
<tr>
<td>Information and feedback centre (I)</td>
<td>46</td>
</tr>
<tr>
<td>Livelihoods (L)</td>
<td>15</td>
</tr>
<tr>
<td>Non-food items (NFI)</td>
<td></td>
</tr>
<tr>
<td>Nutrition (N)</td>
<td>72</td>
</tr>
<tr>
<td>Protection (P)</td>
<td>1</td>
</tr>
<tr>
<td>Registration (R)</td>
<td>98</td>
</tr>
<tr>
<td>Shelter (S)</td>
<td>93</td>
</tr>
<tr>
<td>WASH (W)</td>
<td>449</td>
</tr>
<tr>
<td>Total</td>
<td>2,310</td>
</tr>
</tbody>
</table>

Number of CFQs categorized by sector

Open Data Kit dashboard showing percentage of service seekers disaggregated by gender. Data as of December 2018.

Open Data Kit dashboard showing data as of December 2018 on complaints, feedback and queries raised broken down by sector.
RESULTS

- Based on feedback in regular focus group discussions conducted during field visits, the IFCs in Cox’s Bazar have increased trust and credibility of the responders. Outreach workers have been particularly successful in building this trust.
- IFC staff reach 100,000 households through Model Mothers and youth volunteers that are linked to each IFC.
- In addition, an estimated 10,000 adolescent girls and boys from the refugee community have been engaged as change agents to provide life-saving information and referrals to services. Another 3,000 adolescent girls and boys from the host communities were similarly engaged.
- UNICEF’s 2018 target of 55,000 CFQs and visitors to the IFCs has been substantially surpassed – reaching between 75,000 and 80,000 complaints. As of October 2019, it was around 122,000 CFQs.
- Over 70,000 CFQs were synthesized and forwarded to Sector colleagues to support their interventions across Health, Wash, Nutrition, Child Protection, and Education. The digitization enabled these sectors to access the information.
  
a. An estimated 39,000 CFQs relating to health were received in the last year, mostly concerned with accessing health care, information on available services in the camps and child-related vaccination.
  
b. In December 2018, 2,310 health-related CFQs were received and action was taken in 94.3 per cent of these cases. Health focal points were contacted, which in turn ensured that the community was referred to the closest health centre or accompanied directly by a Model Mother or a youth volunteer to get to the health care centre.

LESSONS LEARNT

- The IFCs provide a very good operational means to achieve Accountability to Affected Populations commitments.
- Literacy levels have profound implications for how humanitarian agencies are able to engage with the refugees. High levels of illiteracy and the fact that there is no written script for the Rohingya language mean that communication must be face-to-face, oral, and low-tech. Development of user-friendly image-focused IEC materials enabled the Model Mothers and the youth volunteers to engage communities in a dialogue.
- Regular capacity-building for the information service providers who staffed the IFCs enabled more robust programming and quality assurance. This covered training on interpersonal communication and the prevention of sexual exploitation and abuse (PSEA), among other topics.
Promoting the use of IFCs within communities is essential to their success, and outreach workers have contributed greatly to this.

There is a need for IFC staff to build strong awareness of and relationships on the ground with camp service providers. This is essential to the quality of IFCs and service referrals.

Standardization of response systems is essential to maintaining the quality of information dissemination and service referrals across all IFCs. Investments have to be made early on for systematic recruitment and training of IFC staff.

Staffing the IFCs with volunteers/outreach workers who are from the community themselves has greatly increased credibility, acceptance and trust of information dissemination and service referrals. Nevertheless recruitment strategies have to be carefully considered taking into account gender and the local sociocultural milieu of the refugees. For instance in Cox’s Bazar the majority of the volunteer mobilizers and outreach workers are female. This can sometimes create pushback in the community where women are not allowed in certain spaces, or men find themselves without jobs. Similarly, if female adolescents are recruited, their safety and security need to be carefully considered.

Ultimately the success of the IFCs should be gauged by actions taken by responders and service providers to modify their strategies, delivery mechanisms or supplies based on feedback received from the communities. Closing the loop on the CFQs is essential and requires that the data generated through the digital databank is routinely fed back to responders who make decisions and provide services. The ‘real-time’ nature and value of the IFCs needs to be realized in order for this mechanism to truly reflect the principles of the AAP and Grand Bargain commitments.

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New York Headquarters: Naureen Naqvi and Emily Ramos.


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6 Rapid Protection Assessment, Bangladesh Refugee Crisis. 15 October 2017.
8 The Grand Bargain, launched during the World Humanitarian Summit in May 2016, is a unique agreement between the largest donors and humanitarian agencies who have committed to improving the effectiveness and efficiency of humanitarian action. More information is available on the Inter-Agency Standing Committee website at https://interagencystandingcommittee.org/about-grand-bargain
9 Inter-Agency Standing Committee Commitments on Accountability to Affected People and Protection from Sexual Exploitation and Abuse, December 2017: https://interagencystandingcommittee.org/accountability-affected-populations-including-protection-sexual-exploitation-and-abuse/documents-56
12 http://ifc.unicefbd.org/2/
13 The Inter-Sector Coordination Group (ISCG) is the central coordination body for humanitarian agencies serving Rohingya refugees in Cox’s Bazar, Bangladesh.