Special feature
Rohingya refugees in Bangladesh: the humanitarian response
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Cover photo: Bangladesh Rohingyas. © EU/ECHO/Pierre Prakash

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Rohingya refugees in Bangladesh: the humanitarian response
More than 700,000 Rohingya refugees have arrived in Bangladesh since 25 August 2017 fleeing violence and persecution in Rakhine State, Myanmar. Over a million are sheltering in overcrowded camps without adequate assistance or protection. Stateless in Myanmar and denied refugee status in Bangladesh, the Rohingya have few rights or freedoms. Monsoons and cyclones are causing landslides, destroying shelters and infrastructure and disrupting services.

This edition of *Humanitarian Exchange* focuses on the humanitarian response to the Rohingya crisis. In the lead article, Mark Bowden outlines the historical, local and national political context in Bangladesh, and its operational implications. Amal de Chickera highlights the links between statelessness and displacement, and the international community’s failure to prioritise human rights in its dealings both with Bangladesh and with Myanmar. Puttanee Kangkun and John Quinley document the persistent persecution and denial of rights the Rohingya have faced for decades. Jeff Crisp reflects on the premature, involuntary and unsafe return of Rohingya refugees to Myanmar in the 1970s and 1990s, and asks whether this could happen again.

Sally Shevach and colleagues explore how the ‘localisation’ agenda has influenced the operational response, and Kerrie Holloway draws on research by the Humanitarian Policy Group to test the common assumption that local actors necessarily have a better understanding of people’s needs. Nasif Rashad Khan and colleagues and Ashish Banik reflect on their experiences of engaging with the international humanitarian response system. Margie Buchanan-Smith and Marian Casey-Maslen discuss evaluation findings relating to communication and community engagement, a theme taken up by Nick Van Praag and Kai Hopkins, who report on a Ground Truth survey on refugees’ perceptions of assistance. Julia Brothwell discusses the British Red Cross/Bangladesh Red Crescent involvement in disaster preparedness and risk reduction during the monsoon season, and Gina Bark, Kate White and Amelie Janon outline the consequences of long-term exclusion from basic healthcare services in increasing vulnerability to preventable diseases. Matthew Wencel and colleagues round off the issue with reflections on data collection coordination and other challenges associated with monitoring large concentrations of refugees.

As always, we welcome any comments or feedback, which can be sent to hpn@odi.org.uk or to the HPN Coordinator, 203 Blackfriars Road, London SE1 8NJ.
A year of bringing relief to Rohingya refugees.

© European Union 2017 (photo by KM Asad)
In the few weeks between August and October 2017, approximately 600,000 Rohingya people from Myanmar moved into the neighbouring border areas of Cox’s Bazar in Bangladesh. There they joined existing Rohingya communities, bringing the total to 900,000, one of the largest concentrations of refugees in the world. Accommodated in makeshift camps, the Rohingya outnumber the local population by two to one in the two upazilas (administrative areas) of Teknaf and Ukiah. The size of the influx seized global attention and the international response was rapidly escalated to a Level 3 emergency, mobilising the tools and resources required to respond to an emergency of this scale.

Over the past year, the emphasis of humanitarian operations has been to avert further catastrophe. The risk of mass epidemics and outbreaks of diarrheal disease was high as a result of the rapidity and scale of the movement, people’s poor physical and nutritional state, with little access to healthcare or vaccination in Myanmar, and above all the overcrowding in camps located in difficult terrain prone to mudslides. Mass deaths have so far been averted and shelter and basic services have been provided. Given the challenges of scale and time these are no mean achievements.

Over the next year of humanitarian support, the historical, local and national political context within which this major relief operation is taking place will continue to influence coordination structures and create operational constraints. The political imperative within Bangladesh to treat the Rohingya influx as a temporary crisis, with the repatriation of new arrivals as the main goal, limits longer-term planning and infrastructural investment and creates mounting challenges to the protection and wellbeing of the Rohingya population in Bangladesh. The response to the crisis also raises the question how far commitments made at the World Humanitarian Summit and within the Grand Bargain can be met when responding to Level 3 emergencies.

Coordination and localisation

The scale and speed of the expulsion of the Rohingya into Bangladesh put a complex humanitarian crisis at the centre of international attention. In accepting international assistance, the Bangladesh government allowed in large numbers of foreign relief workers from international agencies and NGOs. While Bangladesh has developed effective internal structures for and approaches to the coordination of natural disaster response, it is ill-prepared to deal with a large-scale, internationalised, complex emergency. Emergency structures have focused on local government and the Bangladesh army, and are not well aligned with international coordination structures such as the cluster/sectoral approach of the Humanitarian Country Task Team, nor is there the necessary civil–military coordination structure in place to ensure effective engagement with the military, which is responsible for supervising the importation and logistics of relief supplies.

The political context has added further complexity to the operational challenges involved in the response. While relations between political parties and civil society have always been fraught, the past two years have seen increasing attempts to control and limit the influence of civil society. International NGOs have been treated with equal suspicion. The Foreign Donations (voluntary activities) Regulation Act of 2016 introduced tighter controls on financing and enhanced processes for the registration of NGOs, delaying project approvals, slowing down implementation and severely restricting international engagement with local civil society organisations.

From the outset of the crisis, foreign policy considerations – namely Bangladesh’s desire to see the early repatriation of the Rohingya – played a major role in determining the initial response, and in the development of coordination structures at both national level and in Cox’s Bazar. The Ministry of Foreign Affairs has taken the lead in coordinating the government response and in determining the nature of international coordination. Rohingya arrivals are not regarded as refugees, which meant that the International Organization for Migration (IOM), rather than the UN High Commissioner for Refugees (UNHCR), was initially given operational leadership. The coordination structure that developed in the months after the influx began put the focus of operational coordination in the hands of an Inter Sector Coordination Group (ISCG) comprising Bangladesh government departments, UN agencies and operational NGOs structured around eight sectoral working groups supported and led by a senior coordinator and secretariat based in Cox’s Bazar. National-level guidance to the ISCG is provided by a Strategic Executive Group (SEG) co-chaired by the Resident Coordinator and the heads of IOM and UNHCR. Membership includes UN agencies, international NGOs (INGOs) (BRAC, Action Contre la Faim (ACF), Médecins
The complexity of this two-tier coordination structure has required strong collaboration between all those involved. However, distinctions between local and national coordination and disparity of support between the two poses a challenge to maintaining the strategic direction and coherence of relief efforts. The withdrawal of the OCHA office at the beginning of the crisis and the lack of designation of a Humanitarian Coordinator (HC) have also left the response without some of the more important coordination tools, including for financial tracking and information management, cluster/sectoral coordination and pooled funding, which would normally support a more strategic approach to coordination and provide the ability to identify gaps in response, deploy pooled funding to support localisation and address key funding gaps. Concerns have been raised over the ‘projectised’ approach inherent in these coordination structures, where local and international NGOs alike feel treated as subcontractors rather than partners. Local NGO participation at the sectoral level is further squeezed by the large number and high turnover of international staff.

While a new NGO platform has been established and a roadmap for localisation is planned, challenges in terms of resource mobilisation, sectoral funding and establishing appropriate and realistic time-frames and effective physical and site planning will require strong internal coherence and work across and between sectoral groupings. One way of addressing these challenges would be to look at how best to streamline and develop coordination tools that strike the right balance between strategic and operational coordination and ensure greater coherence through a more programmatic and less project-based response.

Local challenges: protection and local engagement

The recent large-scale movement of Rohingya was not well-received locally, and local journalists interviewed in early 2018 were at pains to point out that the idea that there had been a welcoming local community to greet the arrivals was false. Local resentment and hostility are fuelled by a perception that the presence of the Rohingyas is increasing local poverty by forcing down labour rates. The Rohingyas are also seen as undeserving of the current levels of food assistance and health services in an area where services to the local population are poor. Local concerns also focus on social differences and fears of radicalisation within camp communities given the Rohingyas’ more conservative approach to Islam. Whether or not these are legitimate concerns, these issues have spilled over into criticism of the international aid response, and international agencies and their staff are blamed for preventing the Rohingyas’ rapid repatriation.

The marginalisation of the Rohingyas, their exploitation locally and the likelihood of increasing hostility towards them will require new approaches to protection and a protection framework that extends beyond the camps. Addressing local concerns over the perceived disparities in support must be part of a broader protection strategy. Improved communication with local communities and better engagement of local civil society will be essential in reducing local tensions. The announcement of World Bank and Asian Development Bank support for development activities in Cox’s Bazar may go some way to addressing local concerns if they are seen to have some immediate impact. While a broader protection framework is essential, there is also a need to improve protection capacities within the camps. The pressures of overcrowding, limited privacy, the lack of education facilities and few outlets for engaging with young people create a potentially volatile environment and increase the risks of radicalisation.

End note

A year after the influx of Rohingyas into Cox’s Bazar, it is far from clear what the future holds. While agreements between UNHCR, UNDP and the government of Bangladesh provide a framework for voluntary repatriation with safety and dignity, it is likely that the pressure for repatriation will increase, fuelled by local pressure and national foreign policy concerns. Despite considerable international diplomatic efforts and criticism of Myanmar, it is unlikely that the conditions for safe return with dignity can be met, at least in the near future, and there will be major political obstacles to granting refugee status to Rohingya arrivals, particularly in an election year. While the status of the Rohingyas must remain high on the agenda, the immediate priority is to establish a longer and more appropriate timeframe for the humanitarian operation in Bangladesh, to enable appropriate physical planning, the development of a stronger protection framework and the better integration of programming and support to both Rohingya and local communities.

Mark Bowden is a Senior Research Associate with the Humanitarian Policy Group at ODI. He is a former UN Humanitarian Coordinator.
Statelessness and identity in the Rohingya refugee crisis
Amal de Chickera

The Rohingya are stateless. While this is a widely known and uncontroversial fact, it has not been adequately factored into national and international responses to the Rohingya crisis. There are many reasons why this is so, and many seen and unseen consequences. It reflects a wider lack of capacity among humanitarian and other actors to identify statelessness, recognise how it relates to their work and respond accordingly. It also reflects a lack of serious engagement – by all influential players – with the most important, structural and root causes of the crisis. Inevitably, this has contributed to the cyclical denial of identity, persecution, displacement, lack of protection and repatriation that has plagued the Rohingya since the 1970s.

Statelessness and displacement

Not all refugees are stateless, and not all stateless people are refugees (in fact, the majority of each group have no overlap with the other). But being made stateless can be an act of persecution, and one which makes it easier to inflict and even justify further persecution. Similarly, being displaced, particularly over multiple generations, increases vulnerability to statelessness – especially for children born to refugee parents.¹ The Rohingya are a prime example of this link – their statelessness is a direct consequence of systemic discrimination, persecution and exclusion by Myanmar law, policy and practice over decades. The fact that Rohingya children born abroad (in Bangladesh, Malaysia, Thailand, India, Pakistan, the UAE, Saudi Arabia and elsewhere) remain stateless is emblematic of the lack of protection and pathways to citizenship for refugees.

The failure of humanitarian actors to recognise and act on this link is illustrated by the fact that UN High Commissioner for Refugees (UNHCR) global statistics treat the two groups separately – if a group is included in the refugee statistics, it cannot also be in the statelessness statistics. This approach has been criticised for its failure to accommodate complexity and the real-world repercussions that people who are both state-less and refugees can face.² Only the scale of Rohingya displacement after August 2017 prompted UNHCR to ‘exceptionally’ report Rohingya refugee and IDP populations in Bangladesh and Myanmar in both its displacement and statelessness statistics for 2017.³ It is unclear if this will be a one-off, or will result in a revision of UNHCR’s statistical approach.

This is not merely a question of statistics, but more importantly of protection and durable solutions. Identifying statelessness or the risk of statelessness among refugees is an essential prerequisite to a fit-for-purpose humanitarian response. It should influence the actions of the refugee-receiving state and potential resettlement states, and underpin any discussion of repatriation. All humanitarian actors need to be aware that how they perceive and register refugees can have long-term consequences for their protection and their ability to reintegrate into society.

In the context of the Rohingya, this clearly has not happened. The position of Bangladesh that Rohingya are ‘forcibly displaced nationals of Myanmar’⁴ exemplifies the failure of the host state to acknowledge that the Rohingya are stateless refugees with specific protection needs. Similarly, Bangladesh’s refusal to allow registration of the births of Rohingya babies⁵ is a disavowal of a basic obligation under Article 7 of the Convention on the Rights of the Child to protect every child’s identity, of which nationality is a key element. Bangladesh has been praised for opening its borders to Rohingya refugees. But the truth is that Bangladesh too has for decades been responsible for its own statelessness crisis – the statelessness of Rohingya refugee babies, born on Bangladeshi territory but denied the right to a nationality.

Failure to recognise and address root causes

The statelessness of the Rohingya has been a key element in their decades-long persecution in Myanmar, in their lack of protection as refugees outside Myanmar, and in the challenges involved in finding durable solutions. Indeed, one of the main characteristics of the Rohingya crisis is its repetitive nature, coupled with its increasing intensity. The Rohingya suffered cycles of mass violence, persecution and disenfranchisement in 1978, 1991, 2012, 2016 and 2017. In between these peaks, which caught global media attention, their ‘normal’ daily life went unobserved. It is unclear if this will be a one-off, or will result in a revision of UNHCR’s statistical approach.

1 For more on the nexus between statelessness and forced migration, see the Institute on Statelessness and Inclusion and Norwegian Refugee Council’s online toolkit on understanding statelessness in the Syria refugee context: http://www.syrianationality.org/index.php?id=15.


3 UNHCR’s global statelessness statistics for 2017 were published in June 2018 in its annual Global Trends report (www.unhcr.org/globaltrends2017/).


existence was made increasingly suffocating, abusive and undignified through a series of draconian policies and practices. The conditions under which the Rohingya have lived since the 1980s – deprived of free movement; vulnerable to arbitrary arrest, torture and forced labour; denied access to adequate healthcare, education and livelihoods; served with restrictions on marriage and children – have been extensively documented by human rights organisations.6

Myanmar’s 1982 citizenship law, which grants nationality along ethnic lines, led to the exclusion of the Rohingya and several other ethnic minority groups from full citizenship. After the law came into effect, many Rohingya submitted their old identity documents (many of which established their claim to citizenship) to obtain new citizenship documents. Most were either not given new documents or provided with ‘temporary registration cards’, which did not recognise them as citizens. Similarly, many Rohingya who had undergone ‘citizenship verification’ after 2014 also had their old documents confiscated. This process of citizenship verification and denial reinforces the Myanmar government’s inaccurate claim that the Rohingya are illegal immigrants who should be expelled. Even if it were practically safe for the Rohingya to return, their statelessness and lack of documentation mean that the majority are unlikely to pass any verification process, and will continue to suffer persecution.

At no point has the international community made a serious and sustained effort to break this vicious cycle. As long as Myanmar remained closed to the world, the problem was hidden. When Myanmar opened up, the narrative was one of ‘democratisation’ and ‘transformation’. The reality lived by the Rohingya was an annoyingly contradictory detail to be brushed aside. When Rohingya fled mass persecution in 1978 and 1991, the international community facilitated their repatriation without addressing the root causes of their flight, of which denial of identity and nationality was one. When the Myanmar authorities subjected the Rohingya to crimes against humanity in 2012, the international community endorsed Myanmar’s characterisation of the violence as ‘communal’ and went ahead with lifting sanctions. Myanmar’s then president was even awarded a Peace Prize by the International Crisis Group in April 2013. As I wrote at the time:

Every time the international community endorses a watered-down description of the situation, or prefixes any criticism of Burma with a litany of praise for progress made, or endorses the lifting of sanctions, or awards a peace prize to a man who must answer allegations of crimes of the most serious nature; it constitutes a massive metaphorical slap in the face of the Rohingya community. Such praise is ‘premature and dangerous’, and is likely to undermine not only the rights of the

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Rohingya, but of all other victims of human rights abuse in the country.\textsuperscript{7}

Sadly, the trend has continued and the worst we feared has happened. However, there is little evidence to show that lessons have been learnt. The post-2017 response has been worryingly familiar.

The failure to recognise statelessness has played a role in the premature discussions and agreements between Bangladesh and Myanmar, as well as Myanmar and the UN, around the repatriation of the Rohingya from this most recent influx. The wide support these have received from the international community is symptomatic of how much global powers would like to see this problem disappear. The idea that the world can begin so soon to discuss the return of a stateless, persecuted minority to a country responsible for inflicting the harshest of crimes against humanity – even genocide – on its members is inhumane to say the least. Responding to the idea of such a repatriation agreement, my organisation published seven criteria that must be met for repatriation to be realistic and in accordance with international legal norms. These criteria were:

1. **Voluntariness:** Any repatriation of Rohingya refugees must be voluntary. ‘Voluntariness’ requires inter alia that all refugees:
   a. Are provided with adequate information about their rights under international law, including their right to seek refuge and to not be forcibly returned.
   b. Are provided with viable alternatives – protection in Bangladesh or resettlement to third countries – so that their choice to return is not influenced by a lack of international protection.
   c. Should be consulted individually and not be put under pressure to agree to return to Myanmar as a group.

2. **UN oversight:** Any repatriation effort must be supervised by the UNHCR, with additional oversight by the OHCHR.

3. **Right to nationality:** All returning refugees and internally displaced Rohingya (as well as the non-displaced Rohingya population) should be guaranteed their rights to nationality, self-identification and documentation under international law.

4. **Equality and human rights:** All Rohingya should be guaranteed equal treatment under the law and be protected from discrimination. They should be able to enjoy their basic human rights, including the freedom of movement, the right to liberty and security of the person, the right to education and right to an adequate standard of living.

5. **Normalisation:** Any repatriation should be preceded and accompanied by steps taken by Myanmar which include:
   a. Granting full access to humanitarian and human rights agencies, including UN investigators and monitors.
   b. The reconstruction of all destroyed properties and the guarantee that ownership will be reverted to the displaced occupants, and that they will be able to return to their homes.
   c. The demilitarisation of North Rakhine State and the ensuring of security of all returnees.

6. **Accountability:** Repatriation should be complemented with an independent process (with OHCHR and international oversight and participation) to document all violations committed against civilians; to ensure accountability of all perpetrators; and to compensate victims and their successors.

7. **Rehabilitation and integration:** Community rehabilitation and integration should be prioritised, including through identifying and combating hate speech and through desegregation.\textsuperscript{8}

Rohingya groups have made similar demands of the international community, and reports from the Office of the High Commissioner of Human Rights and human rights NGOs reiterate many of these points. These seven criteria provide a roadmap, not just for the return of the Rohingya, but for a resolution to this decades-long crisis.

**Looking ahead**

The solution is clear. The challenge lies in the lack of political will among the main actors to protect the Rohingya, address the root causes of statelessness and bring perpetrators to justice. Myanmar – no doubt – is the protagonist in this regard, but Bangladesh and other Rohingya-receiving countries also hold responsibility. The weakness of the international community, which has so far been unable to speak with a unified voice – even when faced with crimes so horrendous that we promised they would be committed ‘never again’ – has allowed these states to treat the Rohingya as sub-human over many decades. The impotence of the international community is another sign that we need to collectively rethink and reshape the institutions that are meant to preserve peace (not least the UN Security Council). The failure of the UN and international NGOs to put human rights first and strike the right balance between maintaining humanitarian and development access while calling out structural discrimination and persecution has also allowed the situation to steadily erode. It is important to remember that all UN agencies are obliged to fulfil their mandates in accordance with principles of human rights – something which does not often happen in reality, particularly when working in difficult environments.


Even so, there are positive signs. I recently met a group of Burmese activists and lawyers of various ethnic groups and regions. They unanimously agreed that the 1982 citizenship law had to be repealed and replaced, not only because its ethno-based character excluded groups like the Rohingya, but also because it was a remnant from the military junta era, which had no place in the multicultural, progressive and democratic Myanmar they envisioned.

As with countless tragedies before, the Rohingya crisis provides us with an opportunity for introspection, humility and the learning of important lessons. Unless those of us who occupy international protection and human rights spaces demonstrate the capacity to do so, the future of the Rohingya and of other vulnerable groups may once again mirror their past.

Amal de Chickera is Co-Director of the Institute on Statelessness and Inclusion.

Mass atrocities and human trafficking: Rohingya Muslims on the move

Puttanee Kangkun and John Quinley III

I arrived here [in Malaysia] about a month ago by boat … The journey took nine to ten days to arrive to land, then we took smaller boats to shore. I was told it was Thailand. There were 20 to 30 people on the boat, including men, women and children between one and six years old … We walked another three to four days in the jungle and then crossed the border.

‘Noor’, a 16-year-old Rohingya girl from Maungdaw Township in Rakhine State

‘Noor’ is a 16-year-old Rohingya Muslim from Myanmar. In February 2018, following attacks on her village by Myanmar security forces the previous August, she boarded a boat for Malaysia. ‘My village was destroyed,’ she told Fortify Rights. ‘The houses were burned down … My house was also destroyed … A lot of people were killed in my village.’ Noor took the risky journey to Malaysia to escape crimes in Myanmar that may amount to genocide, and to marry a man she had never met in the hope of a better life. Her experience is sadly common among the Rohingya. For generations, the Myanmar authorities have targeted Rohingya with violence and repressive policies, forcing hundreds of thousands to flee, first to Bangladesh and then elsewhere in South and Southeast Asia. Many are forced into the hands of human traffickers: between 2012 and 2015, Fortify Rights documented the mass trafficking of Rohingya from Myanmar and elsewhere in South and Southeast Asia has already begun.

Desperation for a more secure future is mounting among Rohingya survivors in Bangladesh, and the movement to other destinations in South and Southeast Asia has already begun. In February and May 2018, we met 16 Rohingya refugees in Thailand and Malaysia who had recently fled Myanmar. Many of these refugees are survivors of human trafficking. ‘Ismail’ told us that he and three other Rohingya had travelled for 53 days from Rakhine State in Myanmar to join relatives in Malaysia. ‘The situation at home was very bad,’ he told us. ‘I saw with my own eyes soldiers kill villagers. I saw them dig a hole to put the dead bodies. My house was okay, but the soldiers burned down my neighbour’s house. I could not go outside to buy food.’

Bangladesh is often the initial destination for Rohingya fleeing Myanmar. Before the latest round of attacks, refuge camps in Bangladesh provided shelter for up to half a million Rohingya, some of whom have eked out a living in the camps for more than 20 years. Rohingya in Bangladesh lack legal status and fundamental rights, including the right to freedom of movement. Despite discussions between Bangladesh and Myanmar about potential ‘repatriation’ programmes, any return without guarantees of rights and protections would be at best premature, and at worse coercive or forced. Rohingya refugees tell us they are adamantly against returning to Myanmar without protection, citizenship and accountability for the military’s crimes.

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Destinations: Bangladesh, Malaysia and Thailand

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6 Fortify Rights interview, Nakhon Si Thammarat Province, Thailand, 5 February 2018.

1 All names have been changed to protect anonymity.


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6 Fortify Rights interview, Nakhon Si Thammarat Province, Thailand, 5 February 2018.
Three Rohingya refugee women detained by police in southern Thailand after undertaking a risky journey from Rakhine State, Myanmar on their way to Malaysia.

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and the other Rohingya with him paid a broker to guide them along a complicated land route through Bangladesh and India and into Chin State in Myanmar, and then on to Mandalay, Yangon and eventually across the Thai border. He and other survivors described how armed men held them in a cage, confined them to apartments and houses, beat them and demanded a series of payments to continue the journey to Malaysia:

We were put in a chicken cage when we arrived at Chittagong [in Bangladesh]. There were some chickens in the cage and they locked the cage from the outside. We did not receive food. We were there for one day from 8pm to 7am the next morning. They detained us in order to call for money. They called for 2.2 million Myanmar Kyat [about $1,500] from each person.

The traffickers caged Ismail again and demanded further payment in India. ‘They put us in a pig cage for three days. Only men were in the pig cage. Women were in another place. While we were in the cage, [the trafficker] called for money again.’

‘Ali’, an 18-year-old Rohingya man, took a similar route. He explained how his group avoided the Myanmar authorities while travelling to Yangon. ‘We did not encounter military officers when we were walking along in the forest,’ he told us. ‘We faced checkpoints but had no problem because the agent already paid the officials. I saw the agent pay the money. We would have been arrested for sure if the agent did not pay money.’ Ali explained how traffickers held him and others in a small, locked room in Yangon, demanding additional payment. He recalled:

I was not able to go outside. I did not know which part of Yangon [I was in]. In the apartment, they locked me in from the outside. I was there for about three months. At first there were seven of us, then five of them left within five days. Then there were only two of us left behind [The trafficker] told me I couldn’t go out if I had no money. She told me I needed to pay for the travel from Rakhine to Yangon, 1.4 million Myanmar Kyat [approximately $950].

Ali gained his release by handing over the deeds to his family’s land, which the military had destroyed. ‘We can’t go back to that place,’ he said. ‘If we went back, we will be killed.’ Ali and Ismail travelled with five other Rohingya to the Thai border, where they were stopped, identified as survivors of trafficking and placed in a government-run shelter. This is standard practice by the Thai authorities: Rohingya refugees entering Thailand by land are arrested and subject to multi-agency screening to assess whether they are survivors of trafficking. Rohingya found to have been trafficked are transferred to a shelter operated by the

7 Fortify Rights interview, Nakhon Si Thammarat Province, Thailand, 5 February 2018.
Ministry of Social Development and Human Security (MSDHS) or an Immigration Detention Center (IDC) run by the Immigration Bureau. At the time of writing, 26 Rohingya were being held in IDCs, and around 50 were confined in shelters. Fortify Rights has documented abusive and inhumane conditions in IDCs, including police abuse, lack of healthcare and overcrowding. In 2017, a 16-year-old Rohingya refugee who had spent three years confined to IDCs and government-run shelters died in the custody of the Thai authorities. Although survivors of trafficking may be eligible for protection and resettlement to a third country through the UN High Commissioner for Refugees (UNHCR), some Rohingya refuse this, fearing permanent separation from relatives remaining in Southeast Asia. Rohingya who are not found by the Thai authorities to have been trafficked are often taken straight to the border and forced back to Myanmar. In some cases, refugees and survivors of trafficking have been handed over to transnational criminal syndicates involved in human trafficking.

Rohingya refugees arriving in Thailand by boat are subject to a push-back policy, whereby the authorities intercept boats and force them back out to sea. This is a form of refoulement, and as such violates international law. Unknown numbers of refugees have died at sea under this policy. In April 2018, a boat carrying 56 Rohingya refugee men, women and children landed on the island of Koh Lanta in Thailand’s Krabi Province following a heavy storm. The refugees, from Thea Chaung village in Sittwe Township, had begun their journey in late March, and had spent more than seven days at sea. After providing the refugees with food and water, the Thai authorities sent the boat back out to sea.

Many Rohingya are well aware of the risks involved in their journey from Myanmar or Bangladesh, particularly when relying on agents who may be traffickers, or who may be colluding with them. ‘Sufiah’ is a 37-year-old Rohingya woman from Sittwe Township. In March 2018, she told us how traffickers had brought her brother-in-law to a camp along the Thailand–Malaysia border in 2015 and demanded money from her and her husband for his release.

We were late to send the money, and my brother in law was killed. He was killed three years ago. I sent 3,500 Malaysian Ringgit (about $850) [to the traffickers], but I then found out he was killed [after I sent the money]. First, the agent asked 5,000 Malaysian Ringgit [about $1,225] … Two days after we sent the money, we learned he was killed.

Despite this, Sufiah recently paid 2,000 Malaysian Ringgit (about $640) for agents to bring her sister-in-law from Rakhine State to Malaysia by boat. ‘We are worried,’ she told us. ‘We are worried the military in Myanmar will shoot them.’

**Conclusion**

The actions of the Myanmar military and government are at the root of the Rohingya crisis in South and Southeast Asia. The military are responsible for crimes against humanity and genocide against the Rohingya, and must be held to account for their crimes. Meanwhile, the Myanmar government continues to deny credible allegations of mass atrocities; continues to deny access to Rakhine State to human rights monitors, UN investigators and journalists; and refuses to address the roots of the crisis, including the 1982 Citizenship Law, which is used to render Rohingya stateless. Long-standing impunity for violations has emboldened the Myanmar military in perpetrating its campaign to drive Rohingya from the country, and continued impunity will only encourage further attacks. ‘I want to go back,’ Noor told Fortify Rights. ‘Myanmar is my country. I would like to go back if the country is safe … But it is not safe to go back at the moment … People are in hiding.’

Fortify Rights, Rohingya advocates and other human rights organisations are calling on the UN Security Council to urgently refer the situation in Myanmar to the International Criminal Court. Fortify Rights is also calling on the government of Malaysia to investigate and prosecute traffickers and complicit officials responsible for the mass trafficking of Rohingya between 2012 and 2015. The cycle of violence, displacement and exploitation against the Rohingya will continue until impunity ends, root causes are addressed and rights are assured. Until then, there is a very real danger that the tragic history of the Rohingya in Myanmar will continue to repeat itself.

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Principle to Practice’, Crisp and Katy Long, ‘Safe and Voluntary Refugee Repatriation: From 1 For a discussion of those principles and their implementation, see Jeff 1978 repatriation was voluntary. ‘Early repatriation,’ that paper Evaluation Service, it was ‘highly questionable’ whether the According to a later assessment prepared for UNHCR’s Engagement with Rohingya refugees. According to a later assessment prepared for UNHCR’s Engagement with Rohingya refugees. Another method used to induce repatriation was to withhold food and other essential assistance from the refugees. One experienced UN official described the Rohingya camps as ‘death traps – the worst I have ever seen’. Malnutrition was soaring, and in July 1978 the mortality rate in the camps was four times higher than in the rest of Bangladesh. Even so, a senior official in the Ministry of Relief observed in one meeting: ‘Well gentlemen. It is all very well to have fat, well-fed refugees. But I must be a politician, and we are not going to make the refugees so comfortable that they won’t go back to Burma’. One UNHCR staff member observed that ‘by this time, Bangladesh government policy had become one in fact of starving the refugees into leaving’. ‘Lack of food,’ he concluded, ‘resulted in widespread malnutrition and death rates that were avoidable, but their greatest significance was in increasing the momentum of the return operation.’

The role of UNHCR

In January 1980, once the repatriation had concluded, UNHCR acknowledged in a press briefing that up to 10,000 refugees had died in the camps, citing epidemics as the principal cause. Privately, however, staff in the field agreed that the high mortality rate was a result of the government’s failure to release and distribute food supplies that were readily available in the country. ‘Can there be an excuse,’ one asked, ‘for an international organization like UNHCR, whose brief is refugee welfare, to acquiesce in a policy which results in more than 9,000 unnecessary deaths.’


2 The paper was not published due to its controversial nature.

As this quotation suggests, UNHCR played a highly questionable role in the 1978 repatriation, especially at the more senior levels of the organisation. Early in the emergency, a fact-finding mission to Bangladesh quickly concluded that the Rohingya had been subjected to human rights violations such as rape, shootings, beatings and forced labour, and that they could consequently be considered refugees. But the organisation’s approach to the emergency was not consistent with that conclusion. In September 1978, when the refugees were being encouraged to return, the High Commissioner stated that ‘UNHCR would like to see that the repatriation agreement between Bangladesh and Burma is implemented successfully’. It was a position adopted on pragmatic grounds, based on an understanding that the refugees were unwanted in Bangladesh, that a long-term relief operation would be financially unsustainable and that a prolonged refugee situation could lead to a border conflict between the two countries. In the words of another senior staff member, it was ‘collective wisdom that the refugees had to go back as soon as possible’.

This position ran contrary to UNHCR’s protection responsibilities. The refugees were not consulted about the repatriation operation or informed of the conditions awaiting them in Myanmar. Little was done to halt the abuses in the refugee camps, and two field staff who tried to raise the alarm were removed from the operation. In an attempt to deflect criticism, UNHCR stated publicly that it had little involvement in the repatriation and claimed (implausibly, given its mandate) that it ‘was not entrusted with the responsibility of ascertaining the voluntary character of the decision taken by refugees to return’. Privately, senior staff agreed that UNHCR should ‘persuade the refugees to repatriate’. ‘The procedure,’ one observed, ‘is not to ask them if they wish to repatriate, but passively to repatriate them if they do not object to the action.’ In the words of the assessment undertaken by UNHCR’s Evaluation Service, this approach demonstrated a ‘reckless regard for the voluntary nature of the repatriation exercise’.

A new cycle of displacement

A further flaw of the 1978 repatriation was that it was not accompanied by any serious effort to ameliorate conditions for Myanmar’s Rohingya population. Indeed, four years later the country introduced new legislation that definitively excluded the Rohingya from citizenship. A decade later, Myanmar’s armed forces launched a new assault on them, involving killings, sexual violence and the destruction of settlements and mosques. In 1991 and 1992, around 250,000 Rohingya fled again to Bangladesh.

Subsequent events bore a striking resemblance to those of 1978. Bangladesh began negotiating a repatriation agreement with Myanmar in November 1991, when Rohingya refugees were still fleeing in significant numbers. While stipulating that
returns would be ‘safe and voluntary’, the agreement also said that repatriation should begin by May 1992 and be completed within six months. Once again, pressure was placed on the refugees in an attempt to meet that target, with restrictions on food and other assistance. In February 1992, Bangladesh stated its intention to limit the aid provided to the Rohingya, as ‘it would not wish to create a pole of attraction for more refugees’. The negative consequences of this approach quickly became apparent. Just four months later, a UNHCR staff member observed that ‘in 1978, over 10,000 refugees died from problems relating to inadequate assistance. The present line of the government is coming dangerously close to creating a repetition of this tragedy’.

**Engagement or withdrawal?**

With the support of a number of NGOs and diplomats, the UNHCR office in Bangladesh managed to persuade the authorities to limit restrictions on the provision of assistance. The organisation also stood firm on the principle that repatriation should be voluntary, with one senior staff member observing in May 1992 that ‘we should be ready to pass on our present relief responsibilities to some other agency and leave the scene if we come across clear evidence that we cannot stop an unacceptable repatriation’.

With growing evidence that the refugees were being subjected to physical and psychological harassment in an attempt to force their departure from Bangladesh, UNHCR announced in December 1992 that it had no alternative but to dissociate itself from the repatriation operation. However, in subsequent discussions with the government the agency agreed to continue its involvement, based on its conclusion that ‘UNHCR will experience problems with the authorities in attempting to stop them from applying pressure mechanisms in the camps to force people to repatriate’. ‘It will be equally difficult,’ the same document observed, ‘to convince them that some refugees will stay longer in the country while waiting for a durable solution. Most likely, the attitude of the authorities towards the refugees and UNHCR may not improve.’

Wishing to avoid a confrontation with the government, and recognising that many refugees had resigned themselves to repatriation, in May 1993 UNHCR signed a Memorandum of Understanding (MoU) with the government of Bangladesh. While the agreement stipulated that the agency would ‘assist in the smooth repatriation of refugees who opt to return on the basis of their own judgment’, UNHCR also agreed to ‘undertake promotional activities to motivate refugees to return home’. A separate MoU was subsequently signed between UNHCR and the Myanmar government setting out conditions for the return and reception of the refugees.

With these agreements in place, UNHCR felt able to engage fully with the repatriation. In July 1994, a senior official from UNHCR headquarters (themselves a Bangladeshi) announced that the organisation would actively encourage the return of the Rohingya, based on the belief that it was now safe for them to go back. Rather than verifying the voluntary nature of return on an individual basis, the organisation would conduct a mass repatriation registration exercise, with the onus being on refugees to decline to register if they did not wish to return. Few felt able to choose that option, and by mid-1995 200,000 had returned to Myanmar.

**Success story?**

While lauded as a success in official UNHCR statements, this second repatriation was in fact both controversial and contradictory to refugee protection principles. As the Evaluation Service’s assessment stated, some UNHCR staff ‘were not convinced that the refugees really wanted to return or that the conditions for voluntary repatriation in safety and dignity could be met’. Staff ‘could not understand the change of policy and wanted to leave the operation’, while UNHCR managers in Bangladesh ‘felt trapped between pressure from headquarters to repatriate refugees and field staff who contested the validity of UNHCR’s involvement in such a repatriation’. Noting these concerns, as well as the many criticisms levelled at the operation by NGOs and human rights organisations, the review concluded that ‘refugees believed they had no choice and accepted a repatriation that they feared and did not wish to undertake because they were told to do so by UNHCR and the authorities and believed they had no other choice’. In other words, and as had been predicted before the operation commenced, they went where they were told to go.

**Repeat performance?**

The obvious question raised by this account is whether the 700,000 Rohingya refugees who fled Rakhine State for Bangladesh in 2017 (again as a result of a murderous assault by the Myanmar military) will again be induced to participate in a repatriation that is premature, involuntary and unsafe, and in which UNHCR is fully engaged.4 There are certainly reasons to fear such an outcome. Donor states made it clear from a very early stage of the emergency that they consider a speedy return to Myanmar to be the optimal solution to the crisis. And while Bangladesh has responded in a very generous manner to the Rohingya influx, the government has also made it clear that the refugees are placing excessive strain on the country’s economy, environment and infrastructure, and that their future consequently belongs in Rakhine State.

In Myanmar itself, the signals are mixed. Under pressure from the international community, the government has endorsed the notion that the refugees should return by means of a safe and voluntary repatriation. However, it remains unwilling to address the issue of Rohingya citizenship, and there are serious doubts

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about the willingness of the military to countenance the return of the Rohingya. Even so, under pressure from the international community the government has endorsed safe and voluntary refugee returns, and has signed an agreement with UNHCR and the UN Development Programme (UNDP) (which has not been published) with respect to the repatriation and reintegration process. As for UNHCR, the agency is under serious pressure from governments – not only in the Rohingya context, but also in many other parts of the world – to ensure the speedy return of refugee populations, and in doing so to compromise voluntariness and safety.\(^5\)

Two conditions may militate against another repatriation operation that fails to meet UNHCR’s protection standards. The first is that the plight of the Rohingya is under unprecedented international and media scrutiny, and it seems unlikely that an induced return of the type that took place in the 1970s and 1990s could proceed without a major public outcry. Second, on the basis of past experience the Rohingya themselves have developed a much stronger understanding of the conditions under which they are – and are not – prepared to return to Rakhine State. According to one recent survey undertaken in Bangladesh, ‘99 percent said they would go back only if certain conditions were met, the majority mentioning citizenship of Myanmar with acknowledgement that they are Rohingya; freedom of movement and religion; and their rights and dignity restored’.\(^6\) In that respect, not to mention the incredible resilience that they have demonstrated since arriving in Bangladesh’s overcrowded refugee settlements, the Rohingya are anything but ‘primitive people’.

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5 With respect to Syrian refugees, for example, see Jeff Crisp, ‘It’s Far Too Early to Talk of Return for Syrian Refugees’, Chatham House, 10 August 2017 (https://www.chathamhouse.org/expert/comment/it-s-far-too-early-talk-return-syrian-refugees).


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When the rubber hits the road: local leadership in the first 100 days of the Rohingya crisis response

Sally Shevach, Kate Sutton, Josie Flint and Md Nadiruzzaman

The international community has committed to a humanitarian system that is locally owned and locally led. This means a shift of power, resources and decision-making to local and national responders in humanitarian action. But how is this manifested during a humanitarian response of the scale and complexity of the Rohingya refugee crisis in Bangladesh? This rapid real-time analysis considers how the global localisation agenda has influenced the current operational response. It explores how localisation has affected key areas of leadership, funding, surge, partnerships, coordination and complementarity. It also considers emerging localisation practices that could be scaled up in future responses. The analysis is intended to stimulate discussion and inform practice, and prompt questions about what happens when localisation moves from theory to practice.

On the surface, not much has changed in the way the humanitarian response has unfolded in Bangladesh. Funding has still flowed largely to international actors; international surge staff, many with no experience of the context, arrived in their hundreds; and coordination continued to be dominated by international actors. Below the surface, however, shifts are under way. The government of Bangladesh has taken a strong leadership role that has challenged international systems. National and local NGOs are playing a key role in the response, and some international actors are partnering with national actors more intentionally. Is this too little or too much of a shift? Does it represent the transformation envisaged at the World Humanitarian Summit, and a positive step towards fundamental change? Or has it taken us backwards, with weakened relationships leaving the localisation debate more polarised than ever?

“How is the humanitarian imperative to save lives balanced with a focus on ensuring the response is locally led?”

This article is based on consultations with key national and international actors operating in-country. The research was co-produced with a national partner, which undertook all the field-based interviews and co-authored the paper. It was a high-level rapid analysis designed to provide insight into emerging themes and issues from the perspective of operational actors.

Crisis overview

Leadership

National leadership in the first 100 days of the response was evident in the restrictions placed on international NGOs (INGOs) entering the country; in the establishment of a registration system that limited the operational role of INGOs; and in the decision to recognise the International Organization for Migration (IOM) as the international lead agency for refugee response coordination with the government. This decision was
at odds with the default international designation of the UN High Commissioner for Refugees (UNHCR) as lead for refugee contexts, and raised concerns about whether UNHCR would be able to ‘exercise in full its accountability for protection of refugees and contribute fully its capacity and expertise’. For an international system of pre-designated lead agencies and assumed roles for INGOs, this is uncharted and challenging territory.

At the local level, civil society organisations had little scope to take on leadership roles, particularly as international funding for the response increased. Local responders noted that, in the early stages, decision-making and leadership of relief operations shifted from local NGOs and communities to UN bodies and international organisations. Many stakeholders noted that, three months into the response, local organisations largely played implementation roles, rather than leadership and decision-making roles.

The largest leadership gap, nationally and internationally, has been in creating space for constructive discussion. An honest appraisal is needed of the strengths and weaknesses of different actors and potential complementary roles to deliver the most effective response.

**Funding**

At the 100-day mark, almost half of the total funding for the response, 49%, was allocated to three UN agencies – IOM, UNHCR and the World Food Programme (WFP). The best-funded international NGO was Action Against Hunger, at 7.8% of the total. The Bangladesh Rural Advancement Committee and Bangladesh Red Crescent Society were the only two national organisations to receive funding, at 2.1% and 1.3% respectively. Although this data is incomplete (for instance it does not reflect funding indirectly allocated to national actors), it does not suggest a substantial shift towards meeting the Grand Bargain commitment of 25% of funding allocated as directly as possible to local actors by 2020.

**Surge capacity**

Several factors indicated a shift in the way the international community uses surge to support local capacities. As far as possible, surge capacity was drawn from regional rather than global responders, and there was some focus on prioritising individuals with contextual knowledge. There were also examples of surge being used to support capacity and enable local partners to engage in the response, for example supporting local staff to lead planning and coordination forums that might otherwise be dominated by international actors.

Overall, however, international surge largely sidelined national actors. Respondents noted problems around short-term deployments, weak handovers and the need for local actors to expend time and resources to bring new international staff up to speed at each rotation. Questions were raised about the costs involved with such a large international presence, as well as the compounding effect of short deployments on cultural and language barriers.

**Partnerships**

There were more partnerships between national and international actors in the Bangladesh crisis than in most previous responses. The effectiveness of these partnerships, however, was undermined by their short-term and contractual nature. National actors essentially became implementing rather than equal partners in leadership and decision-making.

Several factors contributed to this. The registration system instituted at the national level limited the operational role of new INGOs, requiring them to partner with local organisations. The result was that a large number of INGOs partnered with a very small number of national and local organisations. Without partnership approaches and support to manage this rapid scale-up, local and national organisations were stretched to capacity. The risk that local actors are overwhelmed by having to manage multiple contracts and meet international demands needs to be managed and addressed jointly, with the collective goal of effective delivery of humanitarian assistance.

**Coordination**

Several important steps were taken at the outset of the crisis to ensure local representation in coordination structures. The UN Inter Sector Coordination Group (ISCG) recommended that NGO co-leads be based in Bangladesh, and include local, national and international NGOs. The establishment of networks and coalitions for local organisations was also important in increasing the presence and representation of local organisations in humanitarian response structures.

NGO networks such as the NGO Coordination and Support Cell and the Cox’s Bazar Civil Society Network sought to bridge information gaps and provide a common information point for NGOs engaging in wider coordination structures.

In practice, most coordination structures were dominated by international actors. For example, while the Food Security, Education and Water, Sanitation and Hygiene (WASH) sectors had NGO co-leads, Food Security was the only sector co-led by a national NGO. Overall, there was a general perception that the

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**Figure 1: Overview of funding breakdown of top 20 largest funded agencies**

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<td>UN</td>
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<td>INGO</td>
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<td>Red Cross</td>
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<tr>
<td>NGO</td>
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Source: Funding overview from top 20 largest organisations. NGO funding includes Bangladesh Red Crescent Society. Data from OCHA Financial Tracking Service, accessed 5 December 2017.
level of national representation in humanitarian coordination mechanisms led by the international community was low.

Complementarity
Despite the good intentions of international actors about complementing and supporting local NGO leaders in front-line service delivery, the small number of local and national NGOs with adequate capacity compromised the quality of the response. At the same time, international actors lacked the information and access they needed to comprehensively fill gaps in the front-line response. Mapping of the complementary strengths of international and national organisations is required to facilitate an effective response. There also needs to be constructive dialogue on who is best placed to deliver what, and when. The current lack of comprehensive mapping and limited understanding of the capacity of local NGOs and INGOs to deliver programming is a serious problem.

‘We need to work collectively to support national entities in a strategic way that will truly support a way forward to increased localisation.’

Locally owned and locally led – a way forward
Whether global commitments to a more locally owned and led humanitarian system are providing the best outcomes for displaced Rohingya is unclear. The end-goal of humanitarian assistance is to provide lifesaving services, based on the principles of humanity, impartiality, neutrality and independence. Who is best placed to provide humanitarian assistance should not be determined by whether an organisation is ‘local’ or ‘international’, but rather by who can best meet needs as expressed by the affected population. In this response, actors along the spectrum of national to international are required; identifying the best way each can contribute and then working out how they can support each other is vital.

An initial look at what is likely to be a long-lasting crisis suggests that the key to a more localised response during rapid-onset emergencies is preparedness and partnership. For localisation to be effective, institutional capacity-building and established partnerships must be in place before the onset of a crisis. We also need to think through more creative approaches to capacity-building based on a process of learning between international and local actors. Localisation cannot be imposed,
but national systems and response capacities and international commitments should be strengthened to enable it.

How can humanitarian actors better support localisation?

Humanitarian actors have committed to humanitarian action that is ‘as local as possible and as international as necessary’. Meeting this commitment requires agreement on how to measure what is possible, using metrics for capacity and capability and for determining when and how international actors become necessary. In this response, these metrics were not available. International actors largely defaulted to established humanitarian systems and behaviours. Some considered this necessary in the context of overburdened local and national actors; others defaulted to familiar ways of working in the absence of operational clarity for localised approaches. The international community needs to grapple with some big questions. How can it respond in a way that supports local capacities and partnerships, not overwhelm them? How can it balance respect for local leadership with international humanitarian principles and standards and accountability to affected populations?

2 See https://www.agendaforhumanity.org/initiatives/3861.

Dignity and ‘localisation’: Rohingya refugees in Bangladesh

Kerrie Holloway

One of the hypotheses we tested during recent fieldwork with the Rohingya in Bangladesh for a project looking at ‘Dignity in displacement’ was that a more locally led response would be more dignified because local actors would have a better understanding of people’s real needs. This hypothesis proved to be problematic, for three main reasons. First, when Rohingya beneficiaries were asked which humanitarian organisations prioritised dignity in the way they handled distributions, most could not distinguish one organisation from another. On reflection, this is not surprising: many Rohingya are illiterate and most international organisations employ Bangladeshi staff and Rohingya ‘volunteers’ to carry out their distributions. Second, the distinction between ‘local’ and ‘international’ is unimportant and irrelevant: people are grateful for any aid they receive and are more concerned about their needs being met than who is meeting them. Finally, and perhaps most significantly, local Bangladeshi organisations are not ‘local’ to the Rohingya, and tensions with the host community need to be considered carefully when shifting power to locally led organisations. Thus, while building the capacity of local actors is an important aim of localisation, this should not overshadow what is most important: the needs of affected people.

National actors also have an important part to play. The true potential of localisation can only be realised if there is an accurate picture of the capacities and capabilities of national actors. In this response, the limits to national and local capacities are not clearly articulated, perhaps reflecting local and national organisations’ unease about requesting support or defining their strengths alongside their weaknesses. All humanitarian actors have a responsibility to support an open and respectful conversation that makes the analysis of what is possible locally a reality.

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HAG was founded in 2012 to raise the profile of humanitarian action in Asia and the Pacific. Set up as a social enterprise, it provides a space for thinking, research, technical advice and training in humanitarian practice. This research was conducted as a part of the Humanitarian Horizons programme, a three-year research initiative on humanitarian action in Asian and Pacific contexts. It is supported by the Australian Department of Foreign Affairs and Trade.

The fieldwork

The Rohingya case study centred on the following research questions:

1. How do Rohingya perceive dignity?
2. How do humanitarian actors perceive dignity?
3. In what ways do Rohingya see the humanitarian response as upholding or undermining their dignity?

Fieldwork took place between 18 April and 10 May 2018. It involved 75 semi-structured individual interviews and eight focus group discussions, run by our research partners, in six camps – Kutupalong, Balukhali, Gundum, Jamtoli, Mnoyarghona and Nayapara. Almost all of the interviewees expressed gratitude for the welcome they had received from local Bangladeshi people when they crossed the border. As one 55-year-old woman who arrived in Balukhali last October remarked: ‘On the day that my family and I first came to Bangladesh, we were homeless and barely human … but the sincerity and warmth of the people in Bangladesh was

1 See, for example, A More Dignified and Equitable Humanitarian System: How to Truly Localize Aid (Nairobi: Adeso Africa, 2016).

2 This case study is part of wider research by the Humanitarian Policy Group (HPG) looking at dignity in displacement contexts. Companion studies are under way in Lebanon, Afghanistan, Colombia and South Sudan.
overwhelming and felt good … this is when I felt most dignified’. As in most crises, local people were the first responders.

Perceptions of ‘international’ and ‘local’

Beyond this, the large majority of Rohingya interviewed were unable to distinguish between the various aid organisations working to assist them. Partly this is down to illiteracy (Rohingya is a language without a written script, and many had not had the opportunity in Myanmar to learn another language such as English and are currently being denied the chance to learn Bangla). As a 28-year-old woman living in Kutupalong for five years stated: ‘I have received rations, food, cooking utensils, a tube well, latrine, water. I can’t read the name of the organisations, so I do not know what they are’. Even those who could read often did not remember the names of the organisations that had helped them. Since fieldworkers for both international and local NGOs are often local Bangladeshis, there was considerable confusion over which organisations are considered international.

Even if the Rohingya could have distinguished between local and international organisations, this would have been largely irrelevant, as what was most important in their view was that they were receiving aid in the first place. Common statements such as ‘They all treat us well and treat us the same. I do not see any differences’ and ‘All the NGOs are the same. Different NGOs do different jobs. They are all the same’ highlight interviewees’ lack of interest in distinguishing between organisations. This did not, however, mean that aid organisations did not loom large in displaced Rohingyas’ everyday lives. Many explained their dependence on aid, with humanitarian agencies deciding what they could eat, where they could sleep and what they could wear. In these circumstances, it is highly unlikely that the background of the person giving the aid matters much.

This echoes the findings of a study comparing Médecins Sans Frontières (MSF)’s relationship with the Rohingya people it assisted in the camps to Islamic Relief’s relationship with the same people when it took over after MSF left. Although neither of these organisations is local, the study’s hypothesis was that Islamic Relief, being a Muslim organisation, would have a better understanding of the Rohingya’s needs, and that this would be reflected in more appropriate and better-quality aid. What the study actually found was that Islamic Relief’s limited resources led to reduced aid, and that ‘the quality of the service provided outweighs religious orientation’. Rohingya interviewed for our project similarly prioritised the adequacy of aid over its giver, providing support to the argument that cultural proximity – cultural, linguistic and religious – ‘does not automatically guarantee positive relationships between aid workers and refugees’.

The relevance of dignity in the Rohingya response

Assumptions about the impact of localisation in the Rohingya response are also problematic because of the nature of displacement. Local Bangladeshi organisations are still international to Rohingya from Myanmar. While there are similarities in terms of religion and language, with the Chittagonian dialect being approximately 70% similar to Rohingya, there are many other differences. For the dignity project, local Bangladeshi, Chittagonian-speaking research partners were often surprised by how the Rohingya conceptualised dignity and decided to put the findings into effect in their own distributions. Having heard many times during interviews the importance that Rohingya place on purdah (gender segregation and the covering of women’s bodies) and how undignified Rohingya women found aid distributions, partners separated their queues into one for men and one for women; the women’s queue received aid first, allowing the women to return quickly to their homes. This distribution, they

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4 ibid.

5 ibid.
told us, was the easiest they had facilitated in the camps, and they undertook to continue the practice in all of their distributions. If the Bangladeshi host community were truly ‘local’ to the Rohingya, then presumably their understandings of dignity and what they prioritise in an aid response would be more alike, and our research partners would have been separating distribution queues from the beginning of the response.

This distinction between the Rohingya and Bangladeshi populations is exacerbated by tensions within the host community. Following the most recent influx, there are now twice as many refugees as local Bangladeshis in the sub-districts of Ukhia and Teknaf – an increase that, when accompanied by the large humanitarian response, has led to higher prices, lower wages, lost farmland, longer commutes and large-scale deforestation and environmental degradation, as well as fears for health and security. Although some in the host community have seen their situation improve through more jobs and contracts for local businesses, Bangladeshis who have received employment in the aid response, either with local or international organisations, often give vent to these tensions through poor treatment, including verbal or physical abuse, asking for bribes for aid or taking aid for themselves. As one 24-year-old Rohingya man born in Naypara explained: ‘They always treat us badly and look down on us, especially the Bangladeshi staff … They talk to us the way the Burmese soldiers talk to us … The NGOs, especially the Bangladeshi staff, discriminate a lot and talk to us in a very mean way’. Conversely, the Bangladeshi army and foreign workers were often, though not always, seen as more respectful of the dignity of the Rohingya.

‘Localisation’ and grassroots agency

Local Bangladeshi organisations are not the only option in this response, and if supporting the Rohingyas’ dignity is one of the goals of the localisation agenda, then grassroots organisations run by Rohingyas should be supported rather than restricted. One such organisation, a registered NGO in Myanmar that worked with Rohingyas there and followed them to Bangladesh, struggled to register as an NGO in Bangladesh because it did not have a local Bangladeshi partner. Unable to open a bank account in Bangladesh, the organisation resorted to buying a safe to store donations. For the localisation agenda to work, host countries must reduce the restrictions on organisations that emerge within affected communities themselves.

This research suggests that it makes little difference to the Rohingya in the camps in Bangladesh which type of organisation delivers aid to them. Trying and failing to answer the question of whether a locally led humanitarian response is more dignified gives rise to another question: why are we localising aid? If the goal is to expand the capacity of organisations in the global South and dismantle the asymmetrical power hierarchies that characterise the aid system, then perhaps we should say so explicitly. If ‘local’ is taken to mean ‘regional’, or if the local community is not the same as the affected population, as is the case in displacement, then local tensions may undermine the dignity of affected populations.

For the localisation agenda to uphold dignity, it must be about participation and ownership of the programmes being implemented, regardless of who is implementing them, with humanitarian organisations (both local and international) providing the necessary resources. For example, a truly devolved and local response for the Rohingyas, although not without its own challenges and limitations, might see a shipment of food arriving and being handed over to Rohingya community leaders, who decide based on their own criteria who should receive the aid and how much. Or, for education, books and other school supplies could be given to teachers who fled alongside their students, to support educational initiatives already under way in the camps. Suggestions such as these will involve transferring power currently held by international and local humanitarian organisations to affected communities themselves.

There are some examples of good practice. In Jamtholi, an international organisation set up a community kitchen and supplied several gas cookers and a stock of spices. Rather than managing the kitchen itself, the organisation gave a nearby family control of the rota and the key. The organisation now only steps in when a gas cooker needs repairing or the spices need to be replenished. In another example, a WASH team from an international NGO is consulting Rohingya women on where and how latrines should be built in areas designated for resettlement. While these are two good examples of involving Rohingyas in their own response, much more could be done.

Concluding thoughts

Our research suggests that the way in which the localisation agenda is being implemented in the Rohingya response in Bangladesh is problematic, for several reasons. The Rohingyas do not distinguish between international and local Bangladeshi organisations, as in both cases the staff they interact with are Bangladeshis, and as such are not ‘local’ to them. They also do not care who gives the aid as long as their needs are met. The localisation agenda is also problematic more generally because its aim is often ill-defined. Instead of asking how to localise aid, perhaps we should be asking, first, who really is local (and does it matter?), and second, why are we localising aid? Localisation has been held up as a panacea that will not only lower the costs of humanitarian response and make it more effective, but also lead to a more dignified response for the affected population. Yet, with respect to the Rohingyas in Bangladesh, these two aims do not co-exist comfortably. Localisation may increase capacity in Bangladesh, but may not uphold the dignity of the Rohingyas. Both of these aims, and their pros and cons, must be considered within the response in order to achieve a balance that continues to put the affected population’s needs first.

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Making humanitarian response relevant: moving away from a one-size-fits-all model

M.M. Nasif Rashad Khan

The humanitarian crisis in Cox’s Bazar, Bangladesh, has sorely tested the humanitarian system. Since 25 August 2017, over 700,000 forcibly displaced Rohingya have fled Myanmar, and require immediate, ongoing humanitarian services to address their basic needs. Most have arrived with no possessions or money. They have used most of their assets on transport and building shelters, often out of bamboo and thin plastic. In all, around 1.3 million people are in need of comprehensive services and support.

BRAC, which has been in Cox’s Bazar for over 35 years, is mounting the largest civil society response for these newly arrived refugees, with more than 3,800 people on the ground, 1,900 of whom are staff, and 1,880 volunteers (1,400 from the Rohingya community). Since September 2017, BRAC has helped hundreds of thousands of people with comprehensive service provision, ensuring day-to-day needs and promoting self-reliance for longer-term well-being. BRAC is providing support with water, sanitation and health (WASH), education, shelter, site management, protection (including child protection, community-based protection and sexual/gender-based violence) and food. BRAC also stepped up pre-existing programmes in the host community on financial inclusion, WASH, education, child protection, human rights and empowerment, ultra-poverty graduation and self-reliance and livelihoods. BRAC is greatly expanding its focus on livelihoods, expanding its flagship graduation approach to ultra-poverty, increasing the provision of financial services and expanding skills training for work in high market demand. Environmental restoration, a key priority for the local government, and disaster preparedness are also being integrated into BRAC’s community programming.

BRAC is working closely with the government and UN agencies to ensure quality services and maximum reach. In addition, it is actively participating in a number of coordination mechanisms, including the Inter Sector Coordination Group (ISCG) and the Refugee Relief and Repatriation Commissioner (RRRRC)’s systems. In Cox’s Bazar, it is a member of the Strategy Advisory Groups on Health and Education, as well as a co-leader for the Mental Health Group. BRAC is a member of the heads of sub-office (HoSO) group, which brings together the heads of UN agencies and representatives of international and national NGOs and donors. It has active partnerships with the UN High Commissioner for Refugees (UNHCR), the UN Children’s Fund (UNICEF), the International Organization for Migration (IOM), the World Food Programme (WFP), the Australian Department of Foreign Affairs and Trade (DFAT), Global Affairs Canada, the Bill and Melinda Gates Foundation, and the Open Society Foundation (OSF).

Context, partnerships and flexibility

Humanitarian action must be tailored to the context, both at the individual and community levels. Strengthening the capacity of families and communities to cope with shocks, and gradually building resilience, should be the starting-point for all humanitarian interventions. It is critical that the humanitarian system consistently reflects affected people’s opinions and feedback. Local actors with extensive experience in the affected region are well-positioned to capture that knowledge and feed it into the system to inform larger decisions, while INGOs with experience in humanitarian and emergency affairs can assist in guiding local actors with standards and principles of humanitarian response. At a recent UN Economic and Social Council meeting, representatives from states and civil societies stressed the importance of localisation and building the capacity of local actors to improve the humanitarian system. Despite such calls, the humanitarian system typically develops and delivers responses in the same way, without much input from affected people (both refugees and the host population) and local players, and without a full or clear understanding of the context and situation. It is critical that local actors work hand-in-hand with UN agencies and INGOs, complementing each other’s strengths, to develop a well-coordinated, effective contextual response.

The speed of the Rohingya influx was unprecedented. Within less than a month, more than 400,000 people arrived in Cox’s Bazar. A month later, the number of displaced people had reached over 600,000. Over that two-month period, the refugee population in Cox’s Bazar more than quadrupled. In the initial months of the influx, humanitarian actors struggled to keep up with the speed and scale of the arrivals. No one could predict the speed, but even when the rapidity of the arrivals became evident, most actors, both local and international, could not adjust their responses quickly. Most responders on the ground, including INGOs, were new to the area, and didn’t have adequate staff who could communicate either with the host or displaced Rohingya community.

Local responders who could have acted quickly were held back by a lack of guidance, direction and preparedness, and by delays in getting government approval. Without strong partnerships between local actors and INGOs, progress in providing critical emergency services was slow. The early phase of the response was not well-coordinated. BRAC and other local actors found it difficult to navigate the humanitarian system, especially the ISCG system (an adapted version of the Inter-Agency Standing Committee (IASC)). It was unclear to BRAC how to participate.

1 Situation report: Rohingya Refugee Crisis, 5 September, 2018.
2 Joint Response Plan: Rohingya Humanitarian Crisis.
in the various sectoral coordination group meetings under the ISCG, or even that different sectoral coordination groups were in place. Despite 35 years’ presence in Cox’s Bazar, it was difficult for BRAC to participate in ISCG meetings and to provide input in the planning process for the response.

Adapting the response to the specific context would help ensure that humanitarian assistance is demand-driven, focused on appropriate results and seeking to maximise its reach. Making the most of the comparative advantages of the various stakeholders involved could be facilitated by local actors and INGOs working on a partnership basis to develop appropriate responses while working within global humanitarian standards. These guidelines should be more flexible and adaptable, to maximise the reach and ensure the dignity and wellbeing of affected people. Interventions must also abide by the principles of humanity, neutrality, independence and impartiality, while allowing for flexibility in how resources are used to deliver results that are culturally and contextually appropriate.

In the response to the humanitarian crisis in Cox’s Bazar, contextual adaptation in certain services ensured maximum reach to vulnerable people. For example, in the early months of the influx providing immediate life-saving water, sanitation, health and hygiene services was critical. Most of the displaced were living either on the roadside or in hilly terrain. Open defecation was common. To address this, BRAC installed more than 11,000 temporary emergency latrines in September and October (around 45% of the total latrines built). Although the quality of the latrines was variable, context and necessity required them to be built quickly with the resources and technology to hand at the time, consistent with global humanitarian standards. Gradually these latrines were replaced with more durable ones. The early provision of WASH facilities, coupled with government-led vaccination campaigns, averted a potentially serious epidemic. Thus, it is crucial, during the emergency phase of any humanitarian crisis, to focus on ensuring the maximum reach and quality of critical life-saving services with available resources. It goes without saying that emergency facilities and services should be gradually replaced with more durable provisions as the situation stabilises.

The needs of the host community

In any humanitarian crisis, the needs of people from the host community should not go unaddressed. The humanitarian system should aim to reduce all risks to the lives and livelihoods of everyone, including people from the host community.
The scale of the humanitarian crisis in Cox’s Bazar has meant that the lives of local/host people have been severely affected. Cox’s Bazar is one of Bangladesh’s most vulnerable districts. Malnutrition, health status and food insecurity are at crisis levels, and the poverty rate is well above the national average. Even before the influx, one in five households had poor and borderline food consumption patterns much higher than the national average. On average, a third of the population of Cox’s Bazar live below the poverty line, and 17% below the extreme poverty line. The primary school completion rate is 54%, compared with national rates of around 80%.

The refugee influx has put additional pressure on health services and exacerbated challenges around food security and nutrition. Wages have been forced down and the prices of basic food and non-food items have gone up. Although humanitarian agencies have provided jobs and increased business opportunities, poor people in the host community, especially those who are reliant on day labour, have been severely affected. Inter-communal marriages and relationships between host and Rohingya communities are further complicating the situation. In the Joint Response Plan (JRP) 2018, 20–25% of humanitarian provision is set aside for the host community.

However, the needs of the host community, and the impact of the refugee influx and the subsequent surge response, require careful assessment and more targeted, tailored responses.

Future challenges

The world is changing, and humanitarian programmes must anticipate the challenges of the future and evolve to meet them more effectively by learning from each crisis, and implementing necessary reforms in the larger humanitarian system. Keeping the above challenges in mind, BRAC is proposing three practical steps to create an enabling system to respond more effectively to complex humanitarian crises:

- In emergency-/disaster-prone countries, select and train local actors on humanitarian standards and UN policies and procedures, to improve their preparedness.
- Increase the representation of local actors with a long-standing presence in the affected area and extensive knowledge of the context and situation in coordination groups through a transparent process of selection, admission and nomination.
- As the needs of the host community are distinct, create parallel coordination groups for the host community, involving different sectors and relevant critical stakeholders, including government development agencies.


Strengthening complementarity in the humanitarian response to the Rohingya refugee crisis

Ashish Banik

More than 700,000 Rohingya refugees have fled to Bangladesh from Myanmar since August 2017. Together with hundreds of thousands already in Bangladesh as a result of earlier waves of displacement, the total number of Rohingya refugees in the country is now over a million. Although the Rohingyas have been coming to Bangladesh for decades to escape violence and persecution in Myanmar, Bangladesh had never before experienced such a large and sudden refugee influx. At the outset of the crisis, local NGOs and host communities, in association with government departments, tried to provide support in Cox’s Bazar. The UN and international and national NGOs appeared on the scene later, and while they were able to provide additional resources and capacity, some local civil society organisations (CSOs) and NGOs involved in the response feel that these counterparts have failed to acknowledge, engage and support them adequately.

This article analyses the interests and motivations of various actors involved in humanitarian action in Cox’s Bazar from the perspective of a local organisation, the Jago Nari Unnayon Sangsta (JNUS), and offers recommendations for how complementarity between local and international actors can be enhanced to improve the quality of the overall humanitarian response.

The situation in Cox’s Bazar prior to August 2017

JNUS, a community-based women-headed organisation in Cox’s Bazar, has been working with Rohingya refugees since 2012, distributing relief supplies, providing medical support and conducting research in association with a number of development partners. In 2013, JNUS organised Focus Group Discussions (FGDs) and Key Informant Interviews (KIIIs) with Rohingyas and host communities in Ukhia and Teknaf to gain a better understanding of their socio-economic conditions, safety and security and other risks and vulnerabilities. The results suggested that the relationship between Rohingya (both registered and unregistered) and host communities...
in these areas was antagonistic. Derogatory remarks were frequently made and negative stereotyping of the Rohingya was common, with the host community perceiving their presence as a considerable threat to their socio-economic and environmental security and a source of crime. Widespread unemployment and poverty have seen many Rohingya (and poor host community members) getting involved in drug and people trafficking in a desperate effort to earn money to meet their basic needs.

For their part, Rohingya in and outside of the camps complained about inadequate access to basic services (health, education and legal support), and being forced to work for very low wages because of a lack of legal documentation. One FGD with Rohingya women in Teknaf revealed that they suffered gender-based violence both inside and outside of the camps, and had no legal support or protection. Despite support from the police, NGOs and legal actors, host community women were in a similar position as the incidence of gender-based violence in Cox’s Bazar was, and still is, generally much higher than in other districts in Bangladesh.

In response to public feeling, the government of Bangladesh has periodically placed restrictions on Rohingya entering the country, though these have proved ineffective in the current influx. It also used the 1946 Foreigners Act to confine the Rohingya to camps, separate from the host community. The government has not ratified the 1951 UN Refugee Convention and its 1967 protocol, leaving the Rohingya with limited legal protections, and carefully avoids using the word ‘refugee’, instead calling the Rohingya ‘Unidentified Myanmar Nationals (UMN)’. The government also unofficially encouraged local NGOs to use this term. Government policies, documents and activities focused on repatriation rather than integration. National and international NGOs that appeared supportive of integration have been sanctioned. In August 2012, several INGOs accused of non-compliance with laws and regulations had to curtail their programmes under pressure from the government.

**The Rohingya influx in August 2017**

When thousands of Rohingya refugees crossed the border into Bangladesh beginning on 25 August 2017, local people were sympathetic to their plight, and local NGOs (including JNUS) and the host community tried to provide relief alongside government efforts. Within days, however, the number of refugees had increased dramatically and relief distributions became more and more chaotic. The Bangladesh government brought in the military to manage distributions and keep order in the camps. As the number of refugees continued to rise and it became increasingly clear that the host community and the government could not cope with the situation alone, UN agencies and international and national NGOs stepped in. Meanwhile, coverage of the crisis in national and international media generated widespread sympathy and compassion across the country and internationally, forcing the government to relax the restrictions on the entry of Rohingya refugees. From mid-September Bangladesh opened its borders, allowing Rohingya in on humanitarian grounds, and stepped up efforts to bring international pressure to bear on the government of Myanmar to repatriate the refugees.

**Host community perceptions**

The host community’s goodwill towards the new refugees did not last long, and the fears and grievances documented by JNUS in 2013 quickly resurfaced, for a number of reasons. First, there were reports that Rohingya refugees had started taking shelter in fields meant for cultivation and in forest areas, which are the main sources of income for poorer people from Ukhiya and Teknaf. Second, the large-scale refugee presence was pushing up food prices on local markets. Third, local day labourers viewed the Rohingya as a threat to their income because they were willing to work for less than the market rate. Fourth, local people were angry that, instead of recruiting locally, international agencies in Cox’s Bazar were employing Rohingya in manual jobs, Bangladeshis from other parts of the

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1 According to the Refugee, Relief and Repatriation Commission (RRRC), there are 202,261 women aged between 18 to 59 and 18,660 adolescent girls among the newly arrived refugees. Despite high levels of sexual and gender-based violence (SGBV) documented by aid workers in the camps, the RRRC has no data on SGBV, and few women and girls have sought care at health facilities.
country and foreign nationals for higher-level positions. Fifth, the fact that the Rohingya outnumbered locals meant that they felt their identity and property were under threat: 60% of the total population in Teknaf are Rohingya, and in Ukha the ratio of Rohingya to the host community is four to one.\(^2\)

A strict verification process requiring local people to show their voter identity cards to prove Bangladeshi citizenship has contributed to resentment within the host community.

On 23 January 2018, the Resistance Committee for the Repatriation of Rohingya Refugees, comprising host community members, staged a protest alleging that international NGOs, UN agencies and some national NGOs were encouraging the Rohingya to stay in Bangladesh by providing large amounts of resources and services and simultaneously depriving host communities of support. The Committee urged the international community to focus on the socio-economic development of local people alongside that of the Rohingya. The UN and Bangladesh government attempted to meet these demands in the 2018 Joint Response Plan, which proposed that 25% of all humanitarian assistance would be spent on the socio-economic development of the host community.\(^3\)

The International Organization for Migration (IOM) and the Food and Agriculture Organisation (FAO) are supporting local farmers through the provision of agricultural implements, seeds and power tillers. Some Rohingya who entered Bangladesh before August 2017 also felt that newer arrivals were getting preferential treatment from international humanitarian organisations.

### The UN and INGOs: mixed perceptions about complementarity in humanitarian response

UNHCR and IOM, with the government of Bangladesh, have led in coordinating the humanitarian response to the crisis. The NGO Inter Sector Coordination Group (ISCG) is also working to improve coordination among national and international NGOs and UN bodies. The ISCG is playing a coordinating role between international NGOs and the government to address mutual priorities.

UN agencies and international NGOs have extensive global experience and expertise and the ability to mobilise resources to support the provision of services and the distribution of humanitarian assistance. Local CSOs in Cox’s Bazar have, however, been critical of the ISCG, which coordinates activities across 14 sectors (health, education, wash, etc.) in the camps. All sector lead positions are held by foreign nationals, leaving CSOs and local NGOs feeling marginalised and under-represented.

In response they have formed the CSO NGO Forum (CCNF), a local network to lobby for and draw attention to their demands through periodic meetings.

The CCNF believes that international organisations in Bangladesh are failing to meet the commitments made at the 2016 World Humanitarian Summit to support the localisation of humanitarian response. Local CSOs feel that UN agencies and international NGOs are not giving due consideration to the political, environmental and socio-economic conditions of the local community when responding to the humanitarian needs of refugees in the camps. These issues have been raised with the NGO Bureau, the government regulatory body overseeing local NGOs receiving foreign funds, and other government agencies.\(^4\)

Although the government subsequently requested that UN agencies and international NGOs partner with local NGOs in the design and implementation of humanitarian activities, this has not been strictly enforced.

In April and May, JNUS interviewed several UN and INGO representatives working in the refugee camps in Cox’s Bazar. Interviewees noted that the capacity of local organisations to undertake humanitarian activities under international criteria, norms and standards was variable. They emphasised their focus on trying to ensure a rapid and high-quality response, while simultaneously cooperating and building partnerships with and the capacity of local NGOs. These divergent views have created a barrier to promoting complementarity in the humanitarian response in Cox’s Bazar.

### Recommendations

1. It is important to continue to support host communities alongside Rohingya refugees. Efforts should be made to communicate the types of support being offered to host communities to ensure that communities and local NGOs are aware of the support being provided, and ease the tensions between host and refugee communities. National and international stakeholders should develop a strategy to support dialogue and community engagement between host communities and refugees.

2. Complementarity between local and international actors must be recognised and strengthened. For example, while local organisations have good understanding of the local context and host community and can implement programmes cost-effectively, international actors bring expertise, resources and technical capacity. The strengths of a wide range of different stakeholders are needed to forge an effective response at the scale needed. Potential avenues to explore include more equitable representation at coordination and planning meetings, capacity strengthening of local organisations and longer-term funding and partnerships.

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2 Interview with government and NGO officials in Cox’s Bazar.

3 See http://www.unocha.org/sites/unocha/files/JRP%20for%20Rohingya%20Humanitarian%20Crisis%202018.PDF.

4 ‘We Demand Full Government Control, Localization and Accountability in Rohingya Relief Work’, CCNF, 9 November 2017.
Advancing a collective model for communication and community engagement: lessons from the Rohingya response

Margie Buchanan-Smith and Marian Casey-Maslen

The response to the Rohingya refugee crisis poses particular communication and engagement challenges. Literacy levels among the Rohingya are low and there is no standardised or internationally recognised written script for their language. Refugees have limited access to radios and are officially banned from owning SIM cards for Bangladeshi mobile phone networks. Language barriers and cultural norms restrict access to women, and unelected male local leaders in the camps (the mahjee) act as powerful gatekeepers. Religious leaders are also influential. The host community is easier to access as most Bangladeshis possess mobile phones and are highly reliant on this information channel. All of this has significant implications for how humanitarian agencies engage with affected and host populations. One aid worker experienced in communication and community engagement described it as the most challenging environment for communication they had encountered.

This article draws on the findings of a real-time evaluation of coordination of communication with communities in the Rohingya response. The evaluation was commissioned by the Communication and Community Engagement Initiative convened by the CDAC Network. It was undertaken by independent consultants Margie Buchanan-Smith and Shahidul Islam. The full report can be found at www.cdacnetwork.org.

Communication and community engagement

The response to the Rohingya refugee crisis was one of the first to integrate Communicating with Communities (CwC) within agencies’ early operational work. Work to embed a systematic approach to communicating and engaging with the Rohingya in Bangladesh began in 2013, with the establishment of a Working Group for Communication with Communities in Emergencies (CwCIE), chaired by the Bangladesh government’s Department of Disaster Management (DDM) and convened by the UN Children’s Fund (UNICEF) and BBC Media Action. The CwCIE evolved into a wider national, multi-stakeholder platform, Shongjog (‘linking’), led by the Department of Disaster Management.
Leadership of the coordination

The central role of CwC in the response is reflected in the standing CwC representation at weekly Inter Sector Coordination Group (ISCG) meetings, and in a dedicated section and budget line in the Joint Response Plan. Staff interviewed for the evaluation remarked on the emphasis on CwC in the early days of the scaled up response. European Civil Protection and Human Aid Operations (ECHO) specifically asked its partners to engage with the CwC Working Group from the beginning of the response. The first CwC coordinator for the new influx of refugees was deployed to Cox’s Bazar by IOM in the first half of September, and a CwC Working Group met for the first time on 19 September, less than a month after the influx began. Working Group attendance peaked at around 30 agencies, before falling back to between 20 and 25. In January 2018, four sub-groups were set up, covering Info Hubs, accountability, radio and content. The proliferation of sub-groups was a challenge, particularly for smaller agencies with few staff or where there was only one designated CwC focal point, and the sub-groups could become disconnected from each other. However, they also provided an opportunity for debate and further discussion on major issues, including accountability.

Info Hubs

Multi-sectoral Info Hubs have been a central component of the response, with half of agencies operating them as part of their work. Most are operated by local staff of national (and occasionally international) NGOs and Rohingya volunteers, offering a face-to-face service providing advice and information, making referrals to service providers and recording complaints. There are a number of different models in terms of how they operate, and it is now time to take stock, learn from what works best and standardise accordingly. The CwC Working Group has developed Standard Operating Procedures to encourage harmonisation of the services offered. Planned research will help to identify good practice from the perspective of the Rohingya.

Community outreach through networks of volunteers

A number of volunteer networks were set up by different bodies with different purposes, many of whom had been specifically tasked with playing a key role in messaging, collecting information and feedback from and consulting with refugees on a house-to-house or large group basis. The evaluation found evidence to support the important role that the volunteers play, for example in addressing diphtheria, but noted that networks and incentives need to be mapped in each camp to understand how they interact or overlap and to improve coordination.

‘What Matters’

BBC Media Action, Internews and Translators without Borders are working on a common service to produce monthly bulletins (https://www.internews.org/resource/what-matters) in English and Bangla. These provide a snapshot of feedback collected through conversations with Rohingya refugees and nationals, community focus group discussions and radio phone-in programmes on Bangladesh Betar and Radio Naf. The service aims to analyse feedback, track rumours, check facts and provide responses. Bulletins are distributed to community and aid organisations to assist sectors in planning and implementing relief activities with communities’ needs and preferences in mind. The bulletins have helped highlight host community concerns and how refugees’ concerns have shifted over time, from mother and child health and welfare to safety and local concerns about crime. This is an accessible and important output which should eventually draw on a wide range of sources of feedback. Complaints boxes also appear to be widespread, though there is growing evidence that this is an ineffective feedback mechanism and inappropriate for a population with low levels of literacy. Notable innovations include the provision of voice recorders in cooking areas and safe spaces, for women to use anonymously.

Communication and community engagement: the way forward

While much was achieved by the CwC Working Group early on in the response, both its members and the real-time evaluation recognise that not everything has run smoothly and there remain areas for improvement.

Communication and community engagement needs stronger, more accountable leadership. Leadership of the coordination body should be agreed quickly – ideally as part of preparedness. It should be neutral and should where possible be led by national agencies. Agencies’ accountabilities and responsibilities need to be clarified early on (for instance to the Humanitarian Country Team). Coordination must be adequately resourced. Although the CwC Working Group had a higher profile than many other working groups – including the dedicated section and budget line in the Joint Response Plan – coordination and translation were poorly resourced, especially considering the scale of the response. At the peak of the crisis, two people led CwC coordination, but both had other roles and were on short (maximum three-month) contracts, and their agencies could not provide adequate support from headquarters. As a result, some fundamental CwC coordination functions – such as mapping who is doing what, where and when – did not happen,
though some common services, including the ‘What Matters’ bulletins, were picked up by specific agencies. It is worth noting, however, that CwC activities (not necessarily labelled as such) were standard practice for many agencies and sectors, which is a hugely positive development.

Coordination mechanisms for communication and community engagement should be more inclusive. A few national NGOs have attended the Working Group regularly, but overall they are under-represented, even when the co-chair was from the Cox’s Bazar civil society forum. Government representation has tailed off. Both are ascribed to language issues and culturally different styles of communication. The proliferation of sub-groups has also been an obstacle to participation for smaller agencies. The limited participation of local agency staff meant that local knowledge was lost and important discussions were held outside of coordination structures. Engagement with host communities, a priority for the government and national NGOs, was not prioritised to the same extent by the Working Group. Although government engagement is critical, creative and practical ways of achieving this need to be explored, recognising that the government does not have the staff resources to attend regular coordination meetings.

More concerted effort is needed on establishing collective approaches to communication and community engagement. The Info Hubs, for example, are a valuable source of information on refugee issues and concerns, but data is not collated across agencies or collectively analysed. Doing so would be a particularly useful contribution that the CwC Working Group could make, and has obvious links to the ‘What Matters’ bulletins.

Communication and community engagement works best when instituted before a crisis. The preparedness work of national and international agencies on communication and community engagement – in particular that done by Shongjog (formerly the CwCiE) – set the foundation for embedding CwC early in the response. Links between Shongjog and the CwC Working Group have been important in the provision of materials for messaging that could be adapted to the context and language of the Rohingya. However, Shongjog has been able to provide only limited support, partly because its focus has been on preparing for natural disasters in a more stable context.

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Communicating with communities in the Rohingya refugee response: towards a whole of programme model

Nick van Praag and Kai Hopkins

In late August 2017 the international humanitarian community launched a massive emergency operation in Bangladesh to assist hundreds of thousands of Rohingya refugees crossing the border from Rakhine State in Myanmar, fleeing the brutal violence of large-scale ethnic cleansing by Myanmar security forces. By the end of September, the number of refugees reaching makeshift camps in southern Bangladesh had swelled to some over 600,000, joining an estimated 300,000 displaced by earlier waves of violence in 2012 and 2016, making this the fastest-growing and largest concentration of refugees in the world.

Five UN agencies and a handful of international non-governmental organisations were already on the ground in Cox’s Bazar, where most of the refugees were concentrated. The government of Bangladesh and the humanitarian community scaled up operations over the following weeks as the refugee crisis was elevated to a Level 3 emergency. By early 2018, some 120 international and national NGOs, 12 UN agencies and the International Federation of Red Cross and Red Crescent Societies (IFRC) were providing humanitarian assistance across ten congested camps, ranging in size from 9,900 refugees in Shamlapur to more than 600,000 in the Kutupalong-Balukhali settlement.

The initial response

Two-way communication with the Rohingya was included as a component of the initial September 2017–February 2018 Humanitarian Response Plan. A Working Group was established early on to coordinate and provide technical support across the response on communicating with communities (CwC). The UN Joint Response Plan for 2018 underlined the need for better information provision to refugees – and, in turn, that their voices be heard in programming and decisions affecting their wellbeing. Coordination of CwC was led by the International Organization for Migration (IOM). However, despite IOM technical support and efforts to ensure that CwC was mainstreamed in the humanitarian response, without a collectively agreed master plan on what aspects of CwC should be included, and absent a long-term chef d’orchestre to impose some measure of continuity and coordination among all the players, a systematic, response-wide CwC initiative was left wanting.

Individual agencies including Action Contre La Faim (ACF), the IFRC and Christian Aid pushed ahead with their own communications and accountability activities. BBC Media Action, Internews and Translators without Borders set up a
consortium to improve CwC, including collecting community feedback and outgoing communications. Several other agencies began to deploy dedicated field staff to engage face-to-face with communities, but according to the Working Group’s mid-year review, language and cultural gaps remained a problem. The review also noted that marginalised people were under-represented in the feedback loop, with a lot of feedback coming direct from community leaders such as the almost-always-male and not-always-trusted Majhis.

Standard CwC tools, such as phone hotlines and complaints boxes, were rolled out, but were never going to reach full penetration among such a diverse population, with high levels of illiteracy and even higher levels of mistrust of such formal systems among people culturally unaccustomed to providing feedback or making complaints. Other, more innovative initiatives, such as voice recorders for women to use anonymously in public cooking spaces and in child- and women-friendly spaces, were trusted and worked reasonably well, according to Christian Aid’s accountability assessment, although transcribing the audio is a challenge. UN agencies also began collecting feedback on specific topics. The UN Children’s Fund (UNICEF) established Feedback and Information Centres where people could ask trained volunteers how they could access services. These were supplemented by groups of female community volunteers called ‘model mothers’, who went out into the community to reach people unable to leave their shelters, including women in purdah or people with particular physical needs.

These initiatives ensured that some level of insight from refugees got through to the broader humanitarian community. Missing, however, was the systematic, ongoing collection of feedback from refugees across multiple camps. This would have had the potential to enhance the impact of individual agency mechanisms and the work of the consortium set up by BBC Media Action, Internews and Translators without Borders. Systematic collection of feedback could take the collective pulse of Rohingya communities, with the findings used to fine-tune communication back to them about what was going on, to improve the relevance and quality of support and to establish a collective service platform for all responders, based on robust data.

Systematically gathering the views of the Rohingya

Ground Truth Solutions (GTS), an international NGO with experience in strengthening accountability to affected people in humanitarian response, was already tracking implementation of the reforms set out in the Grand Bargain in six humanitarian crises, together with the Organisation for Economic Cooperation and Development (OECD). With financial support from the UK Department for International Development (DFID), GTS was about to add Bangladesh to the slate when, in March 2018, the Swiss government (SDC) became concerned about the lack of attention to bringing refugee voices into the picture.
SDC’s engagement allowed GTS to beef up its work on the Grand Bargain in Bangladesh and to launch a more comprehensive programme. The first of three GTS surveys was conducted in late July 2018 by IOM’s Needs and Population Monitoring team. Results were published in August 2018, and two more rounds will be carried out to track progress over the coming months, where we will also work with IFRC to supplement the IOM data collection process.

The survey questions were designed – with input from the Inter Sector Coordination Group (ISCG) and others working in Cox’s Bazar – to solicit and gauge as accurately as possible refugees’ views on the current delivery of aid, the extent to which it meets their needs, the quality of relationships with humanitarian field staff, refugees’ sense of security and knowledge about how to make complaints, as well as other topics linked to the effectiveness of the response. The findings from the first round of 1,003 displaced Rohingya across 23 sites in the sub-districts of Ukhia and Teknaf – a year after their arrival in Bangladesh – if not definitive, are at least an important step in understanding the bigger picture, cooperating with other accountability and communications partners, informing the overall humanitarian response, engaging operational players and ultimately improving the delivery of aid.

First-round results indicate that the Rohingya refugees’ most trusted sources of information about aid are community members they are familiar with – their friends, family, Imams and Majhis. Imams and Majhis are also their preferred first line of communication in filing complaints – not agency-implemented

**Figure 1: Findings from Ground Truth Solutions surveys conducted with Rohingya refugees in Bangladesh in July 2018**

<table>
<thead>
<tr>
<th>Question</th>
<th>Female</th>
<th>Mean</th>
<th>Male</th>
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<tbody>
<tr>
<td>Overall, has your life been improving?</td>
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<td>Female</td>
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<td>6</td>
<td>25</td>
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<td>Mean: 2.8/n=442</td>
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<td>1</td>
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<td>Mean: 3.2/n=548</td>
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<td>Does the aid you receive currently cover your most important needs?</td>
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<td>16</td>
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<td>Mean: 3.1/n=1000</td>
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<td>Do aid providers treat you with respect?</td>
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<td>7</td>
<td>29</td>
<td>52</td>
<td>11</td>
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<td>Mean: 3.7/n=992</td>
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<td>Do you trust aid providers to act in your best interest?</td>
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<td>4</td>
<td>29</td>
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<tr>
<td>Mean: 3.8/n=990</td>
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<td>Do you feel aid providers take your opinion into account?</td>
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<td>10</td>
<td>34</td>
<td>44</td>
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<td>Mean: 3.4/n=962</td>
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Results in %
- Not at all
- Not really
- Neutral
- Mostly yes
- Yes, very much
formal complaints mechanisms. This may be because people are familiar with the Majhi system and are not aware of other options, rather than any particular trust in Majhis. While most refugees are aware of the kind of assistance available and say that aid has been provided consistently over the last 12 months, they don’t consider it sufficient.

Cash, food security, shelter and water, sanitation and hygiene (WASH) were among the most commonly cited unmet needs, and many of those surveyed say they sell aid items in order to buy food – fish, meat, vegetables and seasonings – as well as firewood and cooking fuel. More than half favour a combination of cash and goods or services, while a third prefer receiving goods and services only. Of those already receiving cash support, most are satisfied, which suggests that humanitarian agencies should consider increasing the balance of cash over in-kind assistance.

Generally speaking, most of the refugees surveyed said they felt well-treated by humanitarian agency field staff and trusted their work – although nearly half said aid providers didn’t take into account their views when making decisions about providing aid. Not surprisingly, few saw their lives improving, and nearly all requested updates on the situation in Myanmar, prospects for the future and eventual repatriation. These findings are borne out by a recent Internews report on community feedback that shows significant demand for more information on these topics.

Some of these views are not new; humanitarian agencies in Bangladesh have been getting similar messages for months and many of the concerns are reflected in the accountability assessment undertaken in one of the Rohingya camps by Christian Aid earlier this year. But the response-wide findings, complementing the work done by the three-party consortium (BBC MA, Internews, TWB), help build a more comprehensive evidence base for the delivery of better aid. Trend data is crucial, and GTS will repeat the exercise at regular intervals over the coming months, enabling the humanitarian community to understand whether things are improving or standing still.

It would have been better if the right combination of response-wide communication and feedback activities had been up and running right from the outset. It was always going to be hard in Bangladesh, but this latest experience underlines the need to shift from the current ad hoc approach to designing accountability systems in emergencies to a standard whole-of-programme model that spells out what needs to be done and provides a stronger set of delivery vehicles. It should come with dedicated funding that does not depend on specialist service providers competing for funding and at the prodding of a few enlightened donors. Response-wide activities complement the work of individual agencies and sectoral clusters as they act on the principles of accountability to affected people set out in frameworks like the Common Humanitarian Standard.

This type of common approach would also go a long way towards simplifying things for harried humanitarian managers, who must create action plans, and donor staff, who must then make sense of it all before deciding which tools are most relevant and which configurations of players and types of services to fund. Needless to say, it will also improve the experience of the refugees, not only in how their voices are heard, but in the relevance and quality of the support they receive.

The lack of a full time CwC coordinator in Bangladesh made it harder for the AAP subgroup to get traction, but what’s really needed is an accountability focal point at the right hand of the UN Humanitarian Coordinator to help oversee a response-wide approach and to work to ensure that it is not corralled away in a working group way down the line of command. If accountability to affected people is to become a reality outside the coordination room, every humanitarian country team must be able to draw on the right mix of rapidly deployable capacity – both national and international – to fill what remains a critical accountability gap in emergency operations.

There’s no hard and fast blueprint, as the unique challenges in Bangladesh demonstrate. How the collective model is implemented and the composition of the team may vary in light of circumstances and specific challenges. At a minimum, it must include the following: first, the capacity to provide information about what affected people can expect from relief providers, using appropriate communications channels, languages people understand and expert service providers; second, a systematic and regular approach to bringing out and responding to affected people’s views across the whole response, so that agencies’ decisions are informed by users’ perspectives; and third, it should include the ability to solicit and respond to individual grievances. This last activity is central, but should not be confused with the kind of proactive approaches to reaching out implied by information provision and the systematic collection of feedback.

As the humanitarian country team in Bangladesh sets about drawing up the 2019 Joint Response Plan, there is an appetite to use the feedback being collected from refugees to inform changes in the response, and to use those views as a metric in tracking impact and effectiveness. The litmus test will be whether this drives changes in programme implementation on the ground.

Nick van Praag is GTS Executive Director. Kai Hopkins is Senior Programme Manager and Bangladesh project lead.
Since August 2017, more than 700,000 people have fled their homes in Myanmar to find safety across the border in Bangladesh. The scale and speed of the influx were unprecedented in the region. The majority of people settled in congested camps, the biggest of which, Kutupalong-Balukhali extension, has become the largest refugee camp in the world, hosting more than 600,000 people. Humanitarian agencies on the ground have been racing against the clock to help provide people with basic essentials, including shelter, food, water, sanitation, psychosocial support and healthcare. Despite great generosity shown by local host communities – who were some of the first responders at the onset of the crisis – there is now a sense that some of this goodwill may be giving way to tensions, with local communities facing a number of challenges, including environmental degradation, competition for firewood and other natural resources, risks to water supplies, inflated food prices and job competition.

The challenge posed by the monsoon season

In the midst of this emergency, refugees living in the camps and humanitarian organisations soon found ourselves facing another layer of difficulty: the challenge of adjusting our operations to the demands of a harsh and volatile climate. Bangladesh experiences heavy monsoon rains from June to August, as well as severe cyclones, with risks peaking in the months either side of the monsoon season. It was quickly apparent that, in a situation where hundreds of thousands of people are crowded together under flimsy shelters in hilly, dusty terrain, the consequences of monsoon rains could be catastrophic. The biggest fear was uncertainty around the impacts to be expected. Severe deforestation meant that the area housing refugees could be dangerously prone to landslides and flooding. The International Federation of the Red Cross (IFRC) estimated that around 200,000 people in the camps were at risk, including 25,000 in extremely high-risk areas. Given the size of the camps, it would not be possible to provide everyone with adequate support in preparation for the monsoon. Instead, efforts needed to focus on securing those at most risk.

Shelter was a primary concern. The Bangladesh Red Crescent Society (BDRCS) distributed thousands of shelter kits, along with tarpaulins and ropes to 50,000 families (about 200,000 people), and more than 7,000 households received cash for further shelter items. When the rains began, the BDRCS, with help from community volunteers, was reaching 15,000 people daily, assessing damage and providing emergency aid and shelter kits so that people could repair their homes. For our volunteers from the refugee camp community, we faced a constant dilemma around whether we should ask them to be part of the response, or whether we should instead advise them to focus on securing their own homes and families.
Health risks associated with monsoon have been another priority area, and since December 2017 the British Red Cross has deployed teams of specialists to set up a sanitation system in Camp 18 of the ‘megacamp’. This is the team I came to manage. Our objectives were to build safe toilets, run a treatment site disposing of human waste and help train people in the camps in safe hygiene practices to prevent the spread of disease.

Our first challenge was to maintain ongoing water, sanitation and hygiene (WASH) work in the difficult environment created by the monsoon rains. For several weeks before the monsoons were expected to begin, latrines in flood-prone areas or perched on hillsides were decommissioned, the superstructure of others was strengthened and groundworks were reinforced to give the facilities a better chance of withstanding the adverse weather and reduce the threat of faecal contamination. The first monsoon rains breached the banks of a nearby river, bringing water perilously close to beds where treated waste was being dried, and the river bank required constant reinforcement after each rainfall. Regular distributions of soap ensured that families had enough for one month to wash themselves and their clothes and bedding, and handwashing stations were assembled next to latrines. We also constructed a small warehouse to hold emergency stocks of chlorine tablets and water purification sachets for 10% of the population in Camp 18, sufficient for a three-day response before more supplies could be brought in from the Red Cross warehouses in Cox’s Bazar and Chittagong. In October 2017, the government and local agencies carried out tens of thousands of vaccinations against cholera, but as our health teams began to see an increase of acute watery diarrhoea and respiratory conditions, further contingency plans were put in place to deal with a major outbreak. Since the outset of the response, the Red Cross field hospital – the only 24-hour, seven-day-a-week surgical facility in the camps – has had a fully functional isolation ward of 40 beds to deal with a sudden outbreak of disease. The hospital has also dealt with injuries from road traffic accidents and falls.

### Mixed impacts

Looking back at the overall impact of the monsoon, the picture is mixed. Conditions did become tangibly worse. Analysis of community feedback in June showed that one of the most common complaints from people living in the camps was that the rains were preventing them from collecting firewood or that wood was too wet to burn, making it difficult to cook.1 Between May and mid-August, almost 50,000 people were affected by weather-related incidents. Latrines were flooded and demolished by landslides, spreading waste; homes were flooded, and more than 6,000 people were displaced.2 Heavy rains forced roads to close and paths disappeared altogether. Facilities and infrastructure were damaged or destroyed. I saw the impact first-hand, arriving in the camps after a night of heavy rain to find a health centre half destroyed by a landslide. An hour and a half drive to our site became a three-hour trip, and that was on the days when we could get in. On days when we were stuck in Cox’s Bazar, we relied on contact with our teams of volunteers in the camps to find out what was happening.

While concerns about cyclone risk remain, the large-scale catastrophe that many feared did not materialise. Notwithstanding the many difficulties experienced, we did have respite from the downpours, meaning our teams had time to assess the damage and reach people who needed support before the rains resumed. Enormous efforts went into preparing for the monsoon season: in the months leading up to the rains, it was hard to walk anywhere in the camps without seeing mountains of bamboo and sandbags, and roads being reinforced or rebuilt. This work intensified during the monsoon itself, not only to repair and replace damaged infrastructure, but also to improve it. Were we sufficiently prepared? In our contingency planning, we didn’t expect our treatment site to operate beyond March 2018 due to its low-lying location next to a river. The fact that it was still operating in September with only the odd day where activities were suspended has been a bonus to the thousands of camp inhabitants who rely on functioning sanitation facilities for their safety, dignity and health.

### Conclusion

As we reach the end of this year’s monsoon season, it is crucial that, as a humanitarian sector, we reflect honestly and critically on what we have learned. With clear consensus that conditions

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When there is no healthcare: the consequences of the chronic denial of healthcare for a large displaced population in a mega-camp

Gina Bark, Kate White and Amelie Janon

Médecins Sans Frontières (MSF) has been providing healthcare assistance to Rohingya communities in Myanmar and Bangladesh for more than 30 years. Since 2009, it has run a clinic near the makeshift settlement at Kutupalong in Cox’s Bazar. This was significantly scaled up to assist with the unprecedented influx beginning in August 2017. The Rohingya are a particularly vulnerable population, exposed for decades to overt racial and discriminatory policies and practices. Segregation, discrimination and forced displacement, combined with severe movement restrictions, have excluded many Rohingya from basic services including healthcare. Demographic and socioeconomic indicators in Rakhine State are well below the average for Myanmar, including significantly higher levels of malnutrition, maternal mortality and under-five mortality. Routine vaccination rates are reported to be very low. Healthcare facilities, for example in antenatal and emergency obstetrics, are in chronically short supply, and MSF’s antenatal programme often saw the effects of unsafe abortions, haemorrhage and pre-eclampsia. Organisations attempting to provide assistance to the Rohingya have been confronted with hostility and violence. In early 2014, restrictions placed on aid organisations forced the suspension of lifesaving activities, including by MSF.

Across the border, in camps in Cox’s Bazar, the majority of refugees live in appalling conditions, crammed into areas around one-tenth of the accepted minimum humanitarian standard. The unprecedented numbers of people arriving in such a short period led to the merging of Kutupalong and Balukhali camp, making this ‘mega-camp’ the biggest in the world. Many Rohingya had only had limited exposure to humanitarian interventions, including medical assistance, prior to their displacement, with direct impacts on health-seeking behaviours and health status among newly arrived refugees. In December 2017, MSF health surveys in the settlements found that 49% of people who reported being ill said they had not visited a health facility; 9% said they did not access any form of healthcare, and 37% reported self-medicating.

Prior to 25 August 2017, only a handful of NGOs were operating in Cox’s Bazar, most of them local. During the refugee influx the Ministry of Health and Family Welfare took the lead in ensuring a coordinated response by health actors. Due to limited presence during the initial phase of the emergency, it took several months for the demand for health services to be covered. MSF deployed hundreds of community health workers to conduct outreach within settlements to find people in need of healthcare and conduct surveillance activities. The unprecedented influx beginning in August 2017 made this ‘mega-camp’ the biggest in the world. Many Rohingya had only had limited exposure to humanitarian interventions, including medical assistance, prior to their displacement, with direct impacts on health-seeking behaviours and health status among newly arrived refugees. In December 2017, MSF health surveys in the settlements found that 49% of people who reported being ill said they had not visited a health facility; 9% said they did not access any form of healthcare, and 37% reported self-medicating.

For the British Red Cross, one of the key lessons has been the incredible resilience of people affected by the crisis. The monsoon season made starkly clear that no one was simply waiting for help to come. From community volunteers in our sanitation programmes to individuals helping to reinforce roads and paths and carry bamboo to reinforce shelters, in many different ways refugees themselves were at the forefront of preparedness and response. Looking ahead, perhaps our best strategy is to find ways to support what people are already doing for themselves.

Julia Brothwell is a British Red Cross Surge Delegate. She was Programme Manager in Cox’s Bazar between May and August 2018.

1 WFP, Myanmar: Food Security Assessment in the Northern Part of Rakhine State, July 2017.
3 MSF ran large ante-natal programmes in its clinics in Maungdaw town and Maungdaw South and in Sittwe between 2008 and the outbreak of violence in 2012.
4 Sphere standards recommend a minimum covered floor area in excess of 3.5m² per person.
6 MSF, Health Survey in Kutupalong and Balukhali Refugee Settlements, Cox’s Bazar, Bangladesh, December 2017.
situation was further complicated by the chronic lack of health education and awareness of health issues within the Rohingya community. Vaccination proved a particular challenge; large-scale health promotion and education efforts were required to overcome fear and suspicion among the Rohingya population.

**Low vaccination coverage and its consequences in the mega-camp**

Conditions in the settlements, notably extreme overcrowding and poor water, sanitation and hygiene infrastructure, create significant disease risks. MSF, as well as other national and international health actors, conducted assessments to determine vaccination rates prior to mass vaccination campaigns, as well as catch-up campaigns for Expanded Programme for Immunization (EPI). Coverage for measles, polio, MenACWY, DPT-Hib-HepB (Pentavalent) and pneumococcal (PCV) vaccinations among under-fives in the Kutupalong and Balukhali settlements was very low. Just 23% of children under five had received a measles vaccine. Coverage for the pentavalent vaccine was low among adults, and non-existent in under-fives.

The appalling living conditions in the mega-camp were highly conducive to the spread of diphtheria, which thrives in overcrowded and unsanitary settings. The first suspected case was reported by MSF to the Bangladesh health authorities on 10 November 2017. Until 18 December, MSF was the only actor with in-patient capacity for suspected diphtheria cases, with 280 beds across three facilities for both mild and severe cases. At times these facilities had a bed occupancy rate above 100% for several weeks.

International and local staff, most of whom were seeing diphtheria for the first time, had to be rapidly trained and facilities allocated across the settlements. Globally, there had not been a large outbreak of diphtheria for more than 50 years. This, combined with the low vaccine coverage in the population, made it extremely difficult to predict how many people might become infected and at what rate. Further challenges to the outbreak response came from the difficult terrain and the absence of a formalised system of house and street identification in the settlements. This led to a lack of clarity in the location of people’s place of residence, making monitoring, surveillance and follow-up of suspected cases and their potential contacts extremely complicated. At the time of the outbreak, there was a global shortage of the antitoxin required to treat diphtheria. Fewer than 5,000 vials were available worldwide, during a period when five outbreaks were happening in parallel: as well as the outbreak in Bangladesh, there were outbreaks in Haiti, Indonesia,

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7 95% CI: 19.9-26.5, n=171.

8 Vaccine for Haemophilus influenzae type B (that causes meningitis, pneumonia and otitis), whooping cough, tetanus, hepatitis B and diphtheria.

9 MSF, Health Survey in Kutupalong and Balukhali Refugee Settlements.

10 Knowledge of the disease regarding transmission dynamics, clinical symptoms, optimum treatment strategies and ideal outbreak response was extremely limited at the start of the outbreak.
Venezuela and Yemen. This meant that, at the beginning of the outbreak, patients did not receive effective treatment. In the absence of antitoxin administration, secondary effects can lead to permanent neurological damage. When the antitoxin did reach Bangladesh, supplies were insufficient, and health practitioners and experts were forced to prioritise who should receive treatment.

To tackle the outbreak, MSF supported the Ministry of Health-led vaccination effort by setting up fixed vaccination points at health posts, and deployed a mobile team to reach people in their shelters. Most of MSF’s efforts were focused on case management, contact tracing and treatment. All suspected cases and their contacts were vaccinated. An additional 35-bed purpose-built isolation and treatment centre was constructed. MSF also ensured that all its staff members had received their primary series plus a booster (although Bangladesh has good EPI coverage, boosters are not routinely provided to adults). The vaccination campaign began on 12 December 2017, targeting children up to six years of age. A vaccination campaign for children aged seven to 15 started on 19 December 2017. This was shortly after a large-scale measles vaccination campaign, and ensuring that refugees with little prior experience of vaccination in Rakhine State understood the need for a new immunisation was a particular challenge and required significant health education efforts. Since then, new arrivals in the camps mean that coverage has become diluted. This has been exacerbated by population movements, with ongoing resettlement within the mega-camp mixing vaccinated and unvaccinated populations.

The diphtheria outbreak as experienced by Rohingya refugees in the settlements in Cox’s Bazar is evidence of the chronic denial of access to health services over a long period. Responding to a large, unvaccinated and fearful population, with limited experience in accessing healthcare services, in a mega-camp setting was challenging, and required a specific response. Refugees remain vulnerable to outbreaks: without regular and sustained EPI, continued access to healthcare and improvements in living conditions in the camp, there could be further outbreaks in the years to come.

Gina Bark is Humanitarian Affairs Coordinator for MSF in Amsterdam. Kate White is a Medical Emergency Manager for MSF. Amelie Janon works with MSF’s emergency team as a Humanitarian Affairs and Advocacy Manager.

Mapping the rapid-onset emergency in Cox’s Bazar
Matthew Wencel, Vincent Annoni, Augusto Comé, Jeremy Wetterwald and Oliver Lough

On Friday 25 August 2017, the insurgent group the Arakan Rohingya Salvation Army carried out a series of attacks against an army base and several police posts in Rakhine State in Myanmar. The military’s response rapidly escalated into a crackdown. By the end of October, over 700,000 Rohingya had fled Rakhine; a year later, the number of Rohingya refugees in Bangladesh, including previous influxes, is estimated at more than 900,000. The vast majority arrived at and have stayed in the Cox’s Bazar district, along the border between Myanmar and Bangladesh. The events following the August crackdown will be remembered for many reasons – not least the unprecedented levels of violence. For humanitarian actors, the crisis marked a chain of events that put both response and coordination to the test. Among these actors was REACH, which worked to provide data on the rapidly growing refugee camps.

Data cannot wait – neither can coordination
The early stage of the crisis was characterised by a daily influx of refugees of up to 12,500 arrivals per day. The rate of arrivals resulted in the rapid expansion of new camps across Cox’s Bazar, and the area’s previously green hills were quickly cleared of vegetation to make way for temporary shelters and homes.

As the need for aid mounted, humanitarian actors scaled up their life-saving interventions to provide basic services. In-kind distributions, building new emergency infrastructure and strengthening inter-agency coordination platforms, were all response priorities. Another was the need for data. First, humanitarian actors had to define and regularly update information on the scale and extent of the crisis. Second, actors had to record and share information on new emergency infrastructure being built by response actors working both within and outside of standard coordination structures. Both tiers of data were key for planning, targeting and implementing an efficient response.

Filling the gaps
REACH arrived in Cox’s Bazar in September, less than a month after the escalation of the crisis. In light of the continuous expansion of the sites and the challenging terrain, REACH collaborated with the UN Operational Satellite Applications Programme (UNOSAT) to acquire satellite imagery of the border areas of Myanmar and Bangladesh. Using this imagery, the team digitised tens of thousands of shelter footprints.

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1 The first Humanitarian Response Plan (October 2017) reports 509,000 arrivals from 25 August to 2 October 2017, which represents a daily average of about 12,500 new arrivals a day.

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The use of satellite imagery allowed for a better understanding of the extent of the camps across the region and the accurate definition of camp boundaries, and contributed to assessments of population estimates, spatial patterns and settlement trends. Later on in the crisis, satellite imagery proved critical in identifying infrastructure built in locations at risk of flooding and landslides ahead of the monsoon season.

Satellite imagery provided a broad canvas of information, but it did not answer questions related to the conditions, characteristics, availability and access to infrastructure. In order to fill the gaps satellites could not, REACH teams set out on foot.

**Everything begins with a pilot**

Before the launch of systematic data collection in the mega-camps of Cox’s Bazar, REACH conducted a pilot infrastructure survey developed in collaboration with the water, sanitation and health (WASH) sector and carried out with the help of an open-source mobile data collection platform, Kobo Toolbox. The pilot began by mapping WASH infrastructure (mainly handpumps and latrines) in Hakimpara, Jamtoli and Baggoha-Potibonia camps, which together had a total population of 100,000. The relatively small size of these camps enabled a quick assessment of the feasibility of the data collection methodology and the appropriateness of the tools to be used in camps and extension sites more than six times the size of the pilot settlements.

The pilot was straightforward. On reaching WASH structures, the type and GPS coordinates of the structure were noted, and a photograph was taken in order to enable cross-checking during data cleaning. The camps were mapped in a matter of days. The pilot quickly revealed that, despite having detailed static reference maps, the complexity of the settlements and the hilly terrain called for more dynamic means of data collection and navigation. A GPS-enabled, offline base-map and a numbered grid system were developed and loaded on mobile devices. Each team of enumerators was assigned a series of grid cells to maintain their bearings and collect infrastructure data.

With time, the deployment developed into a process of data collection and infrastructure and functionality monitoring in all the camps in Cox’s Bazar, completed on a daily basis. At the end of each monthly data collection period, REACH was able to provide the humanitarian community with a comprehensive dataset of camp infrastructure, along with a number of related static maps and factsheets.

Data collection was not done in parallel to existing operational coordination structures, but designed and implemented in close collaboration with existing coordination platforms. The strengthened partnership between coordination and data collection enabled the utilisation of established networks and available information, and increased ownership of the data by the humanitarian community. This was a necessity, as only through ownership would the data be used to influence decision-making and lead to evidence-based response.

**Data alone has little value**

At the most basic level, REACH’s infrastructure mapping provided a ‘good enough’ set of maps and data during the early phase of the response. By providing information on the basic layout of the rapidly established camps, and the functionality and coverage of services, the data provided by REACH served as a basis for humanitarian planning.

Providing information to enable comparisons of the usability, access and infrastructure of services in the camps was a valuable tool for response actors in identifying gaps in WASH provision. Regular updates in turn allowed gaps to be monitored and addressed over time. Spatial data on infrastructure and functionality allowed partners to plan and respond at the very local level, be it in terms of coverage, maintenance or ensuring sufficient distance between, for example, latrines and drinking water sources. Since the start of the crisis, the infrastructure data provided by REACH has been used consistently by both the site management and the WASH sectors.3

Aside from providing information on basic services, the infrastructure dataset was critical in supporting response-wide emergency preparedness planning. With Cox’s Bazar

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2 Site Management Sector Cox’s Bazar, ‘Site Management Site-level Services Monitoring Approach’ (Cox’s Bazar, April 2018).

Figure 1: The rapid expansion of refugee camps has led to a drastic decrease of vegetation in the historic forests of Bangladesh’s Cox’s Bazar district.
Figure 2: Cox’s Bazar in Bangladesh is known for its heavy monsoon season. To support the Inter Sector Coordination Group with preparedness and response planning, REACH created maps highlighting areas at risk of floods and landslides in case of prolonged rains.
experiencing some of the most intense monsoon rainfall in the country, it was only a question of time before landslides and flooding threatened camps spread over steep hills and narrow valleys. To enable targeted prevention, REACH identified structures that were likely to be at risk or unusable once the monsoon season started. REACH also identified structures that could be suitable for community shelters in the case of relocations. This resulted in the creation of a list of sites in need of further scrutiny, ground-truthing or reinforcement, saving time, resources and – potentially – lives.

**The devil’s in the detail – unique identification codes**

As the months passed and the response stabilised, the Inter Sector Coordination Group, sector working groups and implementing agencies substantially strengthened. New actors such as Open Street Map were beginning to catch up and provide full coverage of shelter footprints, making it unnecessary for REACH to continue its early response analysis. In this changed environment, a series of issues began to gain prominence, including the lack of universal unique identification codes for infrastructure, limitations in GPS accuracy and the proliferation of multiple overlapping datasets.

Under REACH’s census approach to infrastructure mapping, each round of data collection produced a new infrastructure dataset from scratch. Enumerators would return to the field at the start of each round, record what they found and a new infrastructure list would be generated based on the findings. With infrastructure still in flux, REACH did not attempt to send enumerators back to the same points each month to check whether the structures were still there. The fear was that mapping infrastructure in such a rapidly changing environment without unique identifiers would mean repeatedly mapping the same structure, with slightly different coding. Each round of data collection thus had to be treated as a new exercise, the risk of discrepancies and gaps notwithstanding.

Although enumerators attempted to record identification codes on infrastructure, it was impossible to use this data due to a proliferation of various approaches to identification by implementing agencies. Codes were often entirely absent or written in a bewildering array of different formats. In the course of the crisis it became evident that building infrastructure was not enough. Creating and coordinating an infrastructure coding mechanism for data collection was necessary too.

During the early stages of the response, wiping the slate clean with a new set of data was not an issue given the number of changes taking place, with new infrastructure being added as first-phase and temporary infrastructure was taken down. However, as the situation stabilised the lack of consistency created significant confusion.

Due to the labyrinthine nature of the camps, REACH enumerators were never able to ensure that they were assessing every infrastructure point with each round. This meant that, even if the number of points for a given category of infrastructure had not changed month on month, the number of points recorded in REACH’s databases could fluctuate – sometimes by up to 50% in a single camp. This was especially problematic for hard-to-categorise infrastructure, such as mental health spaces, community spaces and women’s centres or centres with multiple purposes depending on the time of day, week or month.

As sector-level information management focal points began receiving GPS coordinates from partners, sectors were able to maintain and update their own infrastructure database. However, the divergences between REACH data and their own information further aggravated the confusion over which figures and locations to use. The lack of a common identifier system coupled with limitations in the accuracy of smartphone GPS meant that cross-verifying different datasets proved challenging and, in the case of small, numerous infrastructure such as latrines, impossible. It was soon clear that sector data coverage and quality were simply not consistent. Compounding these factors, high levels of turnover and coordination bottlenecks throughout the response meant that understanding of the purposes and limitations of REACH’s infrastructure mapping was becoming increasingly unclear. Fresh approaches to infrastructure monitoring were required.

**Ways forward**

As the Rohingya response reaches the one-year mark, and as it transitions towards more mid- and long-term approaches, it is time to assess the lessons emerging from a crisis that in many ways has been unprecedented. From the viewpoint of data and data collection, two lessons stand out.

**Data coordination**

In the course of the response, it became abundantly clear that data or information is not valuable in and of itself. Information that is not gathered in a well-coordinated way loses its usability. Coordination of data collection needs to be built in as part of the wider coordination system. Any such exercise must be firmly owned by the coordination structure in charge of the response, alongside the close involvement of sector working groups.

**Standardisation of a phased approach**

Recognising that there is no established blueprint for a humanitarian response matching the magnitude of the Rohingya refugee crisis, there is an obvious need to adapt data collection and methodologies as the response changes over time. The standardisation of a phased approach could offer clear benefits here. Intrinsically linked to the architecture of data coordination, such an approach could comprise an initial phase and a stabilisation phase, each with a specifically tailored methodology and clearly defined roles for sector actors and partners. A system for coding unique identifiers or IDs, for example, can be built into a project from the start and triggered once the stabilisation phase is imminent, if
In order to address the most significant obstacle affecting REACH’s ability to meet the data needs of its partners, REACH is now exploring the possibility of designing a system for creating labels with unique identification codes that can be applied to all infrastructure in the camps. Building on this, it is worth noting that learning early lessons during the Rohingya crisis should lead to more effective and robust processes for monitoring infrastructure. If applied efficiently, these lessons can easily become the new standard in future emergency contexts globally.

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REACH activities during the first three months were funded by the Global WASH Cluster (GWC) and implemented through a series of surge deployments by the REACH global team. GWC seed funds were complemented by the UNICEF country office, which significantly expanded the assessment portfolio to meet growing information needs. Besides camp mapping and infrastructure monitoring, REACH’s activities currently include camp-level household surveys, advanced analysis in support of preparedness efforts for the monsoon season and assessment capacity-building for partners.