



# Community Engagement and Accountability During the COVID-19 Pandemic

A Case Study from Bangladesh  
March 2021

---



+C IFRC

## Abbreviation

BBCMA	BBC Media Action
BDRCS	Bangladesh Red Crescent Society
CEA	Community Engagement and Accountability
CPP	Cyclone Preparedness Programme
CSS	Children Safe Space
DAPS	Dignity Access, Participation, and Safety
DGHS	Directorate General of Health Services
FDMN	Forcibly Displaced Myanmar Nationals
IEC	Information Education Communication
IFRC	International Federation of Red Cross and Red Crescent Societies
IITC	Integrated Isolation and Treatment Centres
MoHFW	Ministry of Health and Family Welfare
PGI	Protection Gender and Inclusion
PMO	Population Movement Operation
PSS	Psychosocial Support
RCCE	Risk Communication and Community Engagement
SGBV	Sexual and Gender-based Violence
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme

# Content List

Abbreviation.....	1
Content List .....	2
Introduction and Executive Summary .....	3
Methodology.....	5
Country Context .....	7
Bangladesh COVID-19 Vaccination Campaign.....	7
Cox's Bazar Camp Community .....	8
Best Practices and Challenges .....	10
Volunteers Enabling Community Access to Information and Technology.....	10
Using Diverse Channels of Communication .....	12
Including Community Perspectives and Needs into Programmes.....	14
Addressing Rumours and Concerns .....	17
Working with Community Leaders.....	18
Community Volunteers are Crucial to Build Trust.....	19
Integrating CEA Across Activities and Connecting to Partners .....	19
Responding to the Needs of Vulnerable Groups.....	21
Opportunities .....	24
Contact Information .....	25
References.....	26

# Introduction and Executive Summary

Community engagement and accountability (CEA) is an approach to Red Cross Red Crescent programming and operations. It is supported by a set of activities that help put communities at the centre of what we do, by integrating communication and participation throughout the programme cycle or operation.

CEA is the process of and commitment to providing timely, relevant and actionable life-saving and life-enhancing information to communities. It is about using the most appropriate communication approaches to listen to communities' needs, feedback and complaints, ensuring they can actively participate in and guide Red Cross Red Crescent actions. CEA supports those involved in programmes and operations to adopt innovative approaches to better understand and engage with people and communities, and help them address unhealthy and unsafe practices. It maximises the Red Cross Red Crescent's unique relationship with the community to help them speak out about the issues that affect them and influence decision and policymakers to implement positive changes. Formerly known as Beneficiary Communication and Accountability, the CEA approach is being systematically integrated into the management of long-term project cycles. This includes but is not limited to steps like:

- Community needs identification
- Community risks and vulnerability ranking
- Programme design and planning
- Ensuring accountability in humanitarian resource allocation
- Acting on community feedback
- Conducting participatory evaluation of programmes
- Sharing back learning and knowledge with communities.

Engaging with communities in these ways leads to better quality programming, which supports the goals of improving community resilience, reducing the impacts of the disasters or crises, and strengthening institutional readiness.

The COVID-19 pandemic has presented a unique set of challenges in the implementation of CEA activities. Typically, CEA involves a lot of face-to-face communication and meetings with communities

where programmes are being implemented. In Bangladesh, [the Population Movement Operation \(PMO\)](#)<sup>1</sup> in Cox's Bazar presented an interesting example to understand how an already complex humanitarian crisis was further complicated by the pandemic and what measures were taken to mitigate these. Similarly, the vaccination campaign presents an opportunity to understand some key strategies for how National Societies can support and add value to the national Government's vaccination roll outs.

The following case study presents best practices as well as some challenges which need to be addressed. The best practices include:

- [Volunteers enabling community access to information and technology](#)
- [Diversifying channels of communication in order to expand their reach](#)
- [Including community perspectives and needs into programmes from the start](#)
- [Addressing rumours and concerns right away to help build trust and manage misinformation](#)
- [Working with community leaders](#)
- [Working with community volunteers to gain community trust](#)
- [Integrating CEA across activities and linking up with partners for an effective feedback mechanism](#)
- [Responding to needs of vulnerable groups by linking with other grassroots organisations and actively reaching out to marginalised and vulnerable groups](#)

#### Opportunities:

- Identify who faces what barriers to practice protective behaviours for COVID-19, and devise solutions for a more inclusive response to the pandemic
- Expand efforts to make selection criteria more transparent and community driven across programmes
- Gather post-vaccination feedback to understand and address community concerns and questions more systematically
- Undertake further research into trust and power dynamics in Cox's Bazar, the role of language in trust building during the vaccination campaign, and how to include marginalised groups

---

<sup>1</sup> The Population Movement Operation (PMO) refers to the humanitarian operation being run by Bangladesh Red Crescent Society (BDRCS) with the support of IFRC and its in-country Memberships to assist forcibly displaced nationals from Myanmar who have been living in the Cox's Bazar camps since 2017.



# Methodology



To gather information for this case study, sixteen in-depth interviews were conducted with key staff from Bangladesh Red Crescent Society (BDRCS) working on the vaccination campaign as well as the PMO. To get an experienced perspective on the implementation of CEA, the respondents included staff in charge of implementing CEA, communications, volunteer mobilisation, Health, Water, Sanitation and Hygiene (WASH), and Protection Gender and Inclusion (PGI) in Dhaka as well as those working in the communities. In order to triangulate data, two female Red Crescent Youth Volunteers involved in the vaccination campaign, and two women belonging to the community of Forcibly Displaced Myanmar Nationals in Cox's Bazar were also interviewed.

Most interviews were conducted in English and informed verbal consent was taken for all interviewees. The two interviews with women from the guest community were conducted with the help of a local interpreter who spoke Rohingya and a BDRCS mobiliser who spoke Bangla.

## ***Limitations and challenges***

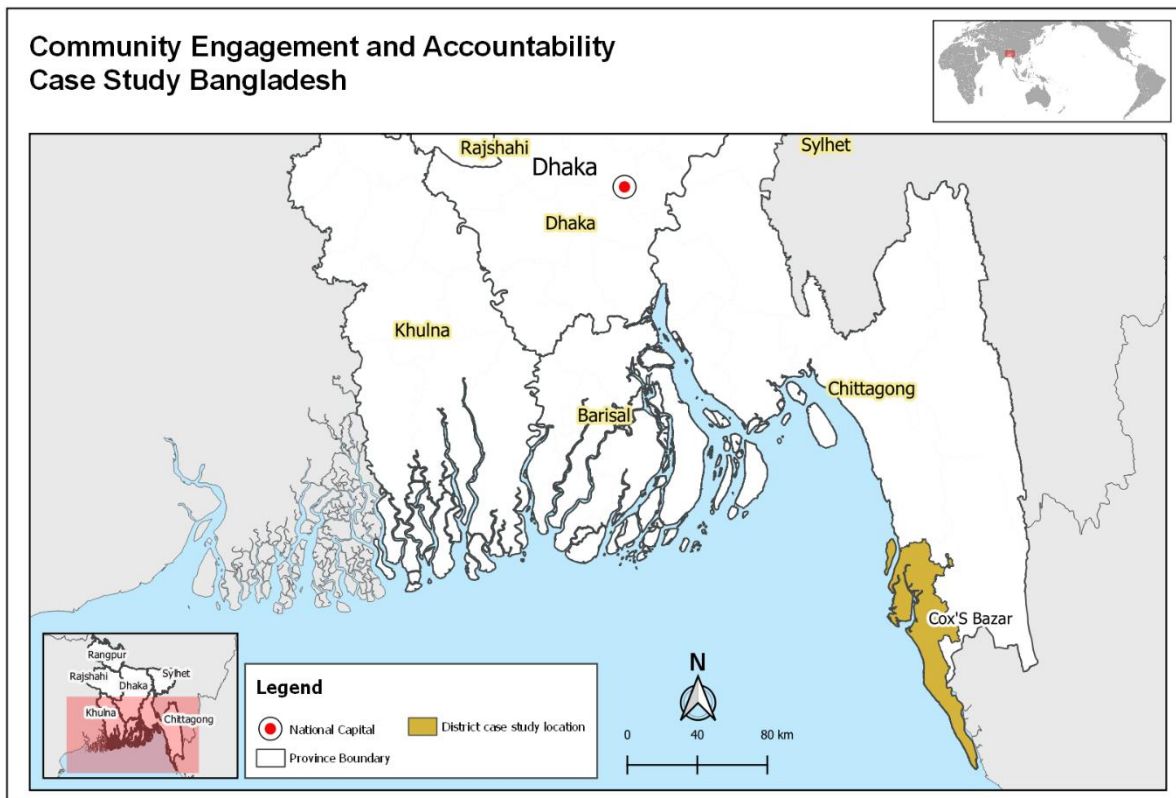
Due to travel restrictions during the COVID-19 pandemic, the interviews were conducted via online calls between 28<sup>th</sup> and 31<sup>st</sup> March 2021. In some cases, this meant that interviews could only last between 30-45 minutes to avoid call fatigue and match with schedules of respondents. Because of time constraints it was also not possible to speak with more Red Crescent Youth Volunteers or more

people from the host and guest community<sup>2</sup>, and get more perspectives from the ground. This severely limits the scope of this case study. To address this challenge, additional data such as social media posts and other research was used for triangulation. Due to time constraints and travel restrictions, another limitation is the imbalance between interviewees from the community/volunteers and BDRCS/IFRC staff which skews the findings towards an organisational rather than community perspective. Finally, the community interviews were further limited through the need for an interpreter which may have meant that some information was lost in translation. Triangulation with other research aimed to address these challenges at least in part.

---

<sup>2</sup> Guest community refers to FDMNs living in the Cox's Bazar camps, host community refers to Bangladeshi nationals who live in the Cox's Bazar area adjacent to camps.

# Country Context



**Figure 1: Map of Bangladesh**

## Bangladesh COVID-19 Vaccination Campaign

- After initial cases of COVID-19 were detected in Bangladesh in March 2020, the Government announced a lockdown on 26<sup>th</sup> March 2020, which was lifted on 31<sup>st</sup> May 2020. As of [29<sup>th</sup> March, 2021](#) there were 630,277 cases of COVID-19 and 9,213 deaths reported across the country.
- A vaccination drive was started on 7<sup>th</sup> February 2021. It aims to vaccinate 20 million Bangladeshis across all 64 districts of the country by July 2021 in a phased manner.
- The Directorate General of Health Services (DGHS) is responsible for the vaccination drive, which is being delivered in accordance with the Government of Bangladesh and the Ministry of Health and Family Welfare's (MoHFW) National Immunization Technical Advisory Committee and National Deployment and Vaccination Plan for COVID-19 Vaccines in Bangladesh.
- During this first phase priority is being given to frontline health workers, front line officials and volunteers, nationally important personalities like freedom fighters, members of the parliament,



national players etc. and people aged above 40 years, especially those with comorbidities. People can sign up for vaccination schedules via online registration through an application named ‘Surokkha’ (protection) or website at [surokkha.gov.bd](http://surokkha.gov.bd).

- As an auxiliary to the Government of Bangladesh, BDRCS has been asked to support the DGHS and MoHFW in the vaccination drive. This includes Risk Communication and Community Engagement (RCCE) activities to raise awareness among communities about vaccination; deploying volunteers to manage registration at vaccination centres, as well as providing other registration support to people; working with sub-national authorities to ensure equitable access to vaccines; using an evidence-based approach to identify challenges and opportunities to support the government’s plans, as well as provide inputs for required shifts in priority.
- In the long term it is estimated that BDRCS will engage up to 15,000 Red Crescent Youth and Cyclone Preparedness Programme Volunteers for the nationwide vaccination campaign. In the first phase, over 2,000 BDRCS volunteers were engaged daily at an average in supporting countrywide key vaccination centres.

Given the rapidly evolving situation of the vaccine rollout all information in this case study represents what was gathered as of 30<sup>th</sup> March 2021, and may have changed at the time of publication.

## Cox’s Bazar Camp Community

- As of 31<sup>st</sup> March 2021, it is estimated that there are 884,041<sup>3</sup> Forcibly Displaced Myanmar Nationals (FDMN) living in Cox’s Bazar.
- As of 26<sup>th</sup> April 2021 there were 525 confirmed cases of COVID-19 and 11 recorded deaths among FDMNs, and 7488 confirmed cases and 84 deaths amongst the host community.<sup>4</sup>
- The BDRCS’ Emergency Plan of Action for Cox’s Bazar was launched in March 2020 and was part of the BDRCS’ nationwide COVID-19 National Society Response Plan. It prioritised activities on Health, Water, Sanitation and Hygiene (WASH), Protection, Gender and Inclusion (PGI), and to strengthen the National Society including volunteer mobilization.
- The Community Engagement and Accountability (CEA) teams both in Dhaka and Cox’s Bazar are coordinating with Risk Communication and Community Engagement (RCCE) and Communications

<sup>3</sup> GTS, BDRCS and IFRC, (2021) “COVID-19 takes social and financial toll in Cox’s Bazar camp communities”

<sup>4</sup> World Health Organisation (2021) “Rohingya Crisis Situation Report #8” [https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-8.pdf?sfvrsn=dd3a85b0\\_9](https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-8.pdf?sfvrsn=dd3a85b0_9)

with Communities (CwC) working groups respectively and collaborating in sharing information and awareness materials with other actors.

- As of December 2020, in Cox's Bazar, BDRCS had mobilised approximately 3880 volunteers to promote handwashing and hygiene, as well as conduct COVID-19 key messaging activities. This included 480 community volunteers working in 8 camps from various BDRCS sectors like shelter, WASH, Health, CEA, Protection, Gender and Inclusion (PGI) and, Psychosocial Support (PSS). Further, 3,400 Cyclone Preparedness Programme (CPP) camp volunteers in all 34 camps were mobilised in partnership with Site Management Support agencies.
- In the camps, BDRCS' work on ground is carried out by community mobilisers and community volunteers. Mobilisers are part of the BDRCS staff, and community volunteers assist them in message dissemination, community outreach, community meetings and feedback collection through different channels. Community volunteers belong to the FDMN community and stay in the camps, while mobilisers are Bangladeshi nationals who live in nearby areas.

# Best Practices and Challenges

The following section highlights best practices that were seen across both the PMO and the first phase of the vaccination campaign.



## Volunteers Enabling Community Access to Information and Technology

The usual channels of communication and information sharing, which depended on big gatherings such as group discussions, radio listening and video watching groups, had to be modified or stopped during the pandemic due to restrictions on movement and the need to maintain physical distance.

### *Cox's Bazar*

In Cox's Bazar in-person interventions were modified. Before the pandemic, door-to-door visits were usually used to reach people with disabilities, older people, and women and children with restricted mobility. During the pandemic, information was primarily shared through door-to-door visits by community volunteers. They were trained on how to maintain COVID-19 protocols and seek permission from each household before they shared information or gathered feedback. This included demonstrating hand-washing with a bucket and soap, wearing masks, maintaining physical distancing, and other information about COVID-19. The volunteers had been given audio messages on their phones and loudspeakers, which they played for each house. Many of these were developed by BBC Media Action (BBCMA) as part of the [Communications with Communities](#) working group. The two

women interviewed from the camps both confirmed that they had indeed received a variety of information through such door-to-door visits. They felt that the information they received was useful.

### ***Vaccination Campaign***

For the vaccination campaign across the country, one of the key roles of the volunteers at registration booths at vaccination centres was to provide accurate information and support to people who want to get vaccinated<sup>5</sup>. The youth volunteers interviewed for this case study both shared that people were curious to know what the vaccine looked like, what side effects it had, and whether it was safe. Both volunteers said they had been oriented to address these types of questions during their training. By the first week of February 2021, BDRCS had trained 730 volunteers in Dhaka with support of trained technical staff from BDRCS, IFRC and the Government of Bangladesh. A further 4,000 volunteers were trained at district and sub district levels with the support of local Civil Surgeon offices<sup>6</sup>. Volunteers also highlighted that they helped people register online, especially those who have trouble accessing the internet because of lack of devices, or in taking hard copies of forms. This included checking people's identification paperwork, and sometimes using their own phones to help people register.

#### **Key Roles of Youth Volunteers**

- Provide support to register on government portal and check paperwork at vaccination centres
- Address concerns and questions
- Manage crowds at vaccination centres
- Provide support to elderly and disabled, and other special needs
- Monitor people after they get their vaccines at the centre.

---

<sup>5</sup> BDRCS and IFRC (2021) "Concept Note: Bangladesh COVID-19 Vaccination Campaign"

<sup>6</sup> BDRCS and IFRC (2021) "Concept Note: Bangladesh COVID-19 Vaccination Campaign"

## Using Diverse Channels of Communication

Along with the methods described above, BDRCS used a variety of ways to communicate key information about COVID-19 and engage communities. Though social media was used, in a country which has an internet penetration of 41% and social media penetration of 22%<sup>7</sup>, it has been essential to devise methods alternative to online engagement.

### *Cox's Bazar*

In the PMO, communication channels being used before the pandemic had been chosen based on different assessments. As described in the previous section, many existing activities had to be stopped or adapted during the pandemic, and instead the plan was to promote Information Education Communication (IEC) material. Such IEC material about hygiene promotion was developed with guidelines from the WHO and the Directorate General of Health Services (DGHS). Guest and host communities speak different languages, and so the messages were provided in different languages – Rohingya, Burmese, and English for the guest, and Bangla and English for the host community. Given this situation and the added challenges that the Rohingya language is largely verbal<sup>8</sup>, the IEC materials in both host and guest communities relied heavily on pictures.

Another crucial method was the use of loudspeakers in mosques, through imams, as well as mobile loudspeakers attached to *tuk tuks*<sup>9</sup>. These messages were the same as what volunteers shared in person, in order to reinforce them. The last available situation report from December 2020 shows that between 15<sup>th</sup> March and 31<sup>st</sup> December 2020, 56 kinds of IEC materials were produced for guest and host communities; over 6000 people received audio messages shared through mosques; and over 9800 people heard about COVID-19 and Integrated Isolation and Treatment Centre (IITC) services through RCCE activities<sup>10</sup>.

### *Vaccination Campaign*

For the initial stages of the vaccination campaign, social media has also been used to distribute information. BDRCS has developed messages with the DGHS for service providers, and the general

---

<sup>7</sup> <https://datareportal.com/reports/digital-2020-bangladesh>

<sup>8</sup> Translators without Borders (2018) “The Language Lesson”  
[https://reliefweb.int/sites/reliefweb.int/files/resources/twb\\_bangladesh-comprehension-study-brief\\_nov2018.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/twb_bangladesh-comprehension-study-brief_nov2018.pdf)

<sup>9</sup> Auto Rikshaw

<sup>10</sup> BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No. 22”



population. These include information about the vaccines, eligibility criteria, and about how to register on the government vaccination registration portal 'surokkha.gov.bd'. BDRCS' Facebook page also plays a role as a 'Facebook verified' source of information on the pandemic. The page has an audience of 375,042 followers. Similar pages like WHO Bangladesh and UNICEF Bangladesh have 23,788 and 9,164,653 followers respectively. The 47 posts made by BDRCS between 24<sup>th</sup> January and 23<sup>rd</sup> March 2021 had an average reach of 87,372. These posts include images with text, animation, Facebook live sessions with experts and other videos to encourage people to register for vaccinations and provide information.

The communications team monitored the questions they received from the public through Facebook messenger and comments. The team would then answer these questions by either referring individuals to the Bangladesh Government's vaccination hotline number or answer them with the help of other technical colleagues at BDRCS. At the time of conducting interviews for this case study, BDRCS had also developed further content to address questions people had for doctors after their vaccinations. This also includes tailored messages for pregnant women, children and other vulnerable groups. In preparation for the second phase of the country's vaccination campaign, information will also be disseminated through mobile mics on *tuk tuks*, and through mosques at the *upazilla* (sub-district) and union levels.

### **Challenges:**

One of the key challenges emerging from the interviews with PMO staff is that people don't follow advice because of 'message fatigue' on the one hand, and the practical challenges of being able follow COVID-19 preventive measures in the camp context, on the other hand. Respondents working on the ground, including BDRCS and IFRC staff, and community mobilisers noted that the community has been hearing the same messages for a year and are beginning to lapse into old habits of not wearing masks, not maintaining physical distancing or not washing hands as frequently. These respondents suggested that this may be partly caused by the false perception that there have been relatively few COVID-19 cases in the camps, and people feel the situation is no longer critical. However, the staff interviewed were concerned because COVID-19 cases were on the rise in March 2021. Volunteers will continue to discourage big gatherings, ensure physical distancing, and other COVID-19 preventive measures.

A Survey by BDRCS, IFRC and Ground Truth Solutions from 2020<sup>11</sup> found that 57% of its respondents in the camp found it difficult to wear masks; 46% found maintaining social distancing difficult because of lack of space in the camp; and 45% found hand washing difficult because of access to water and hygiene items. Interviews with staff and mobilisers on the ground also confirmed this. One person suggested that though the community followed hand washing protocols, in some cases access to water was a challenge. For instance, one woman interviewed from the camp community described that the tap is too far from her house, and that having a small child and being pregnant made it difficult to fetch water.

Based on this, it would be valuable to assess further who faces what hurdles in following COVID-19 preventive measures in the community, and involve communities in finding solutions to address challenges people are facing in following COVID-19 protective behaviours.

## Including Community Perspectives and Needs into Programmes

### *Cox's Bazar*

In the PMO the community's needs and perspectives were primarily collected through information desks and hubs, as well as through volunteers during household visits. The usual feedback channels like information centres, radio listening and video watching clubs have been closed during the pandemic.

There are two information hubs, five desks as well as temporary desks which provided information to people who visited them. However, a challenge has been to include those who are not able to physically reach the information desks. The hubs and desks provided information on what to do to stay safe from COVID-19, where to go if someone is infected, details on isolation centres, test facilities, possible treatments, and answers to concerns about if and when they will get vaccines. Community members would also give their feedback on existing activities and share requests, for instance for accessible toilets, and hygiene kits. During one community meeting, people raised concerns that their toilets were either poor quality, or they didn't have access to one. However, given a limitation of funds BDRCS could only support 100 households. A list was prepared in a transparent manner, in the presence of the community on where to construct toilets; the first priority was given to people who had no toilets, and then to people who had poor quality toilets. Since communities

---

<sup>11</sup> GTS, BDRCS and IFRC, (2021) "COVID-19 takes social and financial toll in Cox's Bazar camp communities"

were involved throughout the process, it was transparent, and the project implementation was smooth.

There are also camps that have no information hubs. In this case, volunteers played a crucial role, acting as ears on the ground to document and address feedback. While delivering the messages and information through household visits, volunteers would find out problems and challenges in each family. They would complete a form using [Kobo Toolbox](#), which has space for sector related feedback. If there was an instant solution or answer, the volunteers would provide it right there, or in other cases they would refer the feedback to a sector relevant official or colleague. For instance, if someone asked about what hospital they could access, the volunteer would provide information about the IITCs or other relevant health centres. If the community reported insufficient water for hand washing, that feedback would be given to the WASH sector in-charge, and they would tell the engineer to go and check how to solve the problem.

The CEA and the WASH team made a billboard at an information hub with key contact points and volunteers. With this the teams attempted to create more accountability with the guest community. The CEA team will also train volunteers further to ensure that they see the operations in the camp as access to dignity and rights, and not charity. Respondents said that the community should feel free to provide feedback and criticism..

**-WASH Official, PMO**

### ***Vaccination Campaign***

For the vaccination campaign, channels like phone hotlines and social media have been used to gather perceptions and concerns about COVID-19 and the vaccination campaign. BDRCS' communications team made attempts to monitor comments on its social media to understand what specific concerns people had. In some cases, follow up posts were created to address people's concerns. As an example, when BDRCS' Facebook page first made a [post announcing](#) the launch of the vaccination campaign, people had many questions about registrations and eligibility criteria. A [follow up](#) post then gave all these details. The communications and CEA teams are planning to work together to develop a more streamlined method of capturing such data and make this a regular practice.

Before sharing posts and messages on social media, the communications team conducted small poll samples and tested messages with people who matched the target audiences. Messages would be

shared with BDRCS and IFRC staff, volunteers, or their family and friends to understand whether the audience understood the key information, and how they responded to it. Based on their feedback, the messages or posts would be adjusted or edited if needed.

Further, to understand the situation at the vaccination centres, BDRCS is tracking news and other official sources, including the Government and WHO, all of whom have been very appreciative of the youth volunteers' work at vaccination centres. For instance, two articles in the English daily, The Daily Star, called the service of volunteers "[priceless](#)" and a "[vital cog in the machine](#)". Local TV channels, ETV News and ATN News also acknowledged BDRCS' key role in the vaccination campaign. Two senior staff interviewed said there are daily check-ins and some in-person visits with volunteers deployed at the registration booths and vaccination centres to make sure volunteers are doing their job well and whether there are any shortcomings in the service.

For their part, both volunteers interviewed suggested that they felt confident that they could provide feedback and express their needs to BDRCS officials. For instance, one volunteer expressed that the daily allowance of 300 Taka was not sufficient. She knew that the BDRCS management was aware of this and were working to find solutions. Senior staff from BDRCS echoed this concern during interviews as well. They stated that BDRCS was in the process of securing funding to ensure these needs were met. Both volunteers reported that were very happy to be involved in the vaccination campaign, as they felt they were contributing to their communities. However, given that their families are often scared for their safety, it would be interesting to explore giving orientations for volunteer families too.

"My mom came to a booth and I was at the next booth. She didn't know which booth I was working at. When she saw me helping people she felt very happy. Parents often don't allow their children to work in COVID-19 relief, and my parents were also hesitant. I had to explain to them that I was using all the safety precautions. When our parents see us doing something for society they are proud but also scared for us.

When I returned home my mother told me she was proud of me."

**-Youth Volunteer from Noakhali**

### Challenges:

The vaccination campaign did not have dedicated measures to systematically gather community perceptions and feedback at the time of gathering information for this case study. This was largely

attributed to the fact that registration and vaccinations were prioritised and with the given resources the number of volunteers had to be limited.

## Addressing Rumours and Concerns



### *Cox's Bazar*

Over a 100 BDRCS volunteers were trained on how to address stigma and rumours about COVID-19. Staff and community mobilisers working on the PMO said that some of the popular rumours included the perception that the virus would not affect Muslims because they pray and perform ritual ablutions five times a day. People were very scared of going to hospitals because they heard a rumour that they would be killed there by authorities. These rumours were also reported in BBCMA and Translators Without Borders' Feedback bulletin in May 2020<sup>12</sup>.

The CEA team worked on addressing these fears and trained community volunteers to respond to misinformation. BDRCS' situation reports from [August](#) and [September](#) 2020 suggests that as a direct result people were increasingly willing to visit health centres and the BDRCS IITC. Respondents for this case study also felt that they saw an increase in people willing to seek healthcare at these facilities.

---

<sup>12</sup> BBC Media Action and Translators Without Borders (2020) "What Matters Humanitarian Feedback Bulletin, Issue 37" <https://app.box.com/s/ypj70dvk8cr69jkofi6otr09nwsosuzx>



## Working with Community Leaders

One of the key strategies to build trust includes relying on local communities and leaders to share relevant information. In both the PMO operation and the vaccination campaign, BDRCS built relations with local leaders, *Majhis*<sup>13</sup> and imams. Staff interviewed said that in the camp context, religious and community leaders motivated people to wash hands, maintain distance, and wear masks. Some [audio](#) and [video](#) messages produced as part of the Communication with Communities group featured religious leaders giving safety messages.

There were regular *Majhi* meetings even during the pandemic and the CEA team collected and addressed their feedback. A 2017 research by Internews<sup>14</sup> found that *Majhis* are the primary source of information for the guest community followed by friends and family, religious leaders and community leaders. However, in terms of trusted sources, friends and family were most trusted, followed by religious leaders and community leaders. *Majhis* ranked only seventh, in the list of trusted sources – possibly because of the lack of community involvement in the *Majhi* appointment process.

As a general strategy for relief operations, BDRCS takes great care to maintain strong relationships with religious, and community leaders to share information. For instance, at the time of gathering information for this case study there were concerns that not as many people would want to get vaccinated during Ramadan, as it might be against the rules of fasting. Relevant content was going to be developed with the support of religious leaders in order to address these concerns.

Extended research into perceptions about *Majhis* and the influence of religious leaders would be valuable to further understand the dynamics of trusted communication in the guest community and who can be utilised to motivate individuals to follow COVID-19 prevention measures.

---

<sup>13</sup> An intricate system of camp leaders among the people from Rakhine

<sup>14</sup> Internews (2017) Information Needs Assessment, Cox's Bazar Bangladesh [https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/Internews\\_Coxs\\_Bazar\\_Publication-30Nov\\_web.pdf](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/Internews_Coxs_Bazar_Publication-30Nov_web.pdf)

## Community Volunteers are Crucial to Build Trust

In both contexts, the fact that volunteers are from the community contributed to individuals trusting them. A youth volunteer working in Noakhali shared that because she speaks the local dialect people feel more confident asking her questions they have about vaccines, such as their efficacy. Both youth volunteers also highlighted that they saw how locals coming in for their second vaccine dose would talk to, and ease concerns of those who had come for their first dose, by showing they were in good health.

Volunteers in the PMO are from the guest community; community members were the third most trusted source of information after humanitarian organisations and government sources<sup>15</sup>. One woman interviewed from the PMO shared that she feels confident about approaching volunteers to share her problems and concerns, especially those who live near her house. She explained that the volunteers in this case are also friends and provide psychosocial support. Another woman interviewed from the guest community, said that she had reported to a volunteer that her house needed repairs. After this her name has been listed, and her house will be repaired in the near future.

Others working in the PMO also suggested that since community mobilisers are from the host community, and do not stay in camp at nights, the presence of community-based volunteers was crucial. Respondents felt that volunteers could help create a sense of ownership and involvement among the community. This could, for instance, include providing people with psychosocial support; everyone keeping bathing areas and toilets clean; people following COVID-19 preventive measures. Gathering more specific data to understand the link between community ownership, resilience and community volunteers would be essential to further build on these findings.

---

<sup>15</sup> GTS, BDRCS and IFRC, (2021) “COVID-19 takes social and financial toll in Cox’s Bazar camp communities”

## Integrating CEA Across Activities and Connecting to Partners

BDRCS' CEA policy was approved and launched in March 2021. One senior BDRCS staff shared that BDRCS has used principles of CEA – community inclusion – since the 1980s. They felt that a structured approach will now allow for greater integration, and will make CEA a seamless component across disaster resilience and crisis management. This integration is realised at two levels – in the strategies, and in implementation on the ground.

In the PMO there are volunteers who deal specifically with CEA activities, and those who deal with sectors like WASH, PGI, health etc. All volunteers get trained on CEA elements such as how to talk to the community, how to track their feedback and refer it through appropriate channels. If volunteers receive any feedback, they give it to community mobilisers who pass it to partner organisations or the CEA team. For instance, if they see a house has no food, the volunteer will tell the mobiliser, who in turn informs the team of the World Food Programme (WFP).

The interviews with BDRCS staff also showed that people working on different sectors collaborate with CEA staff. For instance, it was reported that in camps that don't have Health and PSS volunteers, health facility managers join community meetings that are organised by the CEA team. This helps them understand the community's needs. The CEA team also alerts them in case of a lack of medicines or other emergencies.

The PGI, Psychosocial Support (PSS) and CEA teams also had regular meetings to give each other updates on their respective sectors to make sure the community was well supported. For instance, the CEA team shared the community's concerns about the mental health of children with the PSS team. This resulted in the PSS team devising a recreational programme for children at the Children Safe Space (CSS) centre while following appropriate COVID-19 protective measures. Further, CEA mobilisers were trained by the PGI team on how to register and refer protection cases (like sexual and gender-based violence, abuse, trafficking, child marriage etc.) through a common referral form, so that the PGI team can then take further action on these cases.

During the pandemic, the Dignity Access, Participation, and Safety (DAPS) centres couldn't function because of government restrictions on what constituted essential services<sup>16</sup>. One official reported that while DAPS centres are usually run by the PGI team, during the pandemic, they were temporarily converted to information hubs, and someone from the CEA team was always there to answer questions from the community.

## Responding to the Needs of Vulnerable Groups



Volunteers working in the PMO continued to assess the situation of households during their house-to-house visits – nutrition levels, signs of violence, needs like house fixing etc. Interviews with staff working in the camps revealed that this helped relevant teams reach services to those who might be left out. For example, if an older person was not able to pick up food from distribution centres, then food would be delivered to them.

One official working in the PMO said that even before the pandemic, the PGI and CEA teams collected data disaggregated by sex, age, and disability. This helps to know the exact number of vulnerable groups, like how many widows, survivors of Sexual and Gender-based Violence (SGBV), children etc. there are, and to plan interventions accordingly, but also ensures CEA strategies can be tailored to

---

<sup>16</sup> BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No. 8” [https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsh5sO-Q4Zfgj30Za?dl=0&preview=20200525+PMO\\_Covid-19\\_Sitrep+No+8.pdf](https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsh5sO-Q4Zfgj30Za?dl=0&preview=20200525+PMO_Covid-19_Sitrep+No+8.pdf)

different types of people. For instance, BDRCS started a “masks for livelihoods” programme with some women who learned tailoring in 2019 through a livelihoods programme which targeted women who were divorcees, separated, or survivors of SGBV. During the lockdown, 60 women who had not found employment since the last training were given priority to join the “masks for livelihoods” programme. It was also decided to use these existing skills because making three-layer masks needed a certain skill level.

The pandemic has exacerbated SGBV in the camps as well as child labour, and human trafficking<sup>17</sup>. A Rapid Gender Analysis by the Inter Sector Coordination Group during the pandemic found that the camp community felt that women and girls, and transgender people faced a greater risk of violence within their homes and community due to the pandemic<sup>18</sup>. One official interviewed for this case study estimated that 172 SGBV cases have been reported during the pandemic<sup>19</sup>. To address this, the CEA and PGI teams worked together to create and share information on how to prevent SGBV, trafficking, on good parenting during the pandemic, and about free services and referral pathways<sup>20</sup> in the camp. Such sessions and messages were facilitated by the PGI team as early as July 2020<sup>21</sup>, and by September 2020 they had reached 11,576 people in different camps<sup>22</sup>. The CEA team also helped circulate this content through loudspeakers, information hubs, and household visits. One woman interviewed from the camp community confirmed that she had received such messaging when volunteers had visited her.

BDRCS staff interviewed also said that child protection, anti-trafficking and other committees existed before the pandemic. These have people from the community who talk about specific topics with

---

<sup>17</sup> GTS, BDRCS and IFRC, (2021) “COVID-19 takes social and financial toll in Cox’s Bazar camp communities”

<sup>18</sup> ISCG Gender Hub, “In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities” (October 2020)  
[https://reliefweb.int/sites/reliefweb.int/files/resources/advocacy\\_brief\\_in\\_the\\_shadows\\_of\\_the\\_pandemic\\_the\\_gendered\\_impact\\_of\\_covid-19\\_on\\_rohingya\\_and\\_host\\_communities.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/advocacy_brief_in_the_shadows_of_the_pandemic_the_gendered_impact_of_covid-19_on_rohingya_and_host_communities.pdf)

<sup>19</sup> BDRCS Situation Report 18 is the last report that tracks this data. Between 15<sup>th</sup> March and 31<sup>st</sup> August 2020 136 GBV cases were recorded and referred to protection service providers by the PGI team.

<sup>20</sup> Every camp has an organisation which is the responsible focal point to address such cases. The redressal depends on the survivor’s demand – medical, psychosocial support, legal support, etc. For legal support cases are channelled through the United Nation High Commission for Refugees

<sup>21</sup> BDRCS (2020) “Overall Summary of COVI-19 Response, Population Movement Operation – March to August 2020”  
[https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200910+overall+summary+of+PMO+Covid\\_19+achievements+March-August+2020.pdf](https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200910+overall+summary+of+PMO+Covid_19+achievements+March-August+2020.pdf)

<sup>22</sup> BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No.19”  
<https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200929+Federation+wide+COVID-19+Sitrep+No+19.pdf>



others. Monthly meetings with these committees have started again after COVID-19 restrictions lifted in August 2020.

### Challenges:

Serving all community member remains a challenge. One woman interviewed from the community expressed that some women felt discriminated against. She explained that while she has a husband, her family also faces extreme financial hardship. She wondered why it was always the widowed, divorced women who got priority for livelihoods programmes. This experience highlights the need to examine vulnerability from multiple angles. For instance, financial precarity may well make women vulnerable to hardships, including violence. Moreover, it highlights the need to use participatory methods for selection criteria and clearly explain selection criteria and the need for them due to limited resources.

Similarly, BDRCS has very recently started working with the transgender community in the camps after representatives from an organisation called [Dhaka Ahsania Mission](#) alerted the PGI team to a lack of support for the community. An officer interviewed shared that the Dhaka Ahsania Mission staff provided details of 30 transgender persons. Following this, the group was invited to a DAPS centre where they were given dignity kits which included sanitary products, bucket, sandals, and a nightdress. During the meeting transgender persons shared that they do not get any psychosocial support, are excluded from work, and are not recruited as volunteers. They feel invisible. The PGI team is exploring various ways to address this gap in a systematic way, including aspects like WASH and health. It is crucial to carry out a wider mapping and needs assessment of transgender persons in the community and build on this initial meeting.

# Opportunities

## **Cox's Bazar**

It would be valuable to collect further data on specific aspects of the PMO operation, such as understanding more systematically who faces what barriers to follow COVID-19 protective measures and then follow up with community-led solutions. Additionally, investigating which individuals and groups may be left out of programmes and how to foster understanding about prioritisation could contribute to a more inclusive response. Further data could also be collected on the link between community ownership, resilience and community volunteers. Exploring perceptions about Majhis and the influence of religious leaders to understand the dynamics of trusted communication in the guest community, and how community leaders can be utilised to motivate individuals to follow COVID-19 protective measures would be another useful research topic.

## **Vaccination Campaign**

A valuable contribution to understanding vaccine perceptions would be systematic feedback collection during the vaccine roll out. This could include understanding the role that local dialects and community relationships play in trust building, and piloting feedback mechanisms for volunteers. Further data could also be collected to understand how perceptions and questions about COVID-19 and vaccines can be gathered in a more systematic manner using social media.

# Contact Information

## Contact information

For more information on Community Engagement and Accountability (CEA) in Asia and the Pacific, please get in touch with

	Name	: Viviane L. Fluck, PhD
	Position	: Regional CEA Coordinator
	Organization	: IFRC
	Email	: viviane.fluck@ifrc.org

For more information on Community Engagement and Accountability at IFRC please visit:

<https://media.ifrc.org/ifrc/what-we-do/community-engagement/>

## Authors and contributors:

Authors	: Kayonaaz Kalyanwala & Septian Fajar
Contributor	: Sushama Pandey
Editor	: Viviane L. Fluck, PhD

We thank the National Society and IFRC colleagues in Bangladesh for their support in organising this case study and would like to express our gratitude to all interviewees. We thank the British Red Cross and DFID for their support in funding this case study.

All photos used in this document are copyright of the Bangladesh Red Crescent National Societies.

# References

- GTS, BDRCS and IFRC, (2021) “COVID-19 takes social and financial toll in Cox’s Bazar camp communities”
- World Health Organisation (2021) “Rohingya Crisis Situation Report #8”  
[https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-8.pdf?sfvrsn=dd3a85b0\\_9](https://cdn.who.int/media/docs/default-source/searo/bangladesh/bangladesh---rohingya-crisis---pdf-reports/sitreps/2021/who-cox-s-bazar-situation-report-8.pdf?sfvrsn=dd3a85b0_9)
- BDRCS and IFRC (2021) “Concept Note: Bangladesh COVID-19 Vaccination Campaign”
- <https://datareportal.com/reports/digital-2020-bangladesh>
- Translators without Borders (2018) “The Language Lesson”  
[https://reliefweb.int/sites/reliefweb.int/files/resources/twb\\_bangladesh-comprehension-study-brief\\_nov2018.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/twb_bangladesh-comprehension-study-brief_nov2018.pdf)
- BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No. 22”
- BBC Media Action and Translators Without Borders (2020) “What Matters Humanitarian Feedback Bulletin, Issue 37” <https://app.box.com/s/ypj70dvk8cr69jkofi6otr09nwsosuzx>
- Internews (2017) Information Needs Assessment, Cox’s Bazar Bangladesh  
[https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/Internews\\_Coxs\\_Bazar\\_Publication-30Nov\\_web.pdf](https://communityengagementhub.org/wp-content/uploads/sites/2/2020/04/Internews_Coxs_Bazar_Publication-30Nov_web.pdf)
- BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No. 8”  
[https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200525+PMO\\_Covid-19\\_Sitrep+No+8.pdf](https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200525+PMO_Covid-19_Sitrep+No+8.pdf)
- ISCG Gender Hub, “In the Shadows of the Pandemic: The Gendered Impact of COVID-19 on Rohingya and Host Communities” (October 2020)  
[https://reliefweb.int/sites/reliefweb.int/files/resources/advocacy\\_brief\\_in\\_the\\_shadows\\_of\\_the\\_pandemic\\_the\\_gendered\\_impact\\_of\\_covid-19\\_on\\_rohingya\\_and\\_host\\_communities.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/advocacy_brief_in_the_shadows_of_the_pandemic_the_gendered_impact_of_covid-19_on_rohingya_and_host_communities.pdf)
- BDRCS (2020) “Overall Summary of COVI-19 Response, Population Movement Operation – March to August 2020” [https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200910+overall+summary+of+PMO+Covid\\_19+achievements+March-August+2020.pdf](https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XsccJsH5sO-Q4Zfgj30Za?dl=0&preview=20200910+overall+summary+of+PMO+Covid_19+achievements+March-August+2020.pdf)

- BDRCS and IFRC (2020) “Integrated COVID-19 Preparedness and Response Situation Report No.19  
<https://www.dropbox.com/sh/w6k3dyhhagm5se0/AAB-XscJshH5sO-Q4Zfgj30Za?dl=0&preview=20200929+Federation+wide+COVID-19+Sitrep+No+19.pdf>