# FIRE INCIDENT

## INITIAL RAPID JOINT NEEDS ASSESSMENT REPORT

*MARCH 2021 Cox's Bazar-Bangladesh*

### KEY FIGURES

**48,300** Individuals directly affected

**3** Camps affected

**10,100** HH without shelter

**92,000**** Individuals impacted

**52** Key Informants Surveyed

**399*** Initially Unaccounted -for individuals

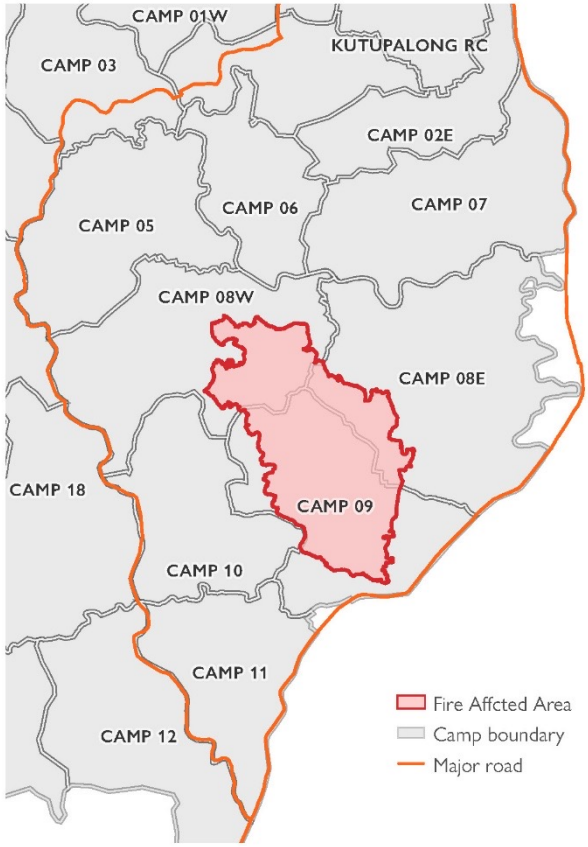
**607*** Required some form of medical assistance

### Situation overview

On 22 March 2021 at around 3pm a fire spread across camps 9, 8W and 8E in Kutapalong Balukhali Extensions (KBE). KIs conducted with site management staff on 25 March indicated an estimated 37,078 people across three camps were temporarily displaced.

According to SMSD, approximately 10,000 shelters were partially or fully damaged. Nearly all of camp 9's population lost their shelters, belongings, and food, approximately half of the population of camp 8W lost their shelters, and some of the population of camp 8E.

WHO reported that six health facilities were destroyed or damaged. Two nutrition facilities and one General Food Distribution Point were also burned to the ground. WFP has closed two other nutrition sites and one e-voucher outlet until teams on the ground can assess the damage to the sites. UNICEF reported that a total of 149 learning centers were also damaged or destroyed.




**Affected individuals by camp as reported by Site Management KIs**

**6,774** Camp 08E

**13,493** Camp 08W

**28,000** Camp 09

## KEY MESSAGE/FINDINGS

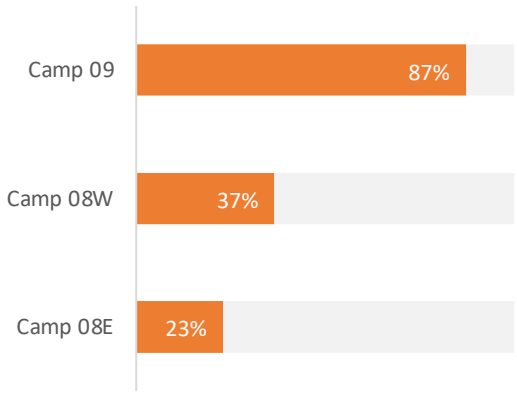
**Key message/Findings from sectors**

**❶ ASSIST** vulnerable people with immediate, life-saving need as a result of the fire.

**❷ REBUILD** and repair damaged facilities to restore essential basic services for vulnerable people in need.

**❸ PREPARE** for the remainder of the 'fire season' and improve fire prevention mechanisms in the camps.

**Estimated total affected households as a percentage of camp population *(based on UNHCR February 2021 population figures)***




* These figures were not verified by the authorities and were received as an initial feedback on 22nd of March from organizations directly responding to the incident.
** Population residing around the fire affected area within 100m buffer zone who's shelters had to be knocked down to create fire breaks and/or were using/ accessing services and facilities in camps 8E, 8W and 9.

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**FIRE INCIDENT RAPID JNA REPORT**
*March 2021*

25 MARCH 2021

## POPULATION MOVEMENTS

**10,100** households temporarily displaced

**3** Camps of origin of displaced population

**399*** Initially unaccounted-for individuals

### Movement dynamics

As of 27 March there are approximately 10,100 households confirmed to be from fire affected camps residing outside of their original camps, and approximately 5,000 more persons who fled their camp of origin during the fire, but whose camp of origin is yet to be confirmed.

* These figures were not verified by the authorities and were received as an initial feedback on 22nd of March from organizations directly responding to the incident.

## SCALE AND IMPACT

Camp 9 sustained the most damage. Camps 8E and 8W also faced significant damage (IOM 23/03/2021).

Reported damage to infrastructure varies across camps. Almost all infrastructure across the three camps was damaged. 88% of key informants indicated that most or all shelters were damaged. Women friendly spaces and education facilities were also heavily affected, as were child friendly spaces, latrines, and water points.

The six health facilities that burned down not only served the affected camps but served the wider Rohingya population and the Bangladeshi host community. The loss of these facilities will have a long-term impact on being able to adequately meet the health needs of the Rohingya in the camps. Other long-term impacts will include mental health and psychosocial wellbeing and the decreased ability of refugees to meet their basic needs because of the loss of savings and personal belongings.

**Chart 1. Percentage of KIs reporting what proportion of infrastructure is non-functional**

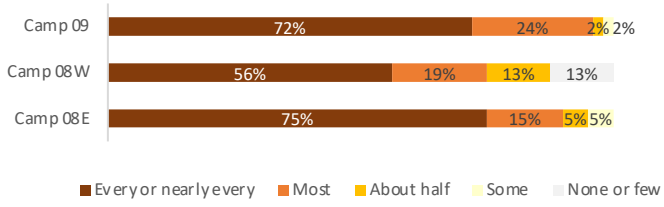
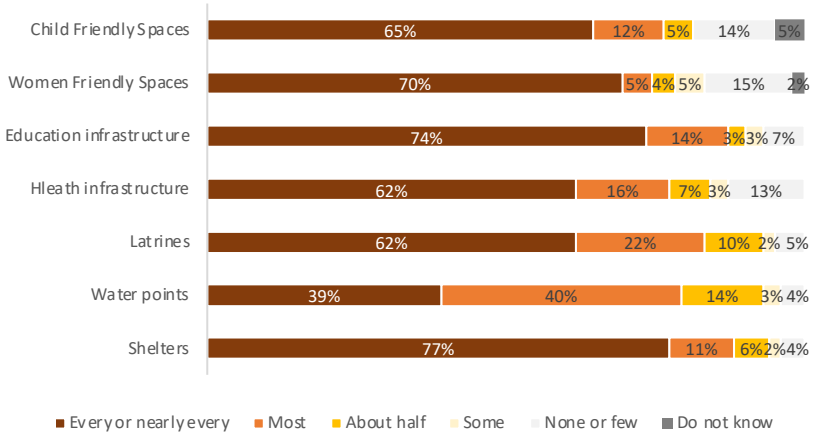
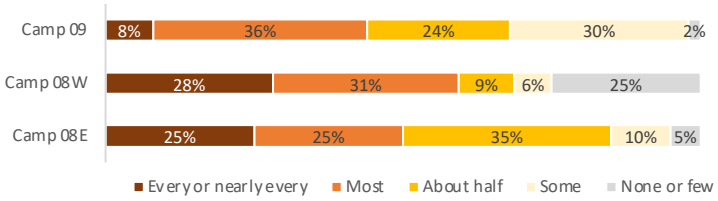



**Chart 2. Percentage of KIs reporting what proportion of facilities are damaged**

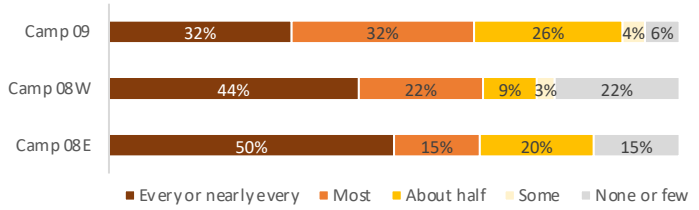


## ACCESS TO BASIC SERVICES

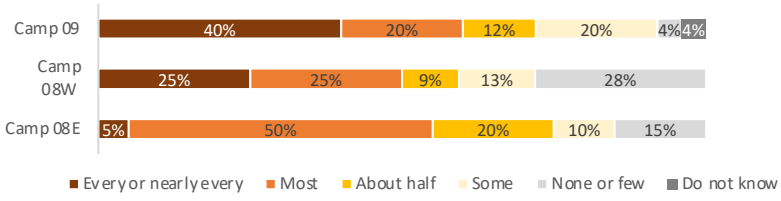
### Chart 3. Percentage of KIs reporting on proportion of population who do not have access to safe drinking water




### Chart 4. Percentage of KIs reporting on proportion of population who do not have access to functional latrines




### Chart 5. Percentage of KIs reporting on proportion of the population who do not have access to health facilities



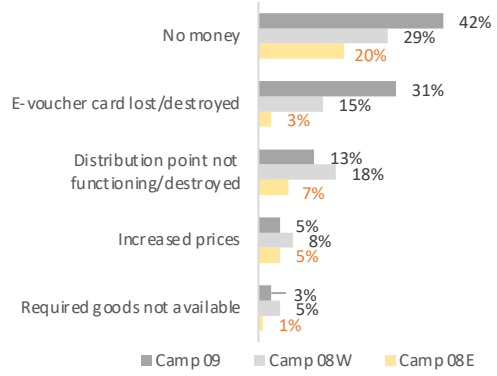

44% of KIs in camp 9 said most or all people do not have access to safe drinking water, compared to 59% of KIs in camp 8W and 50% of KIs in camp 8E. However, 25% of KIs in camp 8W did not consider access to safe drinking water an issue in their camp, compared to 5% of KIs in camp 8E and 2% of KIs in camp 9.

64% of KIs in camp 9, 66% of KIs in camp 8W, and 65% of KIs in camp 8E said that most or all people do not have access to functional latrines. However, 22% of KIs in camp 8W did not consider access to functional latrines a problem for their camp, compared to 15% in camp 8E and 6% in camp 9.

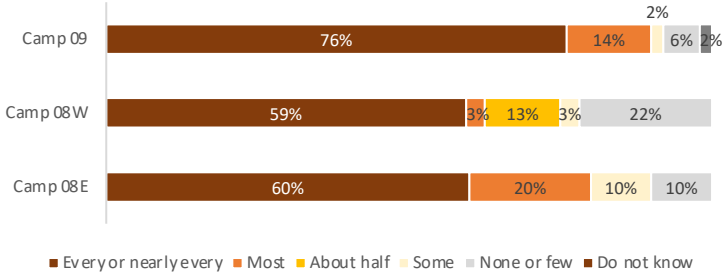
60% of KIs in camp 9 reported that all or most people do not have access to health facilities, as did 50% of KIs in camp 8W and 55% in camp 8E. The health facilities that were destroyed did not only serve the camps in which they were located, but also served the broader Rohingya and Bangladeshi populations.

## ACCESS TO MARKET AND BASIC GOODS

### Chart 6. Top five challenges in accessing markets reported by KIs




### Chart 7. Percentage of KIs reporting on proportion of population who do not have food stocks to cover the next five days




100% of KIs reported problems in accessing markets. During the fire, shops and markets were burned to the ground. Across camps, money was the main challenge in accessing markets, followed by the loss/destruction of e-voucher cards and the destruction/lack of functioning of distribution points. An increase in prices was also reported by some KIs.

76% of KIs in camp 9 reported that nearly everyone does not have enough food stocks to cover the next five days, compared to 59% of KIs in camp 8W and 60% of KIs in camp 8E. Another 20% of KIs in camp 8E said most of the population does not have enough food stock for the next five days, as did 14% of KIs in camp 9, compare to only 3% of KIs in camp 8W.

## HEALTH CONCERNS AND PROTECTION RISKS

**Chart 8. Top 5 medical concerns as a result of the fire reported by KIs** ***(Multiple choice question)***

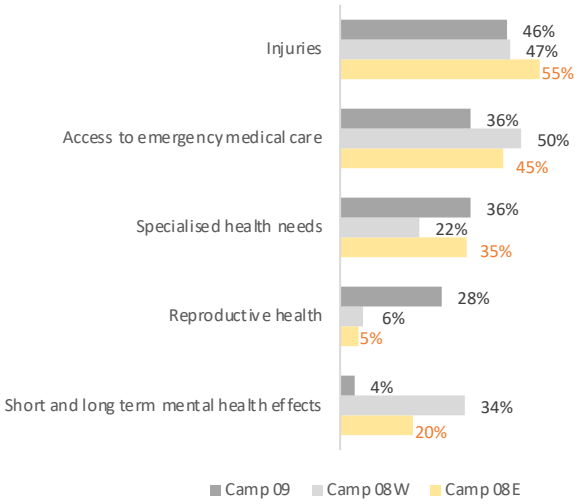
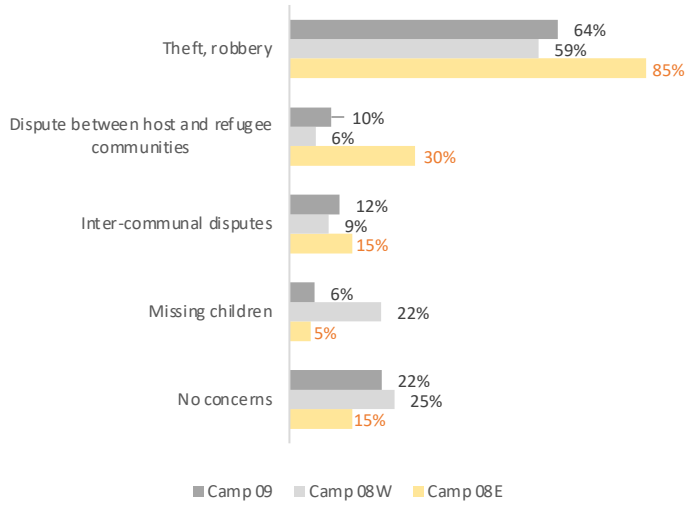



**Chart 9. Top 5 security concerns as a result of the fire reported by KIs** ***(Multiple choice question)***




The main health concerns reported were injuries and access to emergency medical care. KIs also noted the need for care for specialised health needs, mental health (both short and long term), and reproductive health (especially in camp 9). Mental health was less of a priority in camp 9 than in the other camps. KIs in camp 9 were also more concerned about the risk of communicable diseases. Across all KIs, people were very concerned about theft or robbery. In camp 8W especially, KIs expressed worries about disputes between the host and refugee communities. Concerns about temporarily missing children and inter-communal disputes were also mentioned.

**Chart 10. Top 5 main concerns for children's safety reported by KIs** ***(Multiple choice question)***

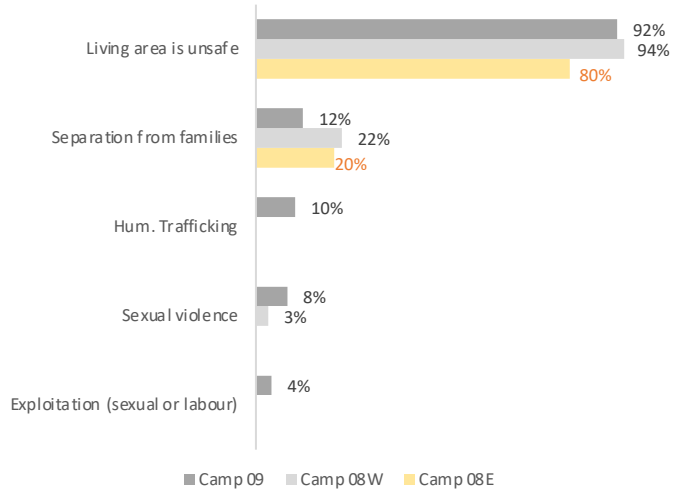
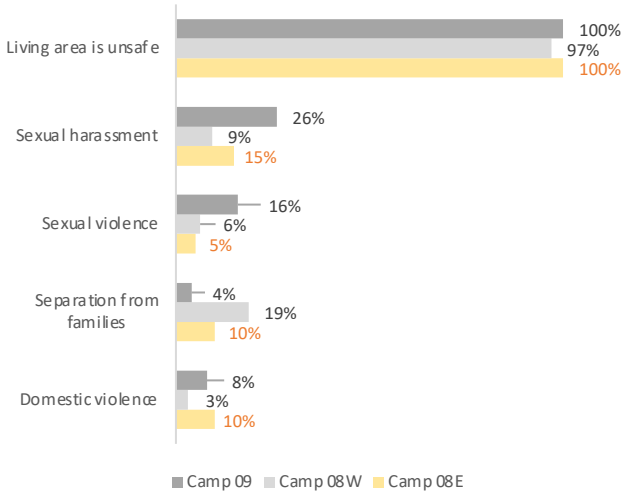



**Chart 11. Top 5 main concerns for women's safety reported by KIs** ***(Multiple choice question)***




The main concerns for children's safety were that the current living area is deemed unsafe. Family separation was a small but significant concern, and concerns around human trafficking and sexual violence were reported primarily in KIs from camp 9, as was fear of exploitation. Living areas were also deemed unsafe for women. KIs in camp 9 in particular reported concerns around sexual harassment and sexual violence. Concerns around domestic violence were primarily expressed in camps 8W and 9, and around family separation primarily in camp 8W. Almost all women and child friendly spaces were destroyed in camp 9, while only a few were destroyed in camps 8W and 8E.

## INFORMATION NEEDS

Three main topics on which community is requesting information as reported by KIs:

| | | | |
|---|---|---|---|
| Men | 1 Food | 2 Cooking fuel | 3 Sanitation |
| Women | 1 Food | 2 Cooking fuel | 3 Security |

## PRIORITIES FOR IMMEDIATE ASSISTANCE

**Chart 12. Top three priority needs reported by KIs**

| | | | |
|---|---|---|---|
| First Priority Need | | | |
| | **Shelter** | **Food** | **Security** |
| Camp 08E | 65% | 30% | 0% |
| Camp 08W | 47% | 31% | 19% |
| Camp 09 | 54% | 32% | 10% |
| Second Priority Need | | | |
| | **Food** | **Shelter** | **Water** |
| Camp 08E | 30% | 25% | 10% |
| Camp 08W | 38% | 28% | 16% |
| Camp 09 | 22% | 28% | 26% |
| Third Priority Need | | | |
| | **Kitchen Set** | **Food** | **Water** |
| Camp 08E | 30% | 20% | 20% |
| Camp 08W | 22% | 19% | 25% |
| Camp 09 | 20% | 20% | 14% |

The first priority across all camps is shelter, followed closely by food. However, security was not a first priority in camp 8E compared to camps 8W and 9. Water and kitchen sets were also identified as priority items (kitchen sets as third priority).

The reported priority needs all appear to be community and household needs and do not consider urgent needs that affect a smaller number of households severely, such as family separation (especially child separation). Mental health and trauma support was also not listed as a priority need, despite being identified as one by specialized actors.

## RESPONSE

The **Health Sector** responded quickly, mobilizing Mobile Medical Teams (MMTs). Four MMTs are currently active, six on standby, and several available at short notice. These MMTs have also been deployed to support nearby facilities that may face additional case load and unaffected facilities are reinforcing resources. Over 300 staff from MHPSS are active, and staff from the destroyed Turkish Field Hospital are available to support health partners to address immediate needs. Four ambulances have been deployed, six are on standby, and two vehicles are available to transport dead bodies. The Health Sector has developed and technically reviewed messages for community outreach related to health. Cloth masks have been distributed. The destruction of vaccination points and challenges related to registration and community mobilization will likely have implications on COVID-19 vaccinations which were scheduled to start shortly.

The **Shelter and NFIs Sector** is working in close coordination with the Office of the Refugee Repatriation Centre (RRRC), with IOM as the sector focal point in the affected camps and with different partners to accelerate shelter reconstruction. Initial emergency shelter distribution of shelter kits or tents to all affected populations has been completed. As there are still refugees temporarily displaced within other camps, a total of 616 learning centers in seven camps are available for emergency overnight shelter and UNHCR has opened a Transit Center to accommodate 100 families. To day, 8,968 nine-item emergency NGI kits have been distributed. Liquid Petroleum Gas (LPG) distribution is on hold and is expected to resume within the next week. The reconstruction strategy planning is underway and the RRRC office is expected to provide the approved template of shelter model to be used in conjunction with different block layouts being designed by the site planning teams. This planning process is essential to promote a process of reconstruction based on the Build Back Safer objectives of sustainability, equity, and increased safety.

The **WASH Sector** has distributed 10,600 emergency WASH kits and has distributed water through filled jerry cans. Temporary tap stands have been installed for use while repairing water infrastructure. The Department of Public Health Engineering (DPHE) has deployed six water tankers to the affected camps. Some latrines are currently being fitted with cover from view, allowing limited use for the time being, and the sanitary landfill is also open to facilitate the removal of debris from the affected camps.

The **Logistics Sector** has completed a rapid assessment to identify access constraints for humanitarian assistance and the flow of traffic remains normal. Staff who need to stay beyond 5pm will be granted exceptional blanket approval by authorities and the RRRC has confirmed that all vehicle access requests will be expedited. 720m3 of storage space is available, 550m3 in Madu Chara hub and 220m3 in Balukhali hub. Mobile Storage Units (MSUs), generators (sizes 45, 22, 16, 15, and 2.2 KVA), light towers, and tarpaulins are readily available and can be provided to partners for immediate response. Hi-Atlas is on standby, with 3 and 5 MT trucks to transport life saving relief, and skilled labourers and two 5 MT trucks are ready for deployment.

## RESPONSE

The **Site Management and Site Development sector** has primarily been engaged in coordination and implementation of first-line response to the directly affected population. At both the camp and sector levels, SMSD actors have been engaged in cross-sectoral coordination with CiCs and other responding humanitarian actors to ensure clear communication and proper utilization of SMS volunteers during distributions, rapid assessments, and other service provision. SMS partners have been especially involved in the rapid identification and referral of separated children in the immediate 48 hours following the fire. Additionally, SMS teams across all camps have monitored the constantly evolving situation of inter-camp displacement. As of 28 March, approximately 15,000 individuals from the fire affected camps were identified as still temporarily accomodated outside of their camp of origin- indicating that over 30,000 individuals from affected camps have returned to their camp of origin following the initial distribution of the emergency shelter kits. SD actors have been engaged in debris management in coordination with WASH and SMEP and are working to prepare the sites for future shelter and infrastructure construction. In coordination with IOM and UNHCR, SMSD site planners are working to develop a comprehensive plan to build back the fire affected camps in a safer manner, with an emphasis on the inclusion of additional roads to improve fire breaks and emergency vehicle access, the reconstruction and re-planning of damaged retention walls to mitigate future landslide risks, and the clustering of humanitarian buildings wherever possible to utilize limited space in the most logical manner.

The **Food Security and Livelihoods Sector** partners are providing rapid response to food needs through high energy biscuits (HEB), hot meals, and dry food rations, reaching over 60,000 individuals. Sector partners are also providing operation coordination to track the response and gaps, comparing displacement figures from SMSD against rapid food assistance and FSS fire response documents.

The **Nutrition Sector** has set up mental health support in its Integrated Nutrition Facilities (INFs) in camps 8E, 8W, 9, and 10. Temporary nutrition facilities have been established in camps 8E and 9, and a kitchen for complementary feeding for children in temporary shelters has been established. Additional volunteers from neighbouring INFs have also been deployed and UNICEF and WFP missions have been deployed to camps 8E and 9.

The **Protection Sector** has mobilized protection focal points, protection emergency response unit (PERU) teams, child protection and gender-based violence focal points, volunteers, and community outreach members (COMs) to help on the ground. Protection assistance is ongoing, with a focus on psychological and psychosocial support and the identification, tracing, and reunification of separated children. Protection monitoring and monitoring of safety of shelters for temporarily displaced refugees is also underway to mitigate protection risks. Staff are also monitoring tensions with the host community. The Transit Center has been opened for temporary accommodation and 56 rooms are available and reserved for extremely vulnerable individuals. Registration documents lost in the fire will be re-issued. The **Age and Disability Working Group** has mobilized members to provide support to older people and persons with disabilities and to ensure key messages developed for the response are accessible to all groups. UNFPA, UNICEF, UNHCR, and IOM partners have started distributions and over 4,400 dignity kits have been distributed.

The priority for the **Child Protection Sub-Sector** is family tracing and reunification. Spaces have been made available to receive temporarily separated children, and specific safe spaces for adolescent girls are being set up. Help desks to support reunification have been established and psychosocial support for children and caregivers has begun and remains a priority because children are traumatized.

The **Communicating with Communities (CwC) Working Group**, with support from other sectors, has developed needs-based key messages on urgent issues, including safety, assistance and response, family reunification, accessing healthcare, fire safety and first aid for burns, safe clean-up of fire affected sites, accessing food assistance, lost documents (registration, food assistance), and protection against sexual exploitation and abuse (PSEA). Seven audio messages/public service announcements (PSAs) are being disseminated. An emergency hub has been established in the affected area to facilitate response activities, including CwC engagement activities. Along with volunteers, CwC actors have engaged religious leaders, Community Based Organizations (CBOs), and Civil Society Organizations (CSOs) to disseminate life-saving information. CwC volunteers are also mobilizing the community for restoration activities led by other sectors, including construction of temporary shelters, helping to find missing people, and repairing/reinstalling WASH facilities.

## NOTE ON METHODOLOGY

The Joint Needs Assessment (JNA) for emergencies is an established and endorsed rapid needs assessment. It was designed to generate approximate figures within 72 hours after a disaster strikes through Key Informant Interviews (KIIs). In 2017, ISCG with the technical support of NPM, developed the current JNA based on Bangladesh's national JNA framework.

Camp level findings in this assessment are based on three interviews conducted with Site Management (SM) focal points for each camp. To generate findings at the level of the affected area, male KIIs were held with Majhis and female KIIs with well informed women in the community.

NPM has a robust established network with male KIs due to 17 rounds of Site Assessments that have already been conducted. Those networks were activated to identify male KIs in the affected area. The male KIs helped identify female KIs for this assessment. The criteria for selection among women was focused on prominence in their block. In total, 102 interviews were conducted in the affected area, of which 58 were with men and 44 with women.

NPM collected data using a closed-ended Kobo questionnaire. One hundred (100) NPM enumerators were mobilized to collect data.