



Picture: New Shelters after Reconstruction in Camp 11 Fire-Affected Areas. Image © IOM

CAMP 11 FIRE INCIDENT

SITUATIONAL ASSESSMENT: ROUND 2

ROHINGYA REFUGEE RESPONSE, COX'S BAZAR BANGLADESH

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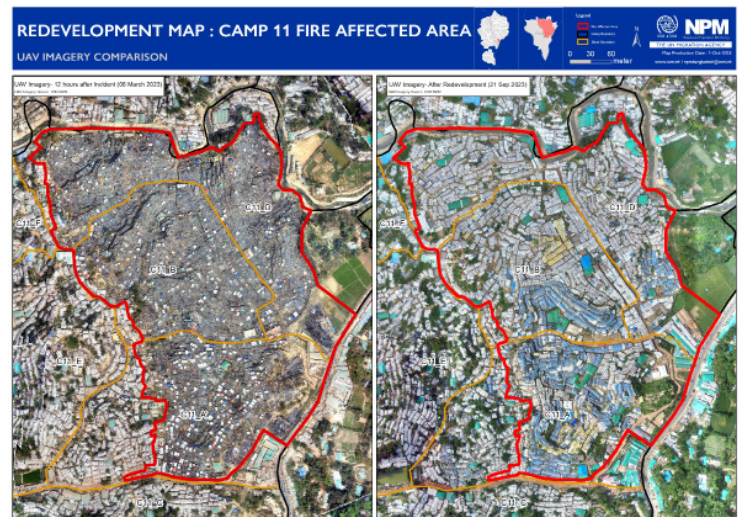
LIST OF ACRONYMS

- BDT- Bangladeshi Taka
- CwC- Communication with Communities
- HHs- Households
- HoHH- Head of household
- IOM- International Organization for Migration
- LPG*- Liquefied petroleum gas
- NFI- Non-Food Items
- NGO- Non-Governmental Organisation
- NPM- Needs and Population Monitoring
- SMSD- Site Management and Site Development
- SNFI- Shelter and NFI
- WASH- Water, Sanitation, and Hygiene

*Liquefied Petroleum Gas (LPG) was introduced in Rohingya Refugee Humanitarian Response in September 2018 as an alternative to address the stress on the forest due to the use of firewood for cooking. LPG refill was also distributed to the host community households until May 2021 and due to the shortage of funding, it was stopped later in the host community.

INTRODUCTION

The massive fire that swept through Camp 11 on March 5, 2023, affecting over 16,000 Rohingya refugees, severely damaged certain areas of the world's largest refugee camps. Of these, 5,000 Rohingya refugees were temporarily displaced and moved to nearby camps. The fire destroyed 2,165 shelters and affected many refugees who were left with nothing. Three blocks were affected with Block D having the most affected households (1,278). IOM in close coordination with local authorities and the fire brigade immediately dispatched the response teams right away to help the refugees and control the situation. IOM redirected efforts to assist those affected by the fire through rapid deployment of staff, and resources, and uninterrupted presence in the camps.



Moreover, IOM's Needs and Population Monitoring team conducted Initial Rapid Needs Assessment¹ within 24 hours to provide immediate response and In-depth Rapid Needs Assessment² within 48 hours to support effective decision-making processes in meeting the needs of the affected population.

In addition, three months after the incident in June 2023 NPM conducted the household-level situational assessment³ in order to assess and provide an overview of the current situation and humanitarian services and gaps, as well as to understand the driver and severity of needs of the affected population from each sector's perspectives and to know the sufficiency and effectiveness of the assistance provided to the affected households. Currently, six months after the fire incident, NPM carried out another situational assessment with similar objectives, including identifying any change to access various services and assistance they have been receiving since the fire incident. This report presents the overall findings of the second-round situation assessment.

RESEARCH METHOD AND SAMPLING:

A quantitative method approach was adopted by using a structured questionnaire and an in-person data collection exercise. A total of 222 household-level surveys were conducted in all three affected blocks A, B, and D in Camp 11.

For the purpose of this data collection exercise, a simple random sampling approach was adopted and the sample size for each block was calculated at a confidence level of 95% and a margin of error of 11%. To ensure representativeness, the number of samples was proportionally calculated based on the number of households per block in Camp 11.

DATA COLLECTION AND LIMITATIONS:

The assessment was conducted by 24 NPM enumerators divided into 12 teams. The KOBO system was used to collect interviews. Before starting data collection, NPM organized a one-day training for the enumerators. The data was cleaned and analyzed by the NPM information management team. The following limitations should be considered while reading this report:

Sampling Frame: Results can be considered representative of the population included in the sample frame because the sampling frame did not comprise the entire camp population. The sampling frame represents the camp population as a whole.

Limitation of Perception-based Questions: Answers to perception-based questions are subject to biases. Some indicators may be over or under-reported based on the perceptions of respondents. Hence, it is necessary to take these biases into consideration while interpreting the data.

Rohingya Refugees Do Not Show Dissatisfaction with Humanitarian Assistance in Some Cases: It was observed that Rohingya refugees do not show dissatisfaction with humanitarian assistance as they are afraid to be excluded from more assistance.

¹<https://iom.maps.arcgis.com/sharing/rest/content/items/e10d97f22fd140c7a07a9bdf3eb18be/data>

²<https://iom.maps.arcgis.com/sharing/rest/content/items/7643576e6f5c4dd2886004f458dc74aa/data>

³<https://iom.maps.arcgis.com/sharing/rest/content/items/dfbf5188285645228e75c6c4e30070f2/data>



KEY HIGHLIGHTS



AFFECTED HOUSEHOLDS

- **100%** of the respondents reported that they were affected by the fire incident.
- **79%** of respondents reported their shelters were destroyed completely.
- **10%** of the respondents reported their shelter had someone who was injured during the fire incident, while 90% said no.



NEEDS AND ASSISTANCE

- **94%** of the respondents noted their HHs had received services or assistance in the first 24 Hours following the fire incident.
- Food items (96%), access to clean water for drinking (94%), and shelter materials (85%), were the households' immediate needs following the fire incident.



SHELTER AND NFI

- **91%** said they were consulted and their preferences (for kitchen space, window, door) were considered.
- The percentage of concerns with the current shelter has increased in comparison to the first round, while in the first round, 5% of the respondents reported any with their current shelter problem shelter, it was reported by 31% of respondents in the second round. Insect infestation on the structural bamboo (26%) was the most commonly reported issue.
- Use of low-quality materials (23%) and inadequate space inside the shelter (17%) were mentioned by a few respondents when they were asked to report things do not like about their new shelter.



SITE MANAGEMENT & SITE DEVELOPMENT

- Children (34%) and women (33%) were found to have more access and movement challenges compared to men (21%), as reported by one-third of the respondents. For children the most frequent issue reported was challenges walking on pathways that are blocked, damaged, and slippery pathways (56%), and for women it was lack of lighting (58%).
- **53%** of the respondents informed that access to shelter and evacuation routes in case of fire is better than right after the fire.
- **75%** of the respondents mentioned that interventions from the community cannot damage or collapse SD works for slope stabilization when respondents were asked if they are aware of construction and plantation activities that they should avoid from their side so that already completed SD works for slope stabilization don't get damaged and collapse.
- One-third of the respondents (32%) reported that more drains are needed and 23% mentioned that drains are not sufficiently clean. The percentages are almost similar to the first round.

KEY HIGHLIGHTS

COMMUNICATION WITH COMMUNITIES

- **97%** of the respondents stated they received information about all services and types of assistance since the fire incident.
- **91%** of the households reported they believe service providers or humanitarian actors considered their household's preferences when deciding what kind of aid to offer.
- **92%** of the respondents said they had a positive impression of how well service providers and humanitarian actors had communicated and consulted with them before initiating their relief services.

HEALTH

- **39%** of the respondents stated they were facing challenges in accessing or receiving healthcare services in comparison to the time before the fire occurred. In the previous round, **48%** of respondents reported difficulties accessing healthcare. Long waiting time (**70%**) was the biggest challenge reported by a high number of respondents followed by poor quality/unavailability of medicine at the health facilities (**55%**) and overcrowding (**49%**).
- **62%** of the respondents reported that they received mental health and psychosocial support services in the last 6 months since the fire incident.

WATER, SANITATION AND HYGIENE

- A high majority of the households (**96%**) mentioned that there are no issues with the quality of the drinking and cooking water.
- **56%** of the respondents informed that their households do not have access to waste bins at the household level.

PRIORITY NEEDS

- Households' current top three priority needs are electricity/solar and lamps/batteries (**86%**), household/cooking items (**73%**), and food (**51%**).
- **35%** of the respondents rated their current household needs as very serious, while **58%** of them described them as serious.
- **96%** of the respondents said they have priority needs in the next six months. And they ranked their top three priority needs as very important for next six months are: electricity/solar lamps/batteries (**77%**), household/cooking items (**64%**) and access to food (**55%**).
- Male respondents stated their top 3 needs in the next 6 months as very important were electricity/solar lamps/batteries (**75%**), Access to food (**56%**), and household/cooking items (**56%**).
- Female respondents reported their top 3 needs in the next 6 months as very important were household/cooking items (**71%**), electricity/solar lamps/batteries (**68%**), and access to food (**55%**).

DATA COLLECTION: SEPTEMBER 2023

DEMOGRAPHIC INFORMATION:

	Total number of respondents	222		Average household size including respondent	5.8
	Assessed blocks	A, B, D		Age of the respondents (highest) (25-40 years)	46%
	Percentage of male respondents	50%		Percentage of female respondents	50%

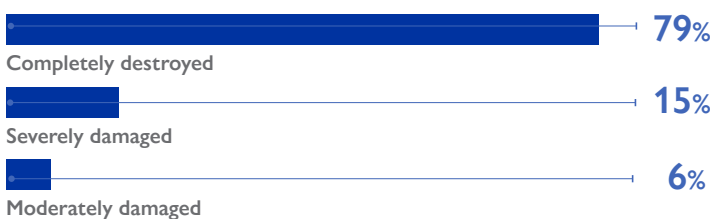
AFFECTED HOUSEHOLDS:

100% of the respondents reported that they were affected by the fire incident. A high majority of the respondents reported that they lost their essential items during the fire, including shelter (100%), food (98%), cooking items (98%), clothing (96%), cooking fuel or LPG (94%) etc.

Shelter Damage:

79 per cent of respondents reported that their shelters were destroyed completely, 15 per cent indicated severe damage while only 6 per cent noted moderate shelter damage.

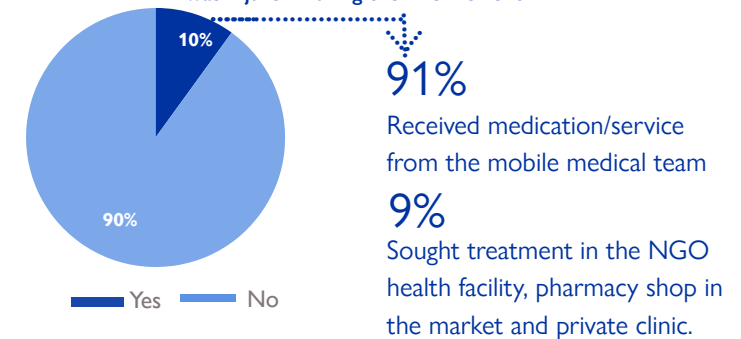
Graph 1: Level of Destruction in the Shelter During Fire



Injury and Treatment:

Overall, 10 per cent of the respondents reported that their shelter had someone who was injured during the fire incident, while 90% said no. Out of them, 91 per cent mentioned that the injured household member received medication/service from the mobile medical team, and others (9%) who did not receive it from the mobile medical team sought treatment in the NGO health facility, pharmacy shop in the market and private clinic.

Graph 2: Percentage of HHs Reporting Having Someone in the HHs who was Injured During the Fire Incident



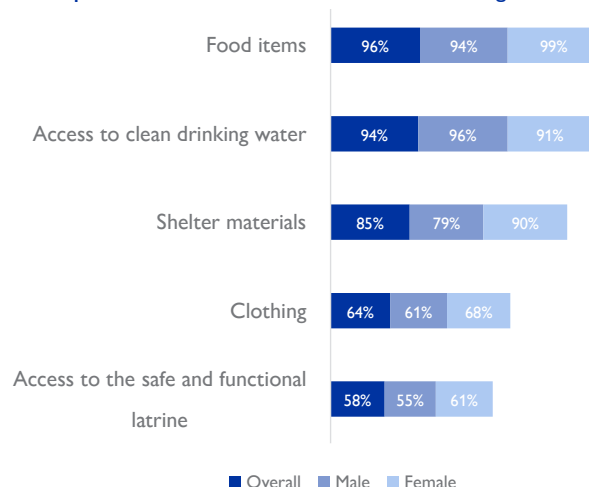
NEEDS AND ASSISTANCE:

94% Percentage of HHs Reported that they Received Services or Assistance in the First 24 Hours Following the Fire Incident

94 per cent of the respondents reported that they had received services or assistance in the first 24 hours following the fire incident, while 6% said no. Many respondents reported that they received food items (99%), water for drinking, cooking, and cleaning (90%), emergency shelter materials (32%).

A high majority of the respondents reported that (96%) their immediate need was to receive food items, 94 per cent said access to clean drinking water, while 85 per cent mentioned shelter materials.

Graph 3: Household's Immediate Needs Following the Fire Incident



SHELTER AND NFI

97% Percentage of HHs Reported that they Received Emergency Shelter/NFI support at the Initial Stage of the Fire Response

Almost half of the respondents (39%) stated that they received emergency Shelter/NFI support within 2-3 days, 20% said it took 4-5 days, and only 7% reported receiving it within one day.

Graph 4: Duration to Receive Shelter Assistance

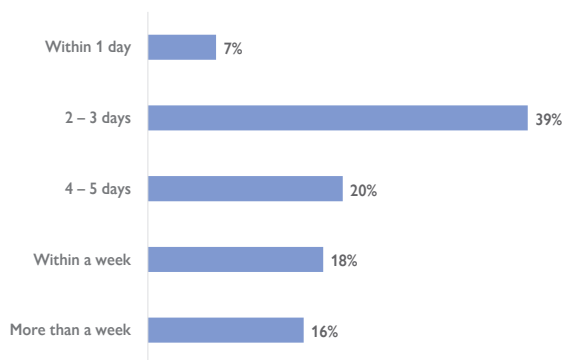


Table 1: Average of Each Shelter/NFI Items Received and Bought

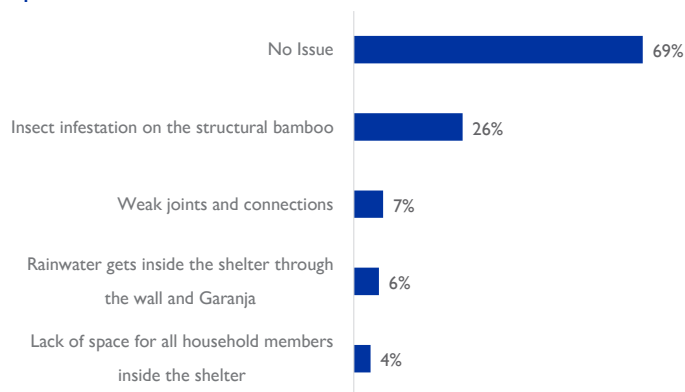
Type of Shelter/NFI Items	Average of Each Item Received	Average of Each Item Bought
Muli bamboo	11	34
Tarpaulin	2	2
6 mm rope	1	2
3 mm rope	1	2
Jute bag	5	6
Floor mat	3	2
Mosquito net	2	2
Blanket	3	1
Portable solar light	2	1
Kitchen set	8	6
LPG canister	1	1
LPG stove	1	0
Clothes	6	5

97% of the respondents reported they had received full (permanent) shelter assistance after the fire incident, while 3% did not. Out of the respondents who received it, 99% of them mentioned the shelter had already been completed, and their households were already residing there.

A high majority of the respondents (91%) said they were consulted and their preferences (for kitchen space, window, door) were considered. Only 9% of the respondents said they were informed of the shelter support but were not consulted.

When respondents were asked about the current living condition of their shelter 69% of the respondents reported no problem. Only a few respondents mentioned some issues- insect infestation on the structural bamboo (26%), weak joints and connections (7%), rainwater getting inside the shelter through the wall and garanja (6%), etc.

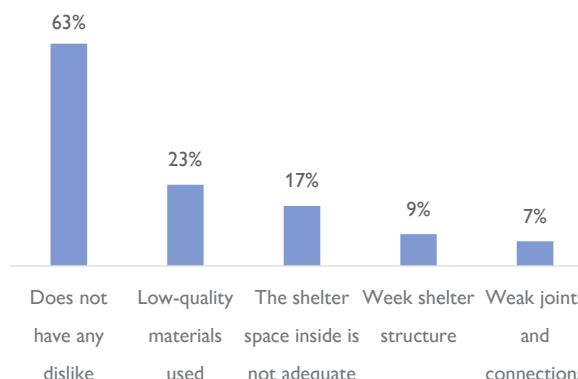
Graph 5: Current Issues with Shelter



Strong shelter construction is the most commonly reported reason households liked most about the new shelter stated by a high majority of the respondents (85%). Other factors were the absence of roof leaks (83%), no wall leakage (76%), the use of better flooring (72%), etc.

A high number of respondents (63%) reported that they did not have any complaints about their shelter. However, some respondents mentioned a few things they do not like about their shelter such as 23 per cent of the respondents mentioned the use of low-quality materials, 17% informed that the shelter space inside is not adequate followed by the shelter's poor structure (9%).

Graph 6: Aspects Respondents Do Not Like About Their New Shelter



SITE MANAGEMENT AND SITE DEVELOPMENT

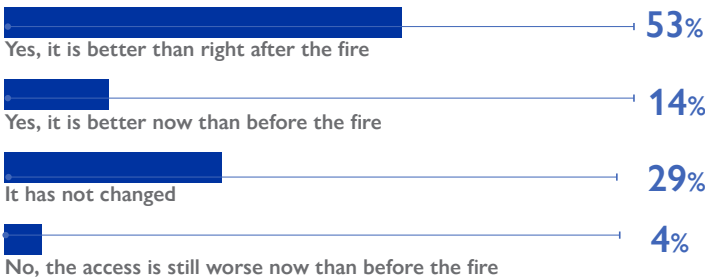
Movement Challenges:

Table 2: Access and Movement Challenges Faced by Children, Women, Men

	Responses	Type of Challenges
Children	Yes (34%), No (61%), Sometimes (5%)	Pathways are blocked, damaged, or slippery (56%), challenges walking up steeply (52%); dangerous moving around the camp at night e.g., lack of lighting (27%).
Women	Yes (33%), No (65%), Sometimes (2%)	Dangerous moving around the camp at night e.g., lack of lighting (58%), pathways being blocked, damaged, or slippery (47%), challenges walking up steeply (42%).
Men	Yes (21%), No (78%), Sometimes (1%)	Pathways are blocked, damaged, or slippery (55%), dangerous moving around the camp at night e.g., lack of lighting (49%), challenges walking up steeply (28%).

53% of the respondents informed that access to shelter and evacuation routes in case of fire is better than right after the fire, 29% said it has not changed, 14% mentioned that it is better now than before the fire and 4% said the access is still worse now than before the fire.

Graph 7: If Access to Shelter and Evacuation Routes in Case of Fire Have Been Improved with the Fire Reconstruction Activities



How improved:

53%- Access pathways and roads are wider.

47%- Stairs and pathways have been reconstructed better than before.

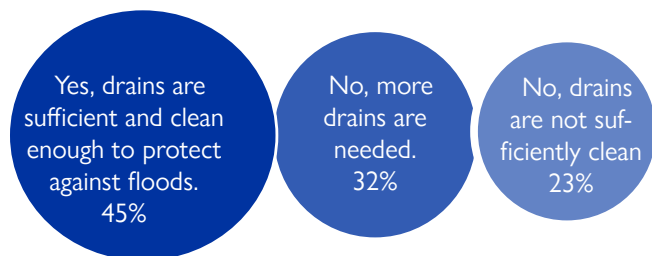
Why not improved:

100%- Reconstruction activities not completed or enough.

Shelter Safety from Landslide Risk after the Reconstruction:

54% of the respondents reported that their shelter is safer than right after the fire from landslide risk after the reconstruction, while 31% said that it is safer now than before the fire, 12 % mentioned that no change, and only 3% noted it is more unsafe than before the fire.

Graph 8: If Drains in the Fire Affected Area are Sufficient to Prevent Floods after the Reconstruction Activities



Awareness of Construction and Plantation Activities:

When respondents were asked if they are aware of construction and plantation activities that they should avoid from their side to prevent already completed SD works for slope stabilization from getting damage and collapsing, 21% reported that they know that excavation of soil, uprooting of plants, construction of toilets, and shelter extension can cause damage or collapse the slope stabilization, while 75% mentioned that interventions from the community cannot damage or collapse SD works for slope stabilization, only 4% said they do not know.

COMMUNICATION WITH COMMUNITIES

97% Percentage of HHs Reported that they Received information about all Services and Types of Assistance Since the Fire Incident

91% of the respondents stated they believed that service providers or humanitarian actors considered their household's preferences when deciding what kind of aid to offer, 5% answered no, 3% said sometimes and 1% said they do not know.

Since the Fire, If Service Providers or Humanitarian Actors considered HHs Preferences Regarding the Aid Delivery

Yes	(91%)
No	(5%)
Sometimes	(3%)
Do not know	(1%)

92% of the respondents said that they had a positive impression of how well service providers and humanitarian actors had communicated and consulted with them before beginning their work.

95% of the respondents claimed that they had not encountered any challenges since the fire when offering feedback or sharing a complaint.

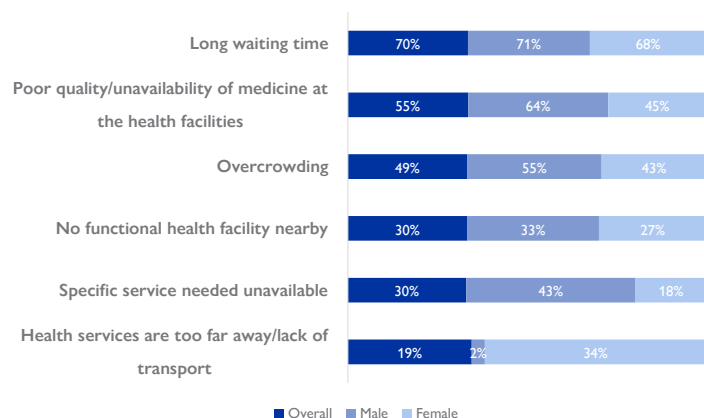
HEALTH

98% Percentage of Respondents Reported they were able to obtain health care when they needed it in the last 6 months following the fire incident

Of respondents who took medical care, 96% informed that they sought treatment at NGO health facilities or hospitals, 35% went to pharmacy shops in the market and 16% said that they visited private clinics or hospitals.

In comparison to the time before the fire occurred, 39 per cent of the respondents stated that they were facing challenges in accessing or receiving healthcare services. Long waiting time (70%) was the biggest challenge reported by a high number of respondents followed by poor quality/unavailability of medicine at the health facilities (55%) and overcrowding (49%). Lack of a functioning medical facility nearby was reported by 30% of the respondents.

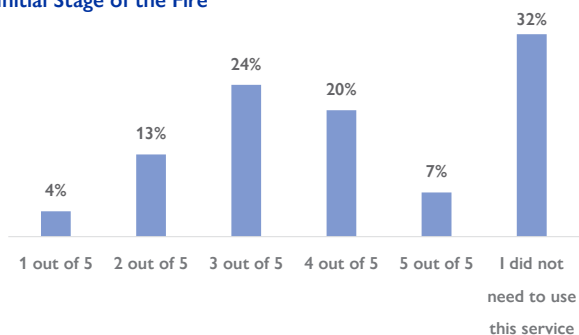
Graph 9: Challenges in Accessing or Receiving Healthcare Services in Comparison to the Period Before the Fire Incident



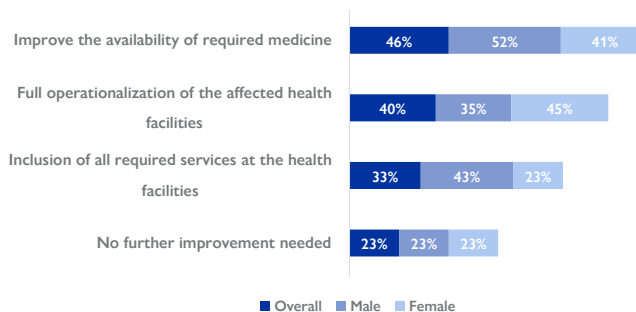
Satisfaction with the Mobile Medical Teams:

54% of respondents informed they were satisfied with the health services provided by the existing health facilities, mobile medical teams, and community healthcare workers after the fire incident, while 41% of respondents were neutral and 5% said were unsatisfied.

Graph 10: Rating of the Services Provided by Mobile Medical Teams During the Initial Stage of the Fire



Graph 11: Suggestions to Improve Health Service in this Camp

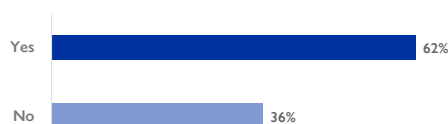


Mental Health and Psychosocial Support:

62% of the respondents reported that they received mental health and psychosocial support services in the last 6 months after the fire incident, 36% said they did not receive and 4% mentioned they do not know.

The services are easily accessible, culturally appropriate, and retain respect and dignity, according to all respondents (100%) in the survey who had received mental health and psychosocial services.

If Respondents Received Mental Health and Psychosocial Support Services in the Last 6 Months after the Fire Incident

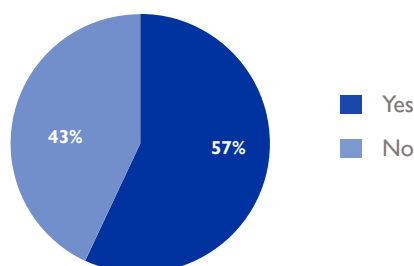


91% of the respondents stated that the services were provided in a non-discriminatory manner, whereas 9% disagreed.

Respondents who got the services stated that this support was positively linked with their well-being in a variety of ways e.g., a high majority of respondents informed they feel safe (80%), feel respected and supported (77%), and have basic needs met (24%).

However, those who did not receive the services said that the incident had a negative influence on their well-being in a variety of ways, including feeling stressed (42%), feeling insecure (32%). However, 43% of the respondents informed that the incident did not impact them mentally.

Graph 12: HHs Who Paid for Medical Treatment after the Fire Incident

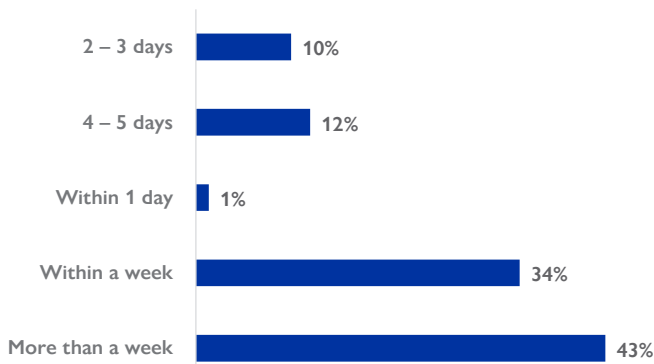


WATER, SANITATION AND HYGIENE

100% Percentage of HHs Reported Received WASH Support after the Fire Incident

The majority of the households received bathing soap (99%), toothbrush and toothpaste (91%), water for drinking, cooking, and personal hygiene (70%), etc.

Graph 13: Duration to Receive WASH Assistance After Fire



Water:

Most of the households (60%) reported that their main drinking water source is piped water tap/ tap stand into the settlement site, followed by deep tube well (48%) and shallow tube well (5%).

A high majority of households (96%) mentioned that there are no issues with the quality of drinking and cooking water.

PRIORITY NEEDS

Table 3: Households' Priority Needs for Next 6 Months (Top 5)⁶

Type of Needs	Overall	Very Important	Important	Not Important	Top 5 'Very Important Priority Needs' Reported by Male	Top 5 'Very Important Priority Needs' Reported by Female
Electricity/solar lamps/batteries	77%	79%	20%	1%	75%	68%
Household/cooking items	64%	40%	58%	1%	56%	71%
Access to food	55%	64%	32%	4%	56%	55%
Clothing	39%	29%	71%	0%	46%	33%
Access to income-generating activities/employment	31%	75%	25%	0%	37%	13%

⁶It was reported in the 'HH survey or MSNA as alternative (WV HH Survey Dec 2022) that 58% of the surveyed HHs in Camp 11 reported that their family member feel safe while using the communal latrine at night. https://rohingyaresponse.org/wp-content/uploads/2023/07/Overview-and-Monitoring-of-WASH-Per-Camp-Round_2_May_07_2023_rev-1.pdf

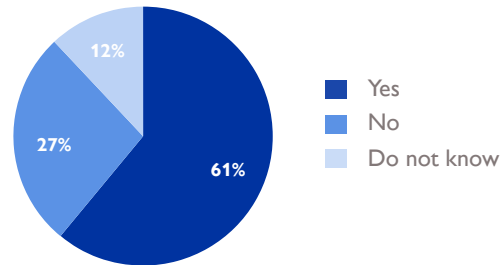
⁵In 66% of the households enumerators had seen the soap while in 32% of households, enumerators did not see the soap. Soap includes a bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand, hand sanitizer, or other handwashing agents.

⁶The ranking has been done based on the total number of responses for each option, e.g. electricity/solar lamps/batteries (77%) was selected by 163 respondents and then it was categorized whereas access to income-generating activities/employment (75%) was selected by 65 respondents and then categorized.

Sanitation:

Eighty per cent (80%) of the respondents mentioned that their households use communal latrines, whereas only 11% have private and 11% informed that they have latrines inside their shelter.

Graph 15: If Female Members Feel Safe Using the Communal Latrine at Night⁴



Hygiene:

98% of respondents reported that they have soap⁵ in their household.

More than half of the households (56%) reported that their households do not have access to waste bins at the household level. Out of the households who said yes (44%), many of them (86%) had one bin.

When respondents were asked how frequently they find visible waste in the vicinity of their household (30 meters or less), 63% reported sometimes, 13% said often, 2% mentioned always, and 22% informed never.

Graph 16: Households' Access to Waste Bins



ABOUT NPM

NPM is part of IOM's global Displacement Tracking Matrix (DTM) programming. DTM is IOM's information management system used to track and monitor displacement and population mobility. It is designed to regularly and systematically capture, process, and disseminate information to provide a better understanding of the evolving needs of displaced populations. At Cox's Bazar, NPM was first launched in early 2017 and has been a key data provider in the Rohingya humanitarian response.

Needs and Population Monitoring (NPM) unit works to support evidence-based humanitarian decision-making and prioritization by tracking needs and vulnerabilities in Cox's Bazar, among both Rohingya and the host communities. Through NPM's broad information management framework, service providers are able to access and make use of comprehensive data and analysis on the needs and vulnerabilities of affected populations, promoting more informed and nuanced humanitarian programming. NPM works closely with the Inter-Sector Coordination Group (ISCG), the Sectors, other IOM units, and various organizations, especially through designing and conducting a wide range of assessments and by providing technical mapping capacity.

CONTACT INFORMATION

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