



BRAC SCHOOL OF
JAMES P GRANT PUBLIC HEALTH



BRAC JPGSPH RAPID ASSESSMENT REPORT

'Crisis within a Crisis': Situation
Analysis and Post-Fire Incident
Rapid Assessment Report of
affected Rohingya Camps



‘Crisis within a Crisis’: Situation Analysis and Post-Fire Incident Rapid Assessment Report of affected Rohingya Camps

Abstract

The Rohingya community is already identified as one of the most vulnerable communities in the world during the pandemic, when cases are steadily rising in Bangladesh. Amidst this crucial situation, a massive fire broke out in the camps of Ukhiya on March 22, 2021. Reports indicate that more than 48,300 people had lost their shelters, belongings and food in the fire and around 92,000 people were impacted as of 30th March 2021. The aim of this report is to assess the impact, current threats, challenges and needs of the affected community and the service providers post-fire incident. We utilized a rapid research design which was a coupling of primary and secondary data to undertake this study. We conducted 15 over-the-phone sessions with affected camp residents and service providers. Additionally, a literature review was conducted to gather significant data from various rapid assessment reports, situation analysis reports, and frequently updated newsletters published between 22nd March 2021 and 30th March 2021. The findings of this rapid assessment are organized into six different sections, in synchronization with the six sectors of Intersectoral Coordination group, Cox’s Bazar, to provide the sector specific information and recommendations.

Contributors

The research team members are from two ongoing BRAC James P Grant School of Public Health (BRAC JPGSPH) projects in the Rohingya camps, “Managing Impacts of COVID-19 in Rohingya Camps and Host Communities with Culturally Appropriate Technological Solutions” (hereafter referred to as IDRC Project-1) and “Bridging Communities in Cox’s Bazar: Mitigating Risks and Promoting Gender, Governance, and Localization of Humanitarian Responses in COVID-19 Era” (hereafter referred to as IDRC Project-2) which are both funded by International Development Research Centre (IDRC), Canada. The members of these projects undertook this assessment under the umbrella of BRAC JPGSPH, BRAC University and are listed alphabetically based on their surnames hereunder;

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Photo Credit: Youth Volunteers, Centre for Peace and Justice, BRAC University

1. Introduction

The COVID-19 pandemic has been wreaking havoc all across the world and the Rohingya camps of Ukhiya, Cox's Bazar are no exception to that. Since May 2020, when the first case of COVID-19 was detected in the camps, there has been a considerable amount of fear among the service providers and the community that the pandemic may have severe implications for the camp residents. The government of Bangladesh implemented a nationwide lockdown in various phases from March 2020 which included the Cox's Bazar district and the Rohingya camps. As of March 18th, 2021, there were 400 confirmed cases of COVID-19 in the camps and 10 deaths (UNHCR, 2021).

The Rohingya community is already identified as one of the most vulnerable communities in the world during the pandemic, when cases are steadily rising in Bangladesh. Amidst this crucial situation, a massive fire broke out in the camps of Ukhiya on March 22, 2021. The fire started in camp 8W and soon spread to camps 8E, 9, and 10 (ISCG, 2021). According to a situation report by the World Food Programme (WFP), more than 48,300 people had lost their shelters, belongings and food in the fire and around 92,000 people were impacted as of 30th March 2021 (WFP, 2021). Another situation report by the International Organization for Migration (IOM) reported on 30th March 2021, stated that camp 9 has been essentially destroyed and camps 8E, 8W, 10, and 11 have been severely impacted by the fire (IOM, 2021). The fire destroyed almost everything in its path including shelters, distribution, nutrition, and learning centers, WASH facilities, and key medical facilities. As of 28th March 2021, around 10,797 people were still temporarily displaced (IOM, 2021). As COVID-19 cases continue to rise in Cox's Bazar, the temporary displacement of thousands of people has severe implications for the Rohingya community. Without adequate facilities for shelter and hygiene, they remain extremely vulnerable to all kinds of vulnerabilities including COVID-19 infections and other health hazards, due to a lack of preventive measures. Additionally, as the government of Bangladesh has started implementing nationwide lockdowns since 5th April, 2021, the implications for service providers and consequent impacts on service delivery remains a matter of concern.

2. Objective of the rapid assessment

This rapid research assessment was undertaken to explore the impact of the recent fire incidents on affected communities, service providers and the current situation thereby. It had three specific objectives;

- To explore the current situation and challenges of the affected communities and service providers in Ukhiya, Cox's Bazar.
- To explore the impact of the fire incident on the lives of the affected communities and service providers in Ukhiya, Cox's Bazar.
- To understand the needs of the affected community members and service providers post-fire incident in Ukhiya, Cox's Bazar

3. Methodology

We utilized a rapid research design which was a coupling of primary and secondary data to undertake this study whereby a total of n=15 rapid qualitative interviews were conducted with the affected camp residents, service providers and sector members of ISCG, over phone (*Table 1*).

Table 1 - Dat Sources, Methods and tools used

Objective	Sourceof Data	Type of Data	Data collection method	Tools used
Objective 1 & 2	Published reports from the ISCG, ACAPS-NPM, the Age and Disability Working Group in the Rohingya camps, WASH Sector in the Rohingya camps, GOB and other NGOs like BRAC HCMP working in response to fire incident	Qualitative and Quantitative	Rapid search on Google and websites of the INGOs and NGOs working in Cox’s Bazar	None
Objective 2 & 3	Qualitative interviews with Stakeholders working in response to or affected by the fire incident	Qualitative	Phone interviews with affected community members, service providers and sector members	KII guideline and IDI guideline

Additionally, a literature review was conducted to gather significant data from various rapid assessment reports, situation analysis reports, and frequently updated newsletters published between 22nd March 2021 and 30th March 2021, by the Government of Bangladesh, (ISCG), BRAC HCMP, World Food Programme (WFP), International Organization of Migration (IOM), the Age and Disability Working Group (ADWG) and the WASH Sector in Cox’s Bazar.

Both the primary qualitative data and the secondary available reports were analyzed to assess the impact, current threats, challenges and needs of the affected community and the service providers. The interviewees were divided into two categories; service providers and community workers. These interviews were conducted between 25th March, 2021 and 31st March, 2021. Among the community workers, interviews were conducted with community health workers and youth volunteers.

The contact details were collected from working members of ISCG, CPJ, BRAC University and BRAC HCMP who are directly working in response to the fire incident. CPJ and BRAC HCMP are in partnership with BRAC JPGSPH in the two ongoing projects in the Camps. After obtaining the contact information for potential interviewees, we sorted the key informant interviews thematically into different sectors such as shelter, protection, WASH, health, psychosocial health etc.

The phone interviews included in-depth interviews (IDI) (n=8) where the average duration of each interview was 20 to 30 minutes and key informant interviews (KII) (n=7) where the average duration of each interview was 15 to 20 minutes; some of these interviews were conducted in multiple sessions while some were done in a single session, given the situation of emergency. The key informant interviews were scheduled beforehand. Consent was sought from each interviewee regarding audio recording. We also tried to reach the affected population, however considering the post fire psychosocial trauma they were not interviewed later on.

4. Findings

The ISCG in Cox's Bazar works through various sectors such as Shelter, Protection, WASH, Health, Nutrition, Education, Communication with Communities (CwC), Gender based violence (GBV), Child protection, Site management, and Food Security to ensure an organized response plan for the Rohingya community. The qualitative interviews focused on these different sectors of ISCG while collecting information. In order to provide sector specific information and recommendations, combined primary and secondary findings are presented under six specific sectors, which are as follows: i) Shelter, ii) WASH and sanitation, iii) Food security, iv) Protection, safety and security, v) Gender based violence (GBV), and vi) Health.

i) Shelter:

The recent fire outbreak affected around 48,300 people directly in three camps (WFP, 2021), who lost their shelter, personal belongings, assets, and personal identification documents. In addition to these, important assistance cards such as SCOPE and SMART cards to access food and other facilities provided by humanitarian organizations were destroyed completely, putting the affected people in a difficult and vulnerable situation (ISCG, 2021). The fire left thousands of people temporarily displaced (IOM, 2021).

The qualitative interviews explored the impact of those displacements, and the unsheltered life that exacerbated the hardship of affected Rohingya population. During the phone conversations, many of the respondents described how they became homeless within seconds. An 18-years old girl from Camp 9 shared her experience in this regard. She narrated that she had gone to the office at Camp 9/C12 on the day of the fire. When she heard about the fire at first, she did not realize it would come to her camp and her house as well. By the time she could understand the severity of the fire, it started engulfing her own camp. She hurriedly returned home and saw a little smoke billowing nearby. At that time, only her parents and two siblings were at home. They ran outside immediately. In this commotion, both her mother and father were hurt (Aguner hawa lagse - how badly were they hurt!) by the fire. Her father got hurt in the chest. Everyone around their house was also running away from the fire to save their lives and precious belongings. The respondents along with her whole family, stayed in a field nearby under the open sky. She said,

"We have put some blankets on top of the ground and are living on the same spot where our house used to be" (18 year old female, Camp 9)

Similar to her, most of the people in Camp 9, were living under the open sky that night, as they were initially unaware of any temporary shelters or that people were being shifted to shelters. All learning centers, health facilities, and other facilities where people could take shelter were burned down to the ground in Camp 9. One of the respondents shared,

"All the learning centres in my camp had burned down. All the hospitals and everything where we could stay was burned down. We had nowhere to go." (18 year old female, Camp 9)

Additionally, our literature review of the secondary data, found that families who have lost their homes have taken residence in makeshift emergency shelters, constructed with support from different organizations including the Office of the Refugee Relief and Repatriation Commissioner (RRRC), Bangladesh Red Crescent Society (BDRCS), organizations like IOM who are in charge of camp management (ISCG, 2021). As of 31st March, 2021, the ISCG stakeholders had extended shelter support to 11,907 Rohingya households by providing tarpaulin sheets, ropes and bamboos to prepare emergency shelters with (ISCG, 2021).



Photo Credit: Youth Volunteers, Centre for Peace and Justice, BRAC University

Many organizations arranged temporary shelters (such as tents) for the affected people within 72 hours of this incident. Some started living in those tents, and temporary shelters while some continued to live in their already burned homes by constructing makeshift shelters out of the tarpaulin and bamboo provided by IOM. Besides, many of the affected Rohingya people have taken shelter with friends and families in nearby camps. This poses another threat for both the affected families and those who have provided them with shelter, of being infected with COVID-19. As the number of cases are on the rise, many people living in a crowded area coupled with lack of preventive mechanisms against COVID-19 may lead to a spike in the number of infections.

Even though a number of emergency makeshift shelters were built to support these vulnerable and affected people, no separate facilities were found to be reported for men and women in the makeshift shelters. All age groups of people irrespective of their gender specific needs and required supports were living side by side in the makeshift shelter homes, which are separated by thin sheets of plastic only, giving minimal to no privacy. Women, pregnant and lactating mothers, Adolescent boys and girls are at the most vulnerable situation due to lack of privacy and security. Additionally, culturally and due to religious traditions, the Rohingyas are conservative with girls' mobility restricted and confined. This new arrangement had boys and girls living in close quarters, which was a very uncomfortable situation for many families. This was emphasized by one of our respondents, who mentioned that,

“When a boy grows up, he needs to be kept separate. When a girl grows up, she also needs to be kept separate. But there are no such facilities” (25 year old female, Camp 9)

This tragic situation also may have triggered their trauma from the genocide in Myanmar to some extent as mentioned by one of the psychosocial health program staff we interviewed. An adolescent girl shared that she was living in the makeshift shelters in fear because there was no privacy and security around her. She felt everyone was looking at her all the time. It made her incredibly uncomfortable and scared. Consequently, she could not even sleep at night due to the fear and hesitancy in her mind. She shared,

“I cannot sleep at night...I feel like everyone is looking at me. I feel extremely uncomfortable. I am scared that anything could happen to me any moment...” (18 year old female, Camp 9)

Lactating mothers were afraid to stay in those shelters with their children. The tents were built with tarpaulin and other materials that could not protect them from the heat. Therefore, the temperature became abnormally high inside the tents. Consequently, they showed their concern for the upcoming summer season since living in those tents were becoming unbearable. They were particularly concerned for their babies.

According to few of the respondents, many families were living in fear since the devastating fires burnt down their camps. The fear may be a manifestation of the alleged looting that has occurred in some areas. Some anecdotal evidence was found by ACAPS and IOM of houses of people in the affected areas that were not burned down, being looted and being subjected to theft (IOM, ACAPS 2021).

However, as of 31st March, 2021, following the extension of this initial support, the Shelter sector actors had commenced planning a second stage of support, where sturdier shelters could be provided to the affected populations. ISCG actors have deployed registration teams to register people for their documents and 442 families, or some 2,000 refugees had been reissued their documents till 31 March, 2021 (ISCG, 2021).

ii) Wash and sanitation

A rapid assessment report found that all latrines in Camp 9 were destroyed in the recent fire outbreak (ADWG, 2021). Another report by the WASH sector assessed 811 latrines, 335 bathing sheds, 449 tube wells, six faecal sludge management sites were either partially or fully damaged due to the fire incident in Camp 8E, 8W and 9 (WASH Sector, 2021). Since then, several NGOs, including BRAC HCMP, have been working to repair those facilities. The WASH sector reported that a total of 300 emergency latrines and 143 bathing cubicles were installed, and 942 latrines and more than 425 bathing cubicles were repaired until 28 March 2021 (WASH Sector, 2021). Additionally, the WASH sector actors commenced their response to the fire outbreak on the evening of the fires themselves, aiding first in supplying water to the fire containment effort. They also commenced on providing drinking water and water purification tablets to the affected population (WASH, 2021).

The rapid phone interviews explored existing challenges and suffering around the accessibility of wash and sanitation facilities. During the interviews, most of our respondents mentioned that they were not provided with adequate drinking water. According to them, the daily supply of drinking water is not sufficient to meet the needs of any large family with an average of six to seven members that includes under-five children. If the allocated water was spilt accidentally, then the whole family had to survive that specific day without drinking any water. One of our respondents shared,

"It is tough to survive with the allocated water...NGOs are providing drinking water but that is not enough. Once, my kid accidentally dropped the water pot. Our whole family remained thirsty that day." (27 years old female, Camp 9)

Most of the respondents shared their daily struggles regarding sanitation facilities. Sanitation has always been a major challenge in the camp sites. Moreover, the post fire damage and insufficient sanitation facilities for the overcrowded population in the makeshift shelters was a significant challenge for this vulnerable population group. One of the respondents mentioned that everyone irrespective of their gender and age were using the same toilets. Women and adolescent girls, who have always been among the most vulnerable ones in the camps due to their constant fear of privacy and security, therefore felt unsafe and uncomfortable while using those toilets.. One female respondent shared that,

"Everyone is using the same toilets Men and women both. It is so uncomfortable when I have to use the toilet , and I know many men were waiting outside to use the same toilet " (25 year old female, Camp 9)

Gender norms and shame to be sharing such facilities with males, made many women and female adolescents uncomfortable. It has been argued that inadequate WASH facilities may add to increased prevalence of GBV as men and women use the same facilities even at night. Security of these facilities are another issue of concern, as they are made of tarpaulin and plastic sheets and the area is devoid of street lights as well. One of the respondent's mentioned,

"I am scared to go to the washroom after day time. I try to avoid going to the toilets at night. If it is an emergency, I take someone from my family to accompany me..." (18 year old female, Camp 9)

Inadequate WASH facilities have multifaceted implications for the community, as improper hygiene measures have a direct impact on health and can lead to many communicable diseases being spread which will worsen the current situation. Lack of water and handwashing facilities also hampers the COVID- 19 preventive measures and can directly and exponentially increase the spread of disease in these makeshift shelters.

iii) Food security

Food is considered to be the biggest concern during an emergency. The recent fire incident destroyed more than thousands of shelters and cooking facilities across the affected camps. Affected people lost essential utilities like cooking items, items used to store food and water, etc. (ACAPS-NPM, 2021) The ACAPS and IOM's NPM identified the inability to cook nutritious meals as a key concern for the affected, especially for pregnant and lactating mothers, as well as mothers with children under 5 years of age. Many NGOs, including Concern worldwide, Food for the Hungry (FH), World Vision, WFP have been working in the emergency food response to the affected people by providing high energy biscuits, hot cooked meals, and dry rations (Relief Web, 2021; ISCG, 2021).

However, our phone interviews revealed several concerns regarding the food provided among the affected people. A few of our respondents mentioned that they had not received any rations and emergency foods, although many NGOs have distributed a considerable amount of emergency foods. During the interviews, respondents were repeatedly requesting the interviewers to arrange necessary rations for them. Furthermore, many respondents expressed their dissatisfaction in terms of the quantity and the variation of foods they were being provided. A 25 years old female respondent shared that several NGOs were providing cooked rice, pulses, vegetables, and chicken only twice a day and the interval between two meals was quite long as well. They had to skip breakfast as there was no provision of it from any organizations responding for the food security. Therefore, they remained hungry due to the inadequate food supplies. A few of the respondents also mentioned that they were not being provided with food according to their food habits. One of them shared,

"We are only getting potatoes as vegetables for every meal and everyday. We are not accustomed to eating potatoes so much, we don't like it. We do not like rice or pulses either." (25 year old female, Camp 9)

Therefore, many respondents shared their priority was to have cooking facilities (cooking amenities, such as stove and ingredients) since they wanted to cook their own food. The food security situation in and of itself remains a cause of concern. Coupled with the ongoing COVID-19 pandemic, the situation is further exacerbated as the lack of nutritious and adequate food supply may contribute to weakened immune systems which then makes people vulnerable to COVID-19 infections.



Photo Credit: Youth Volunteers, Centre for Peace and Justice, BRAC University

iv) Protection, Safety and security

Most of our key informants emphasized their concern for individuals who were separated from their families during the chaos of the fire, especially women, adolescents, children and persons with disabilities. They have also mentioned about the heightened risks of kidnapping and human trafficking amidst this chaotic situation. 13 people were confirmed dead in the incident (BRAC HCMP, 2021), and 15,000 individuals remained outside their original camps, as of 31 March, 2021 (ISCG, 2021). Numbers of individuals considered “missing” however could not be confirmed (ISCG, 2021). According to a situation report published by UNICEF, 87 children were reported separated from their families on 23rd March with numbers expected to rise in the coming days. Service providers expressed their concern regarding child trafficking of these missing children (UNICEF, 2021). One of the key informants also mentioned that, in addition to the missing children, there are women and young girls who have been separated from their families and are looking to be reunited with their husbands and families. These women and young girls are also at risk of GBV and trafficking.

The risk to safety and security of the affected population is not limited to separation from families only. As mentioned earlier, lack of separate facilities for men and women in the makeshift shelters are forcing everyone irrespective of their gender, age and necessity to live under the same space separated by a thin plastic sheet only to mark different families. This, however, is a major concern among the community regarding the privacy, safety, and security for women and girls. The community fears that this might lead to heinous acts of violence against them. This fear among the communities might be the result of their previous experience of trauma, murder and violence experienced in Myanmar and also immediately after coming to the camps. On the other hand, it is also culturally inappropriate for the Rohingyas to live in this manner. Women and girls are especially vulnerable as culturally, they don't venture out of their houses as much, and whenever they do they maintain purdah. As shared by an adolescent girl,

“It is very uncomfortable to stay in this way. I am scared that people can look at me and see me all the time. At night, it is even more scary because there is no light and anything can happen to me.”
(18 year old female, Camp 9)

These continued feelings of anxiety, fear, hesitancy and discomfort may lead to different psychological issues and hamper the physical and mental wellbeing of these women and girls. The lack of light facilities becomes apparent during night time and women and girls are especially at risk if they have to move around alone. One of our respondents shared that, parents of adolescent boys are scared, due to an ongoing rumor that they are being taken by the community rebel group named “*Aliakin*” (the armed rebel groups among the Rohingyas) to increase their group members and to motivate these adolescent boys to rebel against the host government. Hence, adolescent boys are also at risk of kidnapping and trafficking. According to one of our respondents, the army officials were present to address any security concerns. In addition to them, Majhis and Camp in Charges were also trying their best to ensure that families are comforted and not getting too worked up with these fears. In addition to the already provided security by different organizations, the camp residents also formed a group of guards within themselves comprising adult and physically strong men to perform security duties at night on roster basis. This has been arranged to avoid any incidents and any looting and theft from partially burnt houses in the affected campsites.

Additionally, one of our key informants mentioned that there have been reports of some small fires in nearby areas. However, whether the fire has been set up intentionally or not remains unverified. These incidents are hampering the cohesion between the refugee and host communities. The host community believes that the Rohingyas are a burden to Bangladesh. They are getting more than what they need. Rohingya are willing to work for less money and are getting the jobs in the local area. There has been a long-running dispute over these issues. In his own words,

“If these sentiments keep growing further, it may lead to a huge confrontation between the two communities (host and Rohingya) and they may become hostile in no time...”
(Male, Programme personnel, IOM)

He also shared, there are many rumors being spread among the Rohingya community, regarding the origin of this fire incident, which are adding to the already chaotic and uncertain situation. He said,

“It is imperative to mitigate these rumors with accurate information in an organized strategic manner. However, it is challenging to do so right now in the middle of such a changing dynamic situation.”
(Male, Programme personnel, IOM)

v) Gender Based Violence (GBV)

Concerns regarding gender-based violence (GBV) in the Rohingya camps have always been prevalent. In the wake of a disaster such as the massive fire that destroyed camp 9 completely, and affected the others partially; there are concerns about increased GBV as people have to remain in temporary shelters without proper safety and security (ACAPS-NPM, 2021). Additionally, the lack of gender segregated latrines is creating anxieties and tensions for heightened risks of GBV.

As mentioned by an 18 year old youth volunteer,
“Everyone (men and women) are using the same bathrooms. This is not safe for girls and women.”

These concerns have been raised by organizations such as BRAC HCMP as well. Moreover, the lack of lighting in the areas where the affected population are currently residing adds to the worries of local residents and organisations. . According to ISCG, as of 31st March, 2021, approximately 15,000 people were still residing in temporary shelters, outside of their original camps.

“The mental health and psychosocial support (MHPSS) working group has links with the actors working to support GBV victims so that the victims have access to psychosocial, health, and any legal support they may want.” (Female, Programme personnel, UNHCR)

In this regard, measures have been taken to support victims of GBV whereby, 10 temporary tents have been set up by actors working to prevent and respond to GBV, providing emergency psychological aid, psychosocial support, case management services and distribution of dignity kits. 5,837 out of an available 20,038 kits had been distributed as of 31 March, 2021 (ISCG, 2021).

vi) Health (Physical and psychosocial)

At least six health facilities including an IOM hospital, the Balukhali clinic operated by MSF and the Turkish field hospital in Camp 9 have been reported as destroyed by the fire (WHO, 2021). The Turkish field hospital, a key referral facility which housed WHO container for emergency preparedness and response stockpiling, has since been turned into a temporary health post and is receiving people throughout the day for care (WHO, 2021). Additionally, review of secondary data showed that medical teams were deployed to assist the physically injured individuals both in the affected camps, and in adjacent camps where the influx of injured people had strained the capacity to provide services. Some of the relatively more severe cases of burns and injuries were referred to the Cox’s Bazar District Sadar Hospital. Health directorate of the government of Bangladesh has been supervising the health service delivery after the impact. They also have a health committee, which is in charge of the operations.

As the damaged or destroyed health facilities collectively provided care for over 70,000 people, their destruction will have a severe impact not only on the residents of camp 9 but also on the surrounding camps. These facilities also provided care to the Bangladeshi host community. Vaccination points destroyed in the fire, coupled with challenges around registration and community mobilization, could affect the response’s ability to provide the Rohingya with COVID-19 vaccinations. Loss of emergency preparedness and response stockpiling materials will decrease the ability of humanitarian actors to respond to future health shocks in the camps. These issues were highlighted in one of the IDIs we conducted. A 25 year-old women mentioned that,

“Many people were injured on the day of the fire accident. Many people got burn injuries. Whereas, many hurt themselves from a fall while they were fleeing. But, they did not receive any health services that day. The next day they received health care services. I did not see any health services that day the fire accident happened.” (25 years old female, Camp 9)



Photo Credit: Youth Volunteers, Centre for Peace and Justice, BRAC University

Additionally, a certain level of mistrust is brewing between the affected population and the health service providers. Our respondents mentioned that, even when people are suffering from pain or discomfort, they did not want to visit the available medical centers. Pregnant women, lactating mothers who got hurt due to falling in their rush to get out of the Camp were discouraged from seeking support from formal health care services from health facilities, due to fear and mistrust. According to an 18-year-old girl,

“We heard that people are going missing after visiting the medical facilities. No one is listening to the problems. So we don’t want to go to the medical centres now.” (18 years old female, Camp 9)

This mistrust is fueled by rampant misinformation and rumors which allege that NGO workers were the ones who set the camps on fire. One of the program staff we interviewed mentioned that, many of the community members think that the fire was set by the NGO workers to forcefully send these people to Bhasan Char – the place where the government of Bangladesh has initiated relocation of 1,00,000 Rohingyas. There are reports that indicate that many Rohingyas do not want to be relocated and would rather stay where they are. Hence, many of our respondents believed that if NGO workers burnt down their households, the residents will be forced to go to Bhasan Char. In the words of one respondent,

“Overall, now they are perceiving NGO workers as a hostile party and they harbor suspicion regarding service providers’ activities. This has direct impact on their health as this is hampering their access to health service and making them even more vulnerable ” (Male, Programme personnel, BRAC)

Moreover, the high temperatures in the fire affected areas, burnt debris, and flying ash in the surroundings is a potential health risk particularly for vulnerable populations including pregnant women, persons with disabilities, older people, people with respiratory diseases, and children. The scorching summer heat is also adding up to the existing situation and people are getting sick easily.

The affected population is not only facing physical health risks due to the fire but is also facing psychosocial health risks due to trauma from the fire and the various post fire incidents including missing family members, loss of all belongings, death of family members, triggers of past trauma etc. According to a KII we conducted with a psychosocial program officer from UNHCR,

“Along with shelter and food, these people also need psychosocial support to deal with these kinds of trauma they are going through. In Myanmar, they faced massive fires, massive upheaval from their homes and this incident may trigger that trauma and flashbacks.”
(Female, Programme personnel, UNHCR)

Our literature review showed that 9,500 people were extended psychological first aid in the first few days after the fire (ISCG, 2021) Organizations such as Help Age International (HAI) and Center for Disability in Development (CDD) have been deploying teams to the affected camps to provide support through psychologists and speech therapists. Additionally, some organizations such as BRAC HCMP have been providing counseling to recover from the trauma (BRAC HCMP, 2021).

Recommendations

Shelter:

There is a dire need of building gender and age segregated shelter facilities for the affected camp residents. These facilities need to be made accessible to all people irrespective of their gender, age and physical abilities. In the wake of an ongoing crisis, it is important to plan need based responses and prioritize them according to the necessities of the people.

For instance, persons with disabilities and the elderly should be prioritized during re-location and shelter provision. Additionally, the relocation sites of those households which have persons with disabilities could be made to more accessible locations. Our phone interviews also revealed the temporary relocation of adolescents into their relatives' homes. However, there are still a number of adolescents living in the makeshift shelter and are in constant fear due to the lack of privacy and marginal security around them. Therefore, immediate rehabilitation is required for these remaining adolescents to avoid any episode of harassment.

Wash and Sanitation:

The loss of the fecal sludge management system and the amount of solid waste generated from the distribution of food cartons, continue to be the biggest challenges for the WASH sector. Most of our respondents mentioned the scarcity of drinking water in the makeshift shelters. Considering the weather conditions, this should be mitigated as early as possible to avoid additional health implications. Moreover, there have also been concerns within the affected camp residents regarding the shared latrines.

While it is important for the WASH sector to relocate the existing latrines across gender and age groups, until separate latrines are established, the WASH facility plans requested for approval, as per the published reports from the WASH sector must be accelerated via the permit process to aid in building a better solution. Additionally, the WASH facilities must be allocated space and set up in order to properly support users' needs and increase use by improving vulnerable security, including assignments dependent on shelters not sphere advice statistics.

Physical Health:

In the wake of recent upsurge in COVID-19 cases across the country, it is important to continue the COVID-19 awareness campaigns in the makeshift shelters. These include mikings, door-to-door awareness, announcements in the mosques, distribution of face-masks, handouts and information on safe distancing. Additionally, the capacity building of the community level volunteers to manage mass gatherings and large crowds is required. The emergency mobile health team may also consider looking at the health status of the vulnerable populations like pregnant mothers, adolescents, children, elderly and persons with disabilities with extra caution to rebuild the trust amongst them.

Mental Health:

The trauma from the fire incident has a potential to increase anxiety and stress among the camp residents. It could also trigger the past trauma that they faced in Myanmar. Hence, the psychosocial support teams may consider taking specific measures like remote group meetings and case management support to mitigate this stressful situation in an empathetic and strategic manner.

Protection, Safety and Security:

Protection sector needs to address the growing tension and fear in the makeshift shelters, especially among women and young girls. Since there are no light posts on the street and the toilets are quite far from the tent, it is critical to arrange street lights to avoid any harmful and risky incidences at night. This will also provide a sense of security among the affected camp residents. Additionally, women and adolescent friendly spaces are required in the wake of the current situation. Extra caution and discussions are required to ensure that human trafficking, kidnapping or violence inside or outside the affected camp areas are stopped with strong monitoring and support given the locally affected communities.

Given this recent tragedy it is strongly recommended that moving forward there needs to be clear maps and setting up of 'exits' at each corner of the camp, and map out the potential fire hazard places such as LPG distribution centers inside the camps, to prevent and better manage any similar situations in the future.



Photo Credit: Youth Volunteers, Centre for Peace and Justice, BRAC University

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